

RACMA

Transforming
Health Leadership



2025 ANNUAL REPORT

Year ending 30 June 2025

RACMA respectfully acknowledges that its College office is on the unceded lands of Naarm on the traditional country of the Woi Wurrung language group of the Wurundjeri People from the Kulin Nation.

RACMA acknowledges and pays our respects to elders past and present of Aboriginal and Torres Strait Islander Peoples.

RACMA acknowledges that Māori are the Tangata Whenua of Aotearoa New Zealand.

RACMA acknowledges and pays our respects to the Traditional Custodians of the country or whenua upon which all Australasian medical leaders and managers perform their duties. We acknowledge all Indigenous Peoples' enduring connection to land, waters and culture that continues to enrich our shared communities.

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About RACMA

RACMA is the world's only specialist medical college dedicated to health leadership. We develop leaders who unite clinical expertise with systems capability, bridging the gap between care delivery and healthcare leadership and management.

Transforming Health Leadership

We transform how healthcare is led by developing clinicians who are leaders first and systems thinkers always. Our members work at every level of health systems, bringing medical wisdom to management decisions and leadership insight to clinical practice. This dual capability creates leaders who can translate between clinical realities and community health needs.

Specialist Education for Healthcare Leaders

The Fellowship Training Program offered by RACMA is accredited by the Australian Medical Council and the Te Kaunihera Rata o Aotearoa | New Zealand Medical Council. Fellows of RACMA are recognised as medical specialists.

RACMA offers leadership education programs designed for healthcare professionals at different career stages:

- **Fellowship Training Program** - The Fellowship Training Program is designed around the Medical Leadership and Management Curriculum. RACMA 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 Program** - A comprehensive education program for emerging and experienced medical leaders covering six study themes over a four- to six-month period. Upon completion, participants are eligible to apply for Associate Fellowship (AFRACMA).
- **Management for Clinicians** - Building on our commitment to healthcare leadership excellence, this program is available to all clinicians planning to work in leadership and management roles. The program covers clinical governance, health system finance foundations, communications for leading teams and the clinician-to-manager transition.

Where Our Leaders Make Their Mark

RACMA Members hold senior leadership positions across the healthcare system, including Chief Medical Officers, Directors of Medical Services, Chief Executives of hospitals and universities, Chief Health Officers, heads of health authorities, nursing directors, allied health managers, quality and safety leaders, clinical governance roles, consultants to governments and private sector health services, and public policy and health program management across various sectors including information technology and pharmaceuticals.

Building Better Health Systems

RACMA develops collaborative leadership capability that measurably improves health outcomes for communities across Australasia. Our members lead hospitals, health departments and policy development, creating change that reduces preventable hospitalisations and addresses health inequities through system-wide transformation.

The College also offers extensive professional development opportunities and the annual conference, which attracts a network of health 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, to enhance and maintain high standards of health care across the region.

Mission

We work with current and future health leaders to build capability for a safer, more effective and equitable health system across Australasia.

Vision

A future where world-class healthcare is shaped by the wisdom, experience, expertise and innovation of all involved in the system.

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



“Our members work at the intersection of clinical care and system design - leading health services, planning workforces and stewarding reform.”

President's Report



As I reflect on my first year as President of RACMA, I am deeply proud of what we have collectively accomplished during the foundational year of our strategy 'Leading Future Health.'

Launched in July 2024, our Strategic Plan provides a roadmap for strengthening health leadership across Australasia. We have made substantial initial progress across our four strategic priorities: *Reimagining, Influencing, Educating* and *Transforming* - positioning RACMA as the connector that transforms health leadership. This thoughtful evolution strengthens our foundation while expanding our influence.

REIMAGINING: Reimagining our foundations to remain relevant, agile and future-ready

Technology and Governance Modernisation

MyRACMA launched in January 2025 as our largest technology investment in years, positioning RACMA for the next decade. Like all specialist medical colleges, we face the reality of 'evolve or stagnate' with IT systems. This investment delivers substantial member benefits including single sign-on access, automated workflows and enhanced security.

We have enhanced our corporate governance: formation of the Governance Committee, a new Board Charter and revised policies and delegations establishing consistent, transparent and streamlined approaches. Our improved risk management systems provide greater visibility and integration of risk in decision-making.

We conducted a regular review of our constitution to ensure it remains fit for purpose and reflects the evolving needs of our members, the College, and the practice of Medical Administration, management and leadership. Consultation was initiated with the membership on the proposed changes.

Building Professional Networks and Brand

Ten Special Interest Groups (SIGs) were established to connect Members around shared challenges, creating opportunities for collaboration across jurisdictions and specialties. The Board approved a refresh of the College brand, which reflects our evolution to transformational health leadership while honouring our heritage. The refresh was underpinned by a new brand story: *Better Together*. Our new brand is central to activating all four quadrants of our strategic plan.

INFLUENCING: Leveraging the value of thought leadership to inspire and influence change

Historic Government Engagement

We achieved a historic milestone with RACMA's first-ever Federal Budget submission and comprehensive 2025 Federal Election and Budget Advocacy Platform. This positioned RACMA at the highest levels of government as a recognised voice in health policy, calling for investment in medical leadership, stronger workplace culture and safety standards, sustainable rural and regional workforce models, and leadership-driven reforms in digital health, artificial intelligence and climate sustainability.

Strategic Policy Leadership

Under Adjunct Professor Gillian Biscoe AM's leadership, our policy work expanded through major position statements establishing our system-level leadership role. Our Policy and Advocacy Committee, supported by specialist subcommittees including our new Climate Change Policy and Advocacy Sub Committee, ensures coordinated advocacy guided by Member expertise.

We engaged with key politicians and public servants across the health portfolio. Meetings took place with senior officials from the Department of Prime Minister and Cabinet, the New Zealand Ministry of Health, the New Zealand Medical Council, and various Australian Federal Members of Parliament. As President, I participated in roundtable meetings with the Australian Federal Department of Health and Aged Care and forums with health ministers as part of the Council of Presidents of Medical Colleges.

Strategic Partnerships Delivering Member Value

Our strategic partnerships actualise the power of our new brand story: *Better Together*. Collaborations with the Australian Institute of Company Directors delivered exceptional value through the Company Directors Course and Governance for Directors Course. We reconnected with the Australasian College of Health Service Management (ACHSM) to explore collaboration opportunities. And our partnerships with many other organisations continued to strengthen our influence across the health sector, including with the Australian Institute of Digital Health, Advancing Women in Healthcare Leadership, Health Roundtable, Australian Commission on Safety and Quality in Health Care, National Rural Health Alliance, Australian Indigenous Doctors' Association (AIDA), Te Ora, Health Quality and Safety Commission New Zealand, Health New Zealand, Hong Kong College of Community Medicine, Hush Foundation, Hardy Group and Nous.

International Recognition

In addition to our partnerships and education offerings in Hong Kong, Malaysia, Singapore and the Pacific, our USA study tour invitation to the Australian Ambassador's residence by His Excellency Dr Kevin Rudd AC demonstrated the calibre of our membership and our growing international recognition. This exemplifies RACMA's expanding influence beyond Australasia.

First Nations Leadership

Receiving endorsement from Reconciliation Australia for our second Reconciliation Action Plan - *Innovate* represents substantial progress in First Nations health leadership. Other key achievements included the Fellowship Training Program Scholarship for Aboriginal, Torres Strait Islander and Māori Candidates, pathway development for Indigenous doctors and delivering cultural competency workshops for other medical colleges.

EDUCATING: Building capability and capacity of health leaders to excel in leadership and improve healthcare outcomes

Fellowship Training Program 2025 - A Critical Milestone

Launching the renewed Fellowship Training Program on 3 February 2025 represents a critical milestone in RACMA's history - a contemporary, outcomes-focused model aligned with best practice in specialist medical education. The program renewal involved comprehensive stakeholder consultation delivering noteworthy enhancements including revised curriculum learning outcomes, implementation of mandatory Workplace-Based Assessments and a structured Foundation Phase and Advanced Phase.

I acknowledge the remarkable effort of the Fellowship Training Program Renewal Project Working Group led by Professor Pooshan Navathé.

Education Excellence and Growth

Our education programs demonstrated expansion, with growth in both the Leadership for Clinicians and Management for Clinicians programs. We have strengthened our commitment to supporting First Nations doctors through the introduction of Fellowship Training Program scholarships. We have also collaborated with medical leaders in the Pacific region to develop leadership capability and foster collaboration across the broader region.

Our Continuing Professional Development program, thanks to Dr Greg Watters and now Dr Leonard Brennan's leadership as Continuing Professional Development Program Committee Chair, achieved outstanding performance. The College's dedicated CPD Manager and Coordinator have brought more depth and rigour to our offerings and will ensure alignment with the CAPE framework - Culturally safe practice, Addressing health inequities, Professionalism and Ethical practice.

Our clinical governance program expanded with Mastering Clinical Governance workshops attracting both members and non-members. The Safeguarding Healthcare podcast series continued making substantial impact with growing audiences across Australasia and globally.

TRANSFORMING: Building and transforming thought leadership into services for new audiences

A Better Culture - System-Wide Impact

The successful completion of the Commonwealth-funded 'A Better Culture' project represents a major achievement. Led by CEO Dr Jillann Farmer and Advisory Board Chair Dr Helen Szoke AO, this national initiative addressing bullying, harassment, discrimination and racism in healthcare positioned culture transformation as a critical national priority.

Through presentations to Chief Medical Officers, Ahpra, the Medical Workforce Advisory Committee and international forums including a Canadian leadership program, the project established a sector-wide conversation extending far beyond traditional medical training. The project demonstrates RACMA's capacity to facilitate system-wide change beyond traditional college boundaries.

Member Growth and Engagement

Our membership growth to 1,668 represents the value Members see in RACMA's evolution. Monthly President Forums consistently attracted strong attendance, providing outstanding opportunities to hear from high-calibre healthcare leaders including prominent figures across government, health services and policy leadership.

Our Jurisdictional Committees remain central to how we conduct our business, with increased autonomy and resources enabling more localised and relevant activities.

Board Transitions and Gratitude

We welcomed new Board Directors Dr Peter Thomas and Dr Colin Feekery who were elected before the 2024 AGM. I have also enjoyed working alongside Dr Debbie Holdsworth, who was appointed as President-Elect. Your election represents the confidence our membership has in your ability to guide RACMA's continued evolution.

Looking Ahead

We have positioned RACMA to lead the transformation of health leadership across Australasia. Building on our strong foundation as a medical college, we are becoming a catalyst for positive change, a centre of excellence in leadership development and a home for collaborative and inclusive growth.

As we move forward, our focus shifts to deepening strategic plan implementation and expanding impact through growing our community, forging stronger partnerships, enhancing communications and exploring expanded leadership pathways.

Personal Reflection

Serving as President during this foundational year has been one of the most rewarding experiences of my professional life. It has been a true honour to lead an organisation so rich in talent, passion and shared commitment to transforming health leadership.

I have been privileged to work alongside extraordinary colleagues who demonstrate daily what it means to combine clinical insight with systems thinking. To the Board, College Office team, Chief Executive Cris, and all our committed leaders across committees and jurisdictions - I thank each of you for your unwavering support, collaboration and trust. It has and continues to be a real team effort.

I am particularly grateful to our Members who have embraced change, provided valuable feedback through consultations, and supported our transformation journey with patience and engagement. Your trust in our direction and active participation have been essential to our success.

The results of this collective effort truly encapsulate our new brand story 'Better Together'.

Together, we will continue to strengthen healthcare across Australasia through exceptional leadership.

Professor Erwin Loh President

Chief Executive's Report



This reporting year saw the successful launch of our Strategic Plan 'Leading Future Health' in July 2024. We have made substantial progress across our four priority areas.

REIMAGINING

MyRACMA Implementation

The MyRACMA platform launched in February 2025, completing 'Project Nexus' implementation. This required meticulous coordination to ensure business continuity during the transition. Our teams worked hard to establish new help desk processes, develop user guides and training materials, and implement phased rollout procedures to manage the complexity of migrating our entire membership database and training management systems.

I sincerely acknowledge Members' patience during this transition and thank you for your feedback, which has been essential to our continuous improvement efforts.

Special Interest Groups Launch

The launch of our 10 Special Interest Groups is something to celebrate, with 81 Members now actively involved across Climate Change, Digital Health, Emerging Leaders, Health Law, Health Research, Medical Education, Military & Veteran Affairs, Private Health, Rural Health and Women in Leadership groups.

Enhanced Member Engagement

We expanded Member engagement through multiple channels including monthly President Forums with consistent 100+ attendance; four Strategy Implementation Forums with 262 Members participating; and seven Aotearoa New Zealand-specific forums. The annual Conference is the College's flagship event and Brisbane attracted our highest number of attendees in seven years with 576 registrations (450 onsite, 126 online).

Governance Enhancements

We implemented several operational improvements: the Ideals Board Portal for secure meeting papers; formation of the Board Governance Committee with new procedures; enhanced risk management systems and reporting processes; and updated Terms of Reference and policies across multiple committees.

We also established the AFRACMA Advisory Committee, creating formal representation mechanisms for Associate Fellows - our largest membership category. Modelled on the Candidate Advisory Committee structure, this initiative ensures Associate Fellows now have a direct voice in College governance and policy development.

INFLUENCING

Policy and Advocacy Boost

Our Policy and Advocacy Committee delivered substantial engagement outcomes which are key to our growth strategy. This included numerous government consultations, submissions and strategic positioning activities, including the development of five Position Statements.

Strategic Partnership Growth

Because we genuinely believe that we are *better together*, we developed 15 partnerships to amplify our collective impact. These collaborations demonstrate the power of connection in supporting our growth and extending our influence across the health sector.

The Australian Institute of Company Directors partnership delivered outstanding member value, with our first Company Directors Course filling within days. Our inaugural co-hosted Executives in Digital Health session with the Australian Institute of Digital Health attracted 70 attendees featuring high-profile policy and industry leaders.

We piloted innovative member experiences through our Nous Group collaboration, hosting a "CMO of the Future" event for Victorian members.

EDUCATING

Fellowship Training Program (FTP) Delivery

The FTP 2025 launch on 3 February represented a major milestone and the culmination of six years of work which delivered a series of quality enhancements to the Fellowship Training Program. We welcomed 51 new Candidates to the renewed program, and 12 existing Candidates also transitioned from the pre-2025 program.

To support the program and the implementation of Workplace Based Assessments, we established a Lead Fellow, Supervision role. In this role, Dr Paul Muir developed a comprehensive suite of resources for the Workplace Based Assessments and delivered 13 webinars and held a number of drop-in sessions to support assessors and Candidates through the transition. The renewed program positions our Candidates well for the complex leadership challenges ahead. Congratulations to all involved.

The Flexible Training Policy has given Candidates greater flexibility in how they undertake their training. It supports balance between training, professional, and personal commitments, promotes wellbeing, and enables continuity during periods of interruption to training.

We also developed new Specialist Training Program-funded education resources, all peer-reviewed by RACMA Subject Matter Experts

Education Program Expansion

Our education delivery expanded, with the Leadership for Clinicians Program increasing from 10 to 12 cohorts and the Management for Clinicians (MFC) Program doubling from three to six cohorts. In line with our strategy, we opened MFC to health professionals beyond doctors, and our first dentist completed the program.

We delivered customised programs for the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, for Western Australian clinicians, and supported four doctors from the Pacific to undertake the Leadership for Clinicians program. Fellows of the RACMA collaborated with the Hong Kong College of Community Medicine to facilitate a leadership workshop for Hong Kong clinicians and health system managers in September 2024. Our collaboration with Australian Indigenous Doctors Association (AIDA) and Te Ohu Rata o Aotearoa (Te ORA) continued, allowing us to support more First Nations doctors to undertake the program.

Clinical Governance

We expanded clinical governance capabilities through our 50-member Clinical Governance Advisory Group and associated programs. The Safeguarding Healthcare podcast had outstanding success with downloads increasing from 6,600 to over 17,000. Three successful Mastering Clinical Governance workshops attracted 76 participants across multiple locations, with high satisfaction rates.

Continuing Professional Development

Our CPD program achieved strong performance with monthly webinars averaging 150 attendees. The leadership transition for the CPD Program Committee Chair was smooth and we established dedicated CPD Manager and Coordinator roles. CPD compliance requirements were successfully managed, achieving 98.99% compliance for Fellows and 95.07% for Associate Fellows.

International Study Tour

The US Study Tour exemplified our commitment to leveraging international insights with a view to influence and transform health leadership. Coordinating 20 Members across 17 sites in Boston, New York and Washington required detailed planning, from accommodation and transportation to stakeholder engagement and meeting schedules.

The tour provided Members with valuable exposure to alternative health service delivery models and leadership approaches. Participants returned with fresh perspectives and innovative solutions applicable to Australasian health systems. It's fantastic to see the capability and capacity of our health leaders being built in this way.

TRANSFORMING

A Better Culture Project Completion

The two-year Commonwealth-funded 'A Better Culture' project came to a close this year. Congratulations to CEO Dr Jillann Farmer and Advisory Board Chair Dr Helen Szoke AO on co-ordinating 211 healthcare professionals in 12 reference groups, five working groups and consultation with 38 organisations.

The project delivered an impressive suite of resources including the Culture of Healthcare Assessment Tool (CHAT), workplace culture curricula, strategic frameworks and three key final reports. Through 11 presentations to national and international forums, the project positioned health culture transformation as a critical priority. Importantly, it demonstrates RACMA's capacity to facilitate system-wide collaboration and our potential to deliver sector-transforming initiatives that benefit the entire healthcare workforce.

Operational Excellence and Financial Stewardship

Throughout the year, our team demonstrated exceptional capability in delivering multiple major initiatives simultaneously while maintaining high standards of member services. The coordination required across functions has been substantial and impressive.

We maintained sound financial management while investing in critical strategic priorities including Project Nexus (MyRACMA), FTP 2025 development and implementation, and expanded education program delivery. We also enhanced our organisational capability by establishing an Executive Manager, People and Culture position as well as dedicated Manager, Accreditation and Training, CPD Manager and CPD Coordinator positions, and expanding policy and advocacy support. All of this helps strengthen our service delivery foundation.

Acknowledgements

I acknowledge the outstanding commitment and professionalism of the RACMA team – every one of you has worked tirelessly to progress our strategic transformation. Delivering multiple major initiatives simultaneously while maintaining member service standards is no small achievement and I am proud of what we've accomplished together.

The strong support from our Board and President Professor Erwin Loh has been instrumental throughout this year. Their guidance helped ensure we implemented our strategic priorities effectively while staying true to our mission.

I also acknowledge our Members' patience and engagement during this period of substantial change. Your feedback - both the challenges and the encouragement - has been essential to our success.

I look forward to building on these foundations and continuing to deliver excellence in support of RACMA's mission to transform health leadership across Australasia.

Cris Massis
Chief Executive

RACMA Board of Directors

RACMA Board of Directors FY 24/25



Prof Erwin Loh
President (from October 2024)



Dr Debbie Holdsworth
President-Elect (from October 2024)



Prof Pooshan Navathé
Chair, Education & Training Committee



Prof Tony Lawler
Fellow



Dr Colin Feekery
Fellow (from October 2024)



Ass Prof Dylan Mordaunt
Fellow (from October 2024)



A/Prof Peter Thomas
Fellow (from October 2024)



Dr Hashim Abdeen
Candidate (from October 2024)



Dr Catherine Olweny
Associate Fellow



Dr Samarina Musaad
Associate Fellow (from October 2024)



Adj Prof Gillian Biscoe AM
External Board Member



Prof Jane Bryson
External Board Member

Board Members who Completed Terms in October 2024



Dr Helen Parsons CSC
President



Prof Alan Sandford AM
Chair, Finance & Audit Committee



Dr Helen McArdle
Fellow



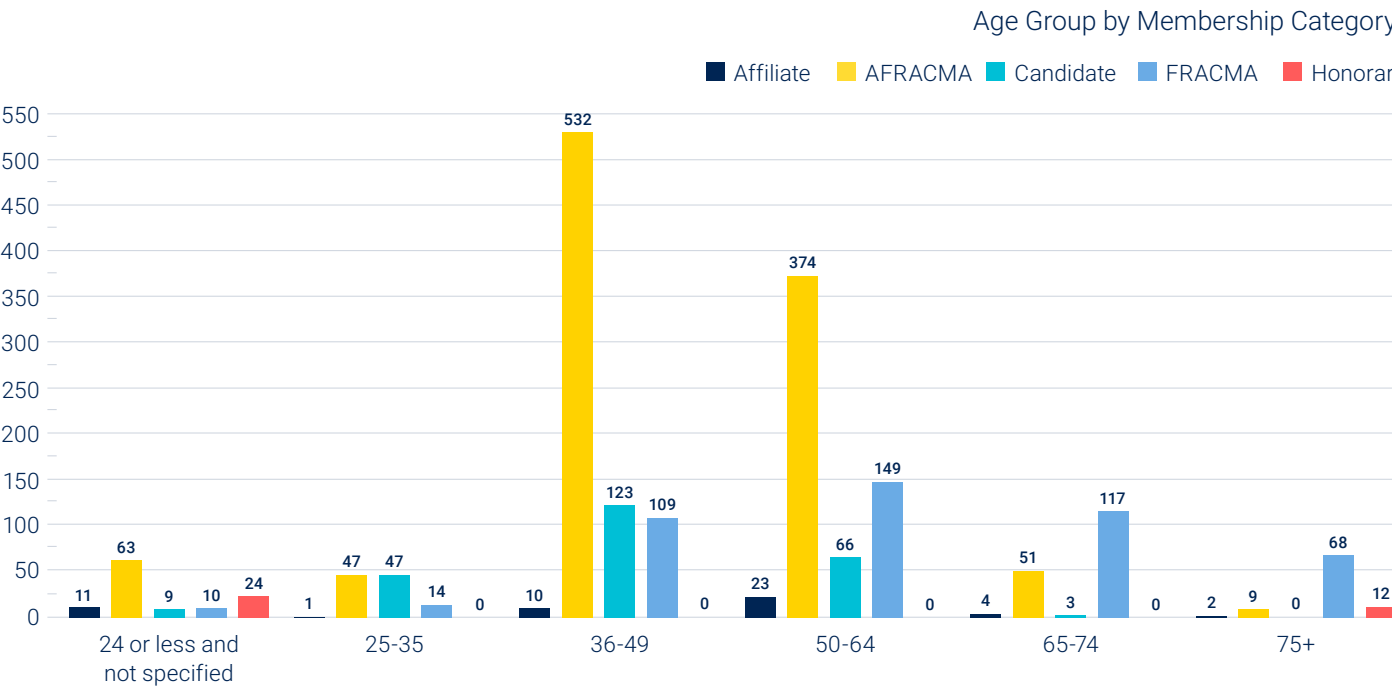
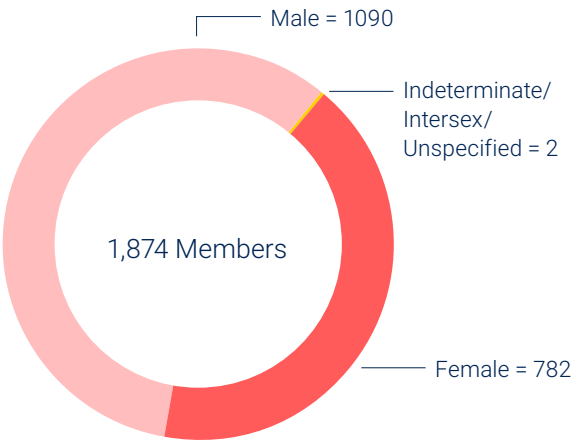
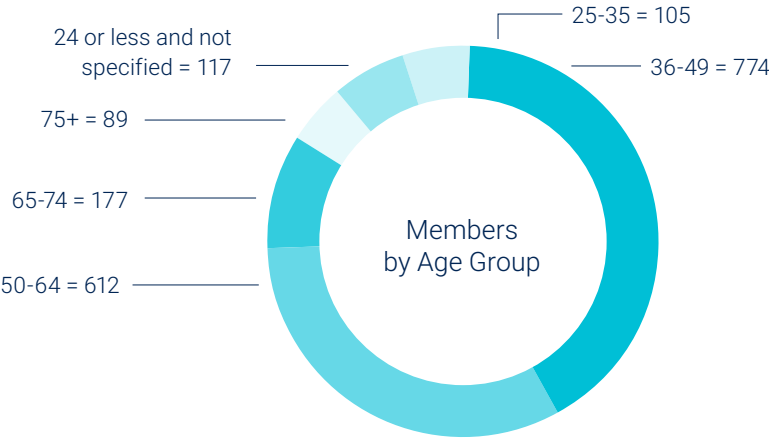
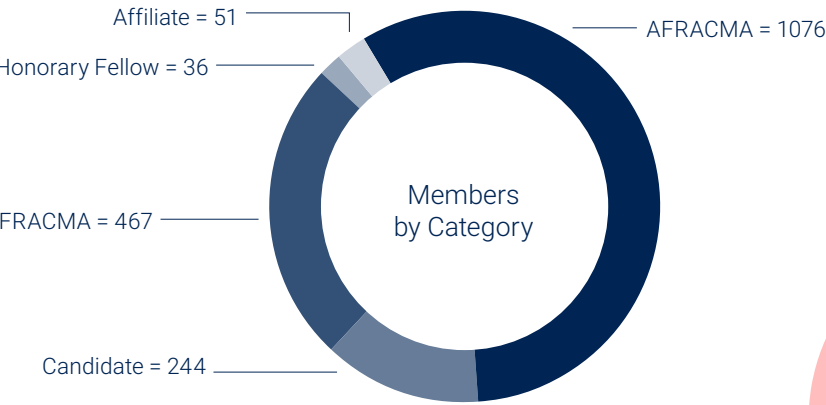
Dr Angela Williams
Associate Fellow



Dr Cameron Korb-Wells
Candidate

Membership by the Numbers

- Membership has grown from 1,668 Members in 2023/24 to 1,874 in 2024/25. This includes Members in Hong Kong and overseas.
- Age Group with the largest recorded number of Members = 36-49 (774)
- Number of Honorary Fellows = 36



RACMA Committees

2024/25

ACCREDITATION COMMITTEE	
Dr Claire Blizzard	Chair
Dr Leonard Brennan	Australian Capital Territory Jurisdictional Coordinator of Training (until April 2025)
Dr Jodi Glading	Australian Capital Territory Jurisdictional Coordinator of Training (from May 2025)
Dr Debbie Holdsworth	Aotearoa NZ Co-Jurisdictional Coordinator of Training (until February 2025)
Dr Paul Muir	Aotearoa NZ Co-Jurisdictional Coordinator of Training
Dr Daryl-Anne Elias	New South Wales Co-Jurisdictional Coordinator of Training
Dr Leah Barrett-Beck	Queensland/Northern Territory Co-Jurisdictional Coordinator of Training
Dr Felicity Jensen	Queensland/Northern Territory Co-Jurisdictional Coordinator of Training (until December 2024)
Dr Jon Hodge	Queensland/Northern Territory Co-Jurisdictional Coordinator of Training
Dr Mary Boyd Turner	South Australia Jurisdictional Coordinator of Training (until March 2025)
Dr Emily Kirkpatrick	South Australia Jurisdictional Coordinator of Training (From April 2025)
Dr Helen McArdle	Tasmania Jurisdictional Coordinator of Training
Dr Anand Ponniraivan	Victoria Jurisdictional Coordinator of Training
Dr Deepan Krishnasivam	Western Australia Co-Jurisdictional Coordinator of Training
Dr Ajitha Nair	Western Australia Co-Jurisdictional Coordinator of Training

AFRACMA ADVISORY COMMITTEE	
Dr Samarina Musaad	Chair
Dr Catherine Olweny	AFRACMA Board Director Representative
Dr Carl Eagleton	Aotearoa New Zealand Representative
Professor David McCormack	Aotearoa New Zealand Representative
Dr Liang Joo Leow	New South Wales Representative
Dr Charles Phillis	Queensland/Northern Territory Representative
Dr Shriram Nath	South Australia Representative
Dr Viney Joshi	Tasmania Representative
Dr Nicole Hancock	Victoria Representative
Dr Andrew Thompson	Western Australia Representative

CANDIDATE ADVISORY COMMITTEE	
Dr Nathan Vos	Chair (until March 2025)
Dr Jitendra Jain	Chair (from March 2025) Tasmania Representative
Dr Cameron Korb-Wells	Candidate Board Director (July 2024)
Dr Hash Abdeen	Queensland/Northern Territory Representative (Until October 2024) Candidate Board Director (from October 2024)
Dr Albert Wu	Aotearoa New Zealand Representative (until December 2024)
Dr Darren Ritchie	Aotearoa New Zealand Representative (from April 2025)
Dr Luke Edwards	Australian Capital Territory Representative
Dr Demi Beneru	New South Wales Representative
Dr Alan Pham	New South Wales Representative
Dr Anthony Deacon	Queensland/Northern Territory Representative – Metro
Dr Lauren Moses	Queensland/Northern Territory Representative – Rural
Dr Ann Boo	Victoria Representative – Metro
Dr Giselle Dela Cruz	Victoria Representative – Rural
Dr James Caudle	Western Australia Representative

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM COMMITTEE	
Dr Greg Watters	Chair (Until May 2025)
Dr Leonard Brennan	Chair (From May 2025)
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
Associate Professor Krish Sundararajan	South Australia CPD Coordinator
Dr Ian Graham	Victoria CPD Coordinator
Dr Allison Turnock	Tasmania CPD Coordinator
Dr Ranjit Paul	Western Australia CPD Coordinator
Dr Jenny Grew	Australian AFRACMA Representative
Dr Willem Landman	Aotearoa New Zealand AFRACMA Representative

EDUCATION AND TRAINING COMMITTEE	
Professor Pooshan Navathé	Chair
Dr Darrell Duncan	Chair Research Training Domain Censor in Chief
Dr Greg Watters	Chair Continuing Education Program Committee
Professor Andrew Johnson	RACMA Fellow Australia
Dr Claire Blizzard	Chair Training Accreditation Committee
Professor Gavin Frost	RACMA Fellow Australia
Dr Donna O’Sullivan	Chair Training Progress Committee
Dr Margaret Wilsher	RACMA Fellow Aotearoa NZ (until June 2025)
Vacant	Community Representative
Dr Jitendra Jain	Chair Candidate Advisory Committee (from February 2025)
Dr Nathan Vos	Chair Candidate Advisory Committee (from January 2025)
Dr Leah Barrett-Beck	Jurisdictional Coordinator of Training Representative

TRAINING PROGRESS COMMITTEE	
Dr Donna O’Sullivan	Chair
Dr Claire Blizard	Chair Accreditation Committee
Dr Leonard Brennan	Australian Capital Territory Jurisdictional Coordinator of Training
Dr Jodi Johnson-Glading	Australian Capital Territory Jurisdictional Coordinator of Training (from December 2024)
Dr Paul Muir	Aotearoa NZ Co-Jurisdictional Coordinator of Training
Dr Daryl-Anne Elias	New South Wales Co-Jurisdictional Coordinator of Training
Dr Leah Barrett-Beck	Queensland/Northern Territory Co-Jurisdictional Coordinator of Training
Dr Mary Boyd Turner	South Australia Jurisdictional Coordinator of Training
Dr Emily Kirkpatrick	South Australia Jurisdictional Coordinator of Training (from April 2024)
Dr Helen Mcardle	Tasmania Jurisdictional Coordinator of Training
Dr Anand Ponniraivan	Victoria Jurisdictional Coordinator of Training
Dr Deepan Krishnasivam	Western Australia Co-Jurisdictional Coordinator of Training
Dr Ajitha Nair	Western Australia Co-Jurisdictional Coordinator of Training

FINANCE AND AUDIT COMMITTEE	
Dr Catherine Olweny	Chair
Dr Birinder Giddey	FRACMA, Victoria
Dr Lester Levy	FRACMA, Aotearoa New Zealand
Dr Sonya Kelly	AFRACMA, South Australia
Dr Demi Beneru	Candidate, New South Wales
Associate Professor David Hillis	External Committee Member
Ms Vase Jovanoska	External Committee Member
Adjunct Professor Gillian Biscoe AM	External RACMA Board Member
Professor Erwin Loh	RACMA President
Mr Cris Massis	RACMA Chief Executive

GOVERNANCE COMMITTEE	
Professor Tony Lawler	Chair
Professor George Braitberg	FRACMA, Victoria
Dr Rebecca Jack	AFRACMA, Queensland
Dr Soumya Sarkar	Candidate, Victoria
Dr Densearn Seo	AFRACMA, New South Wales
Professor Jane Bryson	External Committee Member
Dr Maryann Turner	External Committee Member

POLICY AND ADVOCACY COMMITTEE	
Adjunct Professor Gillian Biscoe AM	External Board Member – Chair
Professor Erwin Loh	RACMA President
Dr Monica Trujillo	Co-Chair Digital Health Policy and Advocacy Sub Committee
Dr Oliver Daly	Chair Digital Health Policy and Advocacy Sub Committee
Dr Lloyd McCann	Co-Chair Diversity and Inclusion Policy and Advocacy Sub Committee (until December 2024)
Dr Ajitha Nair	Co-Chair Diversity and Inclusion Policy and Advocacy Sub Committee
Dr Peter Jansen	Co-Chair Indigenous Health Policy and Advocacy Sub Committee (until February 2025)
Professor Brad Murphy OAM	AFRACMA Aboriginal and Torres Strait Islander - Chair Indigenous Health Policy and Advocacy Sub Committee
Associate Professor Peter Thomas	FRACMA Chair Medical Workforce Policy and Advocacy Committee
Dr Joe McGirr	FRACMA Chair Rural Policy and Advocacy Sub Committee
Dr Donald Mackie	FRACMA, Co-opted
Dr Robyn Walker	FRACMA Australian Capital Territory Jurisdictional Committee Chair
Dr Andy Simpson	FRACMA Aotearoa New Zealand Jurisdictional Committee Chair (until July 2024)
Dr David Hughes	FRACMA Aotearoa New Zealand Jurisdictional Committee Chair (from July 2024)
Dr Antony Sara	FRACMA New South Wales Jurisdictional Committee Chair
Associate Professor Gail Robinson	FRACMA Queensland/ Northern Territory Jurisdictional Committee Chair
Dr Mary Boyd Turner	FRACMA South Australia Jurisdictional Committee Chair (until March 2024)
Dr Emily Kirkpatrick	FRACMA South Australia Jurisdictional Committee Chair (from April 2024)
Dr Ruth Kearon	FRACMA Tasmania Jurisdictional Committee Chair
Dr Mya Cubitt	AFRACMA Victoria Jurisdictional Representative
Dr Poh-Kooi Loh	FRACMA West Australia Jurisdictional Committee Chair
Dr Nathan Vos	Candidate Chair Candidate Advisory Committee (until December 2024)
Dr Jitendra Jain	Candidate Chair Candidate Advisory Committee (from January 2025)

RURAL POLICY AND ADVOCACY SUB COMMITTEE	
Dr Joe McGirr	FRACMA Chair, New South Wales
Associate Professor Rosemary Aldrich	FRACMA, Victoria
Dr Chethan Pradhan	AFRACMA, South Australia
Dr Hwee-Sin Chong	FRACMA, Queensland
Dr Kelvin Billinghamurst	FRACMA, Co-opted, Aotearoa New Zealand
Dr Lea Merone	Candidate, Queensland
Dr Michael Clements	FRACMA, Queensland
Dr Nicola Beamish	Candidate, Tasmania (until January 2025)
Dr Patrick Giddings	FRACMA, New South Wales
Dr Ruth Large	Candidate, Aotearoa New Zealan
Dr Sara Watson	FRACMA, Northern Territory
Dr Sue Page	Affiliate, Queensland
Dr Suzanne Phillips	FRACMA, West Australia

MEDICAL WORKFORCE POLICY AND ADVOCACY SUBCOMMITTEE	
Associate Professor Peter Thomas	FRACMA, Chair
Associate Professor Malcom Leek	Candidate, New South Wales
Associate Professor Jon Hodge	FRACMA, Queensland
Dr Antony Sara	FRACMA, New South Wales
Dr Cameron Korb-Wells	FRACMA, New South Wales
Dr Campbell Miller	FRACMA, Victoria
Dr David Molhoek	AFRACMA, Queensland
Dr Dilky Rasiah	FRACMA, Aotearoa New Zealand
Dr Donald Mackie	FRACMA, PAC Co-opt Member, Queensland
Dr Eugene Wong	FRACMA, Queensland
Dr Francis Lee	FRACMA, Western Australia
Dr Jian Cheng	AFRACMA, New South Wales
Dr Jitendra Jain	Candidate, Tasmania
Dr Lachlan Gordon	FRACMA, Queensland
Dr Nicole Hancock	AFRACMA, Victoria
Dr Simon Collins	FRACMA, New South Wales
Dr Vicki Tse	FRACMA, Hong Kong

DIVERSITY, EQUITY AND INCLUSION POLICY AND ADVOCACY SUB COMMITTEE	
Dr Lloyd McCann	FRACMA, Co-Chair, Aotearoa New Zealand (until December 2024)
Dr Ajitha Nair	FRACMA, Co-Chair, West Australia
Dr Andrew Frazer	AFRACMA, Queensland
Dr Anil Nair	FRACMA, Aotearoa New Zealand
Dr Anjali Dhulia	FRACMA, Victoria
Dr Asha Chitrarasu	AFRACMA, South Australia
Dr Dylan Mordaunt	FRACMA, New South Wales
Dr Emma Crampin	AFRACMA, West Australia
Dr Greig Russell	AFRACMA, Aotearoa New Zealand
Dr Helen McArdle	FRACMA, Tasmania
Dr Lynette Knowles	FRACMA, Queensland
Dr Nisha Khot	AFRACMA, Victoria
Dr Scott Ma	AFRACMA, South Australia
Dr Stephen Li	FRACMA, New South Wales

INDIGENOUS HEALTH POLICY AND ADVOCACY SUB COMMITTEE	
Dr Peter Jansen	FRACMA, Co-Chair, Aotearoa New Zealand (until February 2025)
Professor Bradley Murphy OAM	AFRACMA, Co-Chair, Queensland
Dr Eugene Wong	FRACMA, Queensland
Dr Helen Elizabeth Harris	FRACMA, Tasmania
Dr John Shepard	AFRACMA, New South Wales
Dr Katy Templeman	Candidate, West Australia
Dr Mirna Hunter	FRACMA, New South Wales
Dr Paul Lane	FRACMA, Queensland
Dr Sotoodeh Abhary	FRACMA, Victoria

DIGITAL HEALTH POLICY AND ADVOCACY SUB COMMITTEE (ESTABLISHED JUNE 2023)	
Dr Monica Trujillo	FRACMA, Co-Chair, Queensland
Dr Oliver Daly	AFRACMA, Co-Chair, Victoria (until November 2024)
Associate Professor Angie Abdel Shafei	External co-opt Member, South Australia
Dr Antony Sara	FRACMA, New South Wales
Dr David Quigley	AFRACMA, Queensland
Dr David Rankin	FRACMA, Victoria
Dr Grant Rogers	FRACMA, New South Wales
Dr Paul Tridgell	FRACMA, New South Wales
Dr Poh-Kooi Loh	FRACMA, West Australia
Dr Stephanie Wood	FRACMA, Victoria
Professor Lester Levy	FRACMA, Aotearoa New Zealand

CLIMATE CHANGE HEALTH POLICY AND ADVOCACY SUB COMMITTEE (ESTABLISHED APRIL 2025)	
Associate Professor Gail Robinson	FRACMA Chair Queensland
Associate Professor Rosemary Aldrich	FRACMA, Victoria
Dr Albert Wu	Candidate, Aotearoa New Zealand
Dr Alison Ryan	Candidate, Queensland
Dr Anne McCready	AFRACMA, Queensland
Dr Catherine Bateman	AFRACMA, New South Wales
Dr Evan Goh	AFRACMA, Victoria
Dr Matthew Anstey	AFRACMA, Western Australia
Dr Michael Datyner	FRACMA, New South Wales
Dr Paul Douglas	FRACMA, New South Wales
Dr Scott Ma	AFRACMA, South Australia

QUARTERLY JOURNAL/AUSTRALASIAN MEDICAL LEADER EDITORIAL COMMITTEE	
Dr Andrew Robertson	FRACMA, Chair, Honorary Editor, West Australia
Professor Erwin Loh	RACMA Board Representative, Victoria
Dr Arnab Banerjee	AFRACMA, New South Wales
Dr Greg Watters	FRACMA, New South Wales
Dr Peter Bristow	FRACMA, Queensland
Dr Lachlan Gordon	FRACMA, Queensland
Dr Sharon Anne McAuley	FRACMA, Queensland
Dr Nicki Murdock	Candidate, Queensland
Dr Srinivas Bulkapuram	Candidate, South Australia
Associate Professor Taryn Bessen	AFRACMA, South Australia
Dr Emily Kirkpatrick	Candidate, South Australia
Dr Shriram Nath	AFRACMA, South Australia
Dr Rafiqul Islam	AFRACMA, Victoria
Associate Professor Alastair Mah	FRACMA, Overseas

CONFERENCE COMMITTEE	
Associate Professor Jon Hodge	Chair, FRACMA, Queensland (until November 2024)
Dr Georga Cooke	Deputy Chair, FRACMA, Queensland (until November 2024) Member (from December 2024)
Dr Hash Abdeen	Candidate, Queensland Chair (from December 2024)
Dr Francis Lee	FRACMA, Western Australia Lead (from December 2024)
Dr Lisa Sorger	Candidate Western Australia Lead (from December 2024)
Dr Monica Trujillo	FRACMA, Queensland (until November 2024)
Dr Peter Gootjes	FRACMA, Aotearoa New Zealand (until November 2024)
Prof Tracy Smart	FRACMA, ACT (until November 2024)
Dr Grant Rogers	FRACMA, New South Wales (until November 2024)
Professor Alan Sandford AM	FRACMA, Queensland
Dr Helen McArdle	FRACMA, Tasmania
Associate Professor Alastair Mah	FRACMA, HK
Dr Anand Ponniraivan	FRACMA, Victoria
Dr John Roe	AFRACMA-Candidate, Northern Territory (from December 2024)
Dr Josh Manukonga	Candidate, New Zealand (from December 2024)
Dr Pip Brook	Candidate, Victoria (from December 2024)
Dr Densearn Seao	AFRACMA, New South Wales (from December 2024)
Dr Jitendra Jain	Candidate, Tasmania (from December 2024)
Dr Shriram Nath	AFRACMA, South Australia (from December 2024)
Dr Emma Hollands	Candidate, New South Wales (from December 2024)
Mr Cris Massis	Chief Executive (from December 2024)
Ms Bessy Vazzocchi	College Secretariat (from December 2024)

A Better Culture Project

“A Better Culture” was commissioned as a two-year project by the Commonwealth Department of Health and Aged Care in December 2022 using unspent Specialist Training Program funds held by RACMA.

The project is a response to the Medical Training Survey which has shown year on year that reported rates of Bullying, Harassment, Discrimination and Racism (BHDR) were disturbingly high, with a disproportionately worse experience of First Nations trainees. Originally called “The Culture of Medicine” - the project developed brand and identity to express the reality that the experiences of doctors in training are shaped by medical, nursing and allied health colleagues, Medical Administrators, and patients’ families and carers.

The following outcomes were agreed at the time of project initiation:

- A multi-faceted engagement strategy
- A tangible, achievable approach that would be adopted by all key stakeholders.

Project Completion and Major Achievements

“A Better Culture” concluded on 30 June 2025, having delivered outcomes that far exceeded the original remit. The project has had significant impact across the healthcare sector, establishing itself as a leading voice in workplace culture reform and creating lasting resources for the profession.

Final Year Achievements and Deliverables

During the 2024-25 reporting period, the project’s final year focused on completing and consolidating its major outputs:

Strategic Reports and Recommendations:

- [The Pathway to Better](#) - a consolidated report with key recommendations from four working groups, providing a comprehensive call for action for employers, specialist colleges and governments
- [Cultural Safety: From Compliance to Commitment](#) - a standalone report addressing the urgent need to retain First Nations healthcare workers, with 29% considering leaving the profession
- [A proposal for a national strategy](#) to reform workplace culture in Australian healthcare settings

Practical Tools and Resources:

- [Culture of Healthcare Assessment Tool \(CHAT\)](#) - a sector-specific, evidence-based tool to assess workplace culture and identify key levers for change, taking less than 15 minutes to complete

- [A Better Culture Curriculum](#) - developed through 16 months of recursive consultation across all education levels, clinical practice areas, and specialist colleges, defining 10 outcome areas with separate curricula for organisational leadership, trainers and learners

Research and Knowledge Contribution:

- [Environmental Scan](#) - a comprehensive repository of initiatives categorised by five focus areas, highlighting both the substantial investment in culture reform and the critical challenge of fragmented efforts
- [Qualitative research study](#) conducted with Nous Group examining effectiveness of current responses to Bullying, Harassment, Discrimination and Racism (BHDR)
- Medical Training Survey review providing analysis and recommendations that led to the inclusion of sexual harassment questions

Engagement and Collaboration

The project successfully cultivated a community of champions for change, engaging:

- 211 healthcare professionals across 12 Reference Groups
- 40 additional professionals in 5 Working Groups
- 12 industry experts on the Advisory Board
- 38 organisations and individuals who participated in consultation rounds.

This extensive engagement across all career stages, ethnicities, genders and specialties has normalised conversations about healthcare worker safety and established the principle that worker safety is a core leadership responsibility.

Advocacy and Influence

The project has been a vocal advocate for reframing healthcare culture discussions from worker resilience to workplace safety obligations. Key advocacy successes include:

- Successful submission to the Medical Board of Australia resulting in the inclusion of sexual harassment questions and gender-disaggregated reporting in the Medical Training Survey
- Invited submission and testimony to NSW Parliament Select Committee on Remote, Rural and Regional Health
- Presentation at 11 high-level conferences and meetings, including national Chief Medical Officers meetings and international forums

Systems Impact and Legacy

The project has successfully challenged long-standing narratives in healthcare, advocating for:

- Shifting focus from healthcare worker “resilience” to employer obligations for safe working environments
- Moving from individual accountability models to systems-thinking approaches that address root causes
- Greater transparency in addressing racism and discrimination in healthcare settings
- Recognition that occupational health and safety principles must be central to healthcare culture reform.

Project Conclusion

At the close of the reporting period, 100% of the project’s funds were expended. The project concludes having established essential groundwork for lasting cultural change and created fertile ground for ongoing conversations and actions to improve healthcare worker safety. The tools, curricula and strategic recommendations now provide a foundation for sustained sector-wide culture reform efforts.

RACMA extends its sincere gratitude to Dr Jillann Farmer, CEO of “A Better Culture”, for her exceptional leadership throughout the project’s duration. Under her guidance, the project team—comprising Dr Sarah Jane Springer, Komal Daredia, Maddie Roberts and Jade Rameka, along with over 200 hard-working volunteers—delivered outcomes that far exceeded expectations and established a lasting legacy for healthcare culture reform.

The College also acknowledges the invaluable contribution of the Advisory Board members, chaired by Dr Helen Szoke AO, whose wisdom and guidance were instrumental in shaping the project’s direction and ensuring its success. Their commitment to improving healthcare worker safety has been exemplary.

The project calls on system leaders to continue this vital work, recognising that further investment and resources will be essential to transform these insights into practical, sustainable solutions that protect healthcare workers and improve patient care.

Conference presentations from “A Better Culture” in 2024-25:

August 2024: presented “Culture eats everything - not just strategy” at the RACS Tristate ASM.

August 2024: presented “Culture - The Apex Predator of Risk Management” at the Medico-legal Society of Queensland Annual Conference.

August 2024: invited to participate in the Safe Work Australia HCSA Code of Practice Workshop.

October 2024: facilitated A Better Culture Panel discussion “Cultural Safety: From Compliance to Commitment” at the RACMA Conference.

November 2024: presented at a national meeting of Chief Medical Officers

November 2024: Poster at the BMJ International conference on Safety and Quality in healthcare.

March 2025: Presentation at leadership forum of the Central Queensland Hospital and Health Service

March 2025: Presentation and statewide meeting of medical leadership of the Northern Territory

April 2025: Presentation to the Medical Workforce Advisory Committee

May 2025: Presentation to Ahpra

May 2025: Presentation to “The Raft” -- a Canadian online leadership program for women physicians.

A Better Culture Project Advisory Board

NAME	ROLE	BACKGROUND
Dr Helen Szoke AO	(Chair)	Served as Chief Executive Oxfam
Carly Dober	Allied Health Representative	Psychologist and Policy Coordinator (AAPI)
Judy Finn	Independent Member	Served as Executive Project Lead (RACS)
Karen Grace	Nursing Representative	National Director of Professional Practice (ACN)
David Clarke	Consumer Representative	CEO (AIHS)
Dr Nicole Higgins	College Representative	President (RACGP)
Dr Louis Peachey	Aboriginal and Torres Strait Islander Representative	Senior Medical Officer (Atherton Memorial District Hospital)
Dr Elise Buisson	Trainee Representative	Senior Resident Medical Officer (RPA)
Michael Gorton AM	Independent Member	Senior Legal Consultant (Russell Kennedy Lawyers)
Dr Karen Stringer	State Health Department Representative	General Practitioner (NT)
Dr Clare Skinner	College Representative	Immediate Past President (ACEM)

Education, Training and Development 2024/25

Fellowship Training Program

Australian Medical Council Accreditation Update

In December 2024, RACMA submitted its accreditation extension report to the Australian Medical Council (AMC). Accreditation was subsequently extended to 31 March 2029, the maximum period permitted. The AMC acknowledged RACMA's strong progress, including significant developments in governance and strategic renewal, the revision of the College Constitution, and the advancement of contemporary teaching and learning approaches.

Fellowship Training Program Renewal Project

The implementation of the Renewed Fellowship Training Program (FTP) on 3 February 2025 represents a major milestone in RACMA's journey to transform health leadership education. This followed the release of the revised Fellowship Training Program Curriculum Learning Outcomes in early 2024, which came into effect with the commencement of the renewed program.

The FTP Renewal Project Working Group, led by Education and Training Chair Professor Pooshan Navathé, continues to oversee the monitoring, evaluation, and ongoing refinement of the program. Through broad stakeholder consultation and a structured quality improvement approach, the College has implemented significant enhancements to the Fellowship Training Program - delivering a contemporary, flexible, and outcomes-focused model aligned with best practice in specialist medical education.

Twelve Candidates who commenced under the pre-2025 training framework have formally transitioned to the renewed program arrangements.

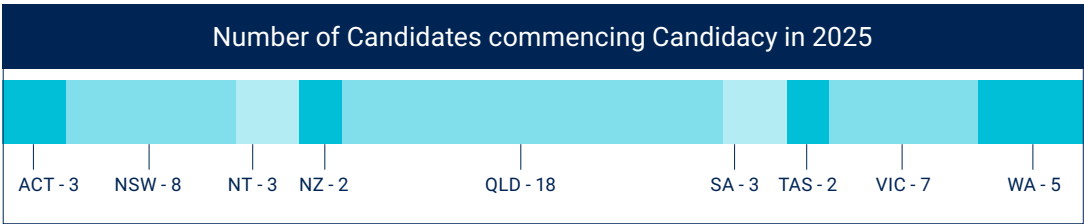
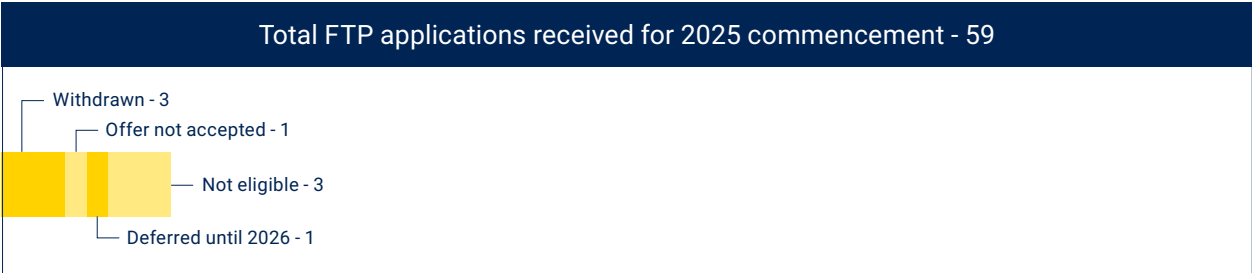
The Lead Fellow Supervision, Dr Paul Muir, has been instrumental in supporting the implementation of the Renewed Fellowship Training Program (FTP) Workplace Based Assessments (WBAs). A primary focus was the creation and delivery of essential resources, including a comprehensive and detailed WBA resource package, which equip assessors and Candidates with tools including formative rubrics and video guides. To ensure stakeholders were prepared for these changes, the Lead Fellow designed and facilitated training opportunities. These included a program of 13 live and recorded webinars, and drop-in sessions in early 2025 covering all aspects of the Renewed FTP.



Fellowship Training Program Applications

The College received 59 applications for the 2025 Fellowship Training Program cohort, with 51 applicants accepting offers to commence in 2025.

Of the commencing Candidates, 30 training positions (60.7%) were substantive roles. The remaining 21 positions were Medical Administration Registrar roles.



Recognition of Prior Learning and Experience (RPLE) Applications

For the 2025 cohort, 10 applications for RPLE for Masters level study and 22 applications for RPLE at Senior Medical Leadership and Management (SMLM) level were received.

The table below provides for a summary of applications by RPLE outcome.

Outcomes of RPLE applications (by core subject) for Masters level study	Number of applications	Number of approvals granted
Evidence Informed Decision Making	9	9
Financial Management in Health	4	4
Health Care Systems	6	6
Health Law and Ethics	5	4
Leadership	5	5
Total number of core subject requests received before 30 June 2025	29	28

Outcomes of RPLE applications at Senior Medical Leadership and Management level	Number of applications
Withdrawn or ineligible	3
0-4 WBAs* and 0 weeks of time in supervised practice approved	1
5-9 WBAs* and 23 weeks of time in supervised practice approved	2
10-15 WBAs* and 46 weeks of time in supervised practice approved	13
In progress	3
Total number of applications	22

*Workplace-based Assessments

Training and Accreditation

Fellowship Training Program Workshops

The final Third Year Workshop (Pre-2025 Training Program) was held on Friday 21 March and Saturday 22 March 2025 with 46 attendees. Candidates in the pre-2025 program who did not attend and have this requirement outstanding, will complete the Advanced Workshop.

The Foundation Workshop was held on 13-15 June 2025 with 67 attendees. Feedback from the workshop has been collected and will be considered as part of quality improvement work.

Training Post Accreditation

A total of 34 site visits were completed in this reporting period, with more than 80 voluntary hours provided by 13 Fellows who attended as panel members for the site visits. The table below details the number of site visits by Jurisdiction and the overall percentage of site visits undertaken by Jurisdiction.

Jurisdiction	ACT	NSW	NT	NZ	QLD	SA	TAS	VIC	WA	TOTAL
Number Site Visits Conducted	3	8	1	-	10	1	-	2	9	34
Percentage of site visits by Jurisdiction	8.8%	23.5%	2.9%	0%	29.4%	2.9%	0%	5.9%	26.5%	

Work is progressing to implement the Australian Medical Council Specialist Medical Training Site Accreditation Model Standards and Processes.

Education Resources

Specialist Training Program (STP) funding has supported the development of new educational resources aligned with the renewed learning approach of the Fellowship Training Program. This work included designing and developing updated workshop content and online education modules that reflect the structure and learning outcomes of the renewed program. All resources have been developed and peer-reviewed by RACMA Subject Matter Experts to ensure relevance, quality, and alignment with curriculum outcomes.

Leadership for Clinicians Program

The Leadership for Clinicians Program continued to be delivered as fully online and hybrid offerings. Five cohorts were run in Delivery Period Two, 2024 and seven cohorts were run in Delivery Period One, 2025, with 347 participants in total.

The College offered scholarships for Aboriginal and Torres Strait Islander and Māori participants in the Leadership for Clinicians Program. The two RACMA scholarships cover 100% of the program fees. RACMA engaged with the Australian Indigenous Doctors Association (AIDA) and Te ORA (Māori Medical Practitioners Association) regarding the scholarships and worked collaboratively to promote the scholarships and select the scholarship recipients. Te ORA also funded an additional Māori doctor to undertake the program.

Management for Clinicians Program

RACMA delivered six Management for Clinicians programs for general cohorts with 144 participants in total. Each program was delivered online over four sessions. The College has opened Management for Clinicians to Health Professionals. A dentist has completed the program in Delivery Period One 2025.

Specialist Training Program (STP)

RACMA received STP funding from the Australian Department of Health and Aged Care for the following:

STP Position Type	Number
Rural	11
Private	6
Integrated Rural Training Pipeline (IRTP)	9
Tasmanian Project Training Positions	3
Tasmanian Project Supervisor Positions	0.75

Filled and Vacant Positions

All of RACMA's STP, IRTP and TAS training positions have been funded (contracted) for the 2024 and 2025 academic years. There has continued to be a small number of unfilled/vacant posts, due to changes in supervision/accreditation, unplanned leave or Candidates departing the funded position.

RACMA works collaboratively with our funded health settings to provide assistance and support to fill vacancies.

Reserve List Applications

A small number of new potential training positions were added to RACMA's STP Reserve List (waiting list), to be considered for future STP funding in the event of a vacancy. The Department of Health also invited Colleges to apply for unspent funds from previous years to support additional rural positions in 2025. However, the approval timeline meant that funding was not confirmed until later in the academic year, limiting the opportunity to fill these positions to existing Candidates. A total of five Reserve List positions were offered new funding in 2025, however some of these are not yet filled.

STP Evaluation

The Department of Health is undertaking a comprehensive evaluation of the Specialist Training Program and FATES. The evaluation examined the appropriateness, effectiveness, and impact of the programs, and considered how they could be better aligned in the future to support long-term objectives. Initial consultation with Colleges was undertaken, followed by further engagement through surveys of Fellows and Trainees, as well as semi-structured interviews with Colleges, training locations, Indigenous stakeholders, and State and Territory Governments. The results of the evaluation will be used to inform the future direction of the Programs post 2025.

STP Support Projects

STP also provides funding for Education Support projects to develop resources to support Candidates in STP funded positions. In addition to the standard annual project funding allocation, Colleges received further project funding which utilised unspent funds from the previous 2018-2021 Agreement period. The following projects were completed or are ongoing in 2024/2025:

- Tasmanian AFRACMA Leadership for Clinicians Project
- Engaging First Nations Australian Medical Leaders Program*
- FTP Education Activities Project
- Feedback, Teaching and Coaching Toolkit
- FTP Leadership Module Update
- A Better Culture (reported separately)

*The funding for this project has been transferred to the Tasmanian AFRACMA Leadership for Clinicians Project, and will deliver LFC to a cohort of Australian First Nations specialist medical trainees.



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.

Create a Synergistic Approach to Specialist Medical College Training Site Accreditation

This project was originally awarded to RACMA, to be delivered in partnership with Council of Presidents of Medical Colleges, but was paused while the Australian Medical Council developed model accreditation standards in response to the National Health Practitioner Ombudsman Report. As the Model Accreditation Standards project has progressed, a valuable opportunity was identified to explore strategic IT solutions for managing accreditation processes and to build on the work already completed. In response, the FATES Project is being re-scoped to focus on developing the IT specification requirements for a shared hospital accreditation portal, and to determine whether a future system build would be viable. Delivery of this initial stage will occur in the next financial year.

RACMA has joined other Colleges as consortium partners for the following FATES projects:

Rural Accreditation - Addressing Barriers to Rural Practice

RACMA has partnered with the Royal Australasian College of Surgeons (RACS) to provide subject matter expertise for this project, which seeks to identify barriers to rural training accreditation and develop a tailored resource to assess performance against hospital training post accreditation standards in a rural context. Progress has been slowed by the AMC's ongoing work to develop model accreditation standards; however, qualitative research and interviews have been completed. The Interim Report has endorsed the creation of a dedicated resource to support rural health settings in meeting accreditation requirements. A joint RACMA - RACS consultation workshop is scheduled for next year to advance this work.

Rural Training Models Project

RACMA is collaborating with RACS, Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Australian and New Zealand College of Anaesthetists (ANZCA) and Royal Australasian College of Physicians (RACP) as part of the RACS Rural Training Models FATES Project, which aims to strengthen specialist medical training in regional, rural and remote Australia. The project focuses on reducing barriers to rural practice, addressing workforce maldistribution, and delivering culturally safe training experiences.

Together, the five Colleges have undertaken extensive research, stakeholder engagement and evidence-based analysis to design innovative rural training models. In October, RACMA Subject Matter Experts and staff joined a two-day workshop in Darwin, which explored themes of supervision, rural training networks and mentoring. The workshop concentrated on tackling known barriers and led to the development of a pilot program to improve general surgery rural training pathways in the Northern Territory, including coordination of training between Alice Springs and Darwin.

Specialist Trainee Support Program (STSP)

RACMA is a member of the Cross College Project Group for the Specialist Trainee Support Program (STSP) FATES Project, led by the Australian Indigenous Doctors' Association. The project aims to increase the number of Aboriginal and Torres Strait Islander non-GP Specialists by strengthening the recruitment and retention of indigenous doctors who are commencing or currently undertaking non-GP specialist medical training.

In 2024/2025, the Project Group's priorities include reviewing selection processes and criteria to ensure they are culturally safe, transparent and equitable; expanding peer-to-peer mentoring networks; and enhancing Colleges' cultural safety implementation and anti-racism initiatives.

RACMA activities have included introducing a Cultural and Ceremonial Leave provision for staff, developing and launching the FTP Scholarship for Aboriginal, Torres Strait Islander and Māori Candidates, and supporting the pathway of an Aboriginal doctor into Fellowship Training by helping establish an accredited training position in their preferred location.

Standardised Supervisor Training System (SSTS)

Led by RANZCO, this project brings together RACMA, College of Intensive Care Medicine of Australia and New Zealand (CICM), RACS, Royal Australian and New Zealand College of Radiologists (RANZCR) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to strengthen specialist medical supervision across Australia. The project will design and trial processes for selecting and training supervisors, providing them with individualised feedback on their performance, and addressing the specific needs of those in regional, rural and remote areas. These efforts will help build the capacity to deliver high-quality specialist medical training in diverse settings.

Outcomes of the Project have included developing a Supervisor and Trainee Framework, a National Supervisors' Curriculum, and targeted learning packages to enhance the skills of existing supervisors and improve the College systems that support them. Piloting of these resources has commenced and will be finalised by the end of 2025.



RACMA Conference

RACMA 2024 in Brisbane was attended by more than 400 delegates in person from Australasia and around the world. The flagship event also welcomed an additional 125 online attendees, bringing together Australasia’s key healthcare decision makers, experts and researchers to explore ‘New Frontiers for Medical Leaders – From COVID to the Olympics.’ featuring:

- Dr Steve Reid CMO Paralympics Australia
- Associate Professor Catherine McDougall Chief Medical Officer, Queensland Health
- Dr Beatrice Cheng Former Chief Executive, New Territory East Cluster of the Hong Kong Hospital Authority
- Dr Farah Magrabi Professor of Biomedical and Health Informatics, Macquarie University
- Laureate Professor Nick Talley University of Newcastle
- Professor Peter Doherty, Australian Immunologist and Pathologist
- Professor Stuart Carney Dean of the University of Queensland Medical School
- Dr Jo Burnand A/Medical Director NSW Health Education and Training Institute.

An expert panel on ‘Workforce of the Future’ which captivated the audience, featured Dr Susan Wearne, Senior Medical Advisor, Health Workforce Division, Australian Government Department of Health, Professor Mark Cormack, National Centre for Health Workforce Studies (NCHWS), Australian National University, Dr Charles Phillis, Griffith University School of Medicine and Dr Marlow Coates, Executive Director of Medical Services, Torres and Cape Hospital and Health Service.

RACMA 2024 showcased 16 abstracts and 33 posters. The high-calibre submissions across the Conference’s four sub themes highlighted some of our key challenges in the complex and constantly changing environment we live and work in.



2024 RACMA Award Recipients

HONORARY FELLOWSHIP

- **Dr Shirley Bowen** - In recognition of her unwavering work ethic, values and commitment to lead healthcare systems through transformation, innovation and advocacy, with patient-centred care at the forefront.
- **Rear Admiral (RADM) Sonya Bennett AM** - In recognition of her commendable dedication to drive transformation and build more resilient and innovative systems through her empowering leadership, adaptable communication and critical thinking.
- **Dr James Kintwa** - In recognition of him inspiring and empowering others while driving meaningful change and improving the lives of patients. Dr Kintwa is one the most senior hospital and Medical Administrators in Papua New Guinea (PNG).
- **Professor Keith McNeil** - In recognition of his dynamic leadership and vision which has reshaped health systems and illuminated pathways to better care and patient outcomes on a global scale.
- **Professor Paul Kelly** - In recognition of his exemplary career dedicated to elevating medical leadership through a relentless commitment to improving population health, effective communication, advocacy and collaboration
- **Professor Catherine Crock AM** - In recognition of her admirable and innovative leadership to forge new paths for how we lead with kindness, collaborate, and care for one another in a complex healthcare system.
- **Adjunct Professor Gillian Biscoe AM** - In recognition of her unwavering commitment to medical leadership to set new standards and whose impact extends to the core structure and governance of healthcare delivery globally.

PRECEPTOR OF THE YEAR

- **Dr Darrell Duncan** - For going above and beyond the requirements of a Preceptor. He remains immensely engaged in the career progression of Candidates and is always willing to provide balanced advice and guidance.

SUPERVISOR OF THE YEAR

- **Dr Junyi Shi** - For unwavering support and insightful guidance to his Candidates as well as his exceptional teaching and positivity.

NEW FELLOW ACHIEVEMENT AWARD

- **Professor Mary O'Reilly** - For exceptional leadership as a RACMA trainee during the COVID pandemic and for her significant contribution to the profession—both in raising the profile of RACMA through her ongoing commitment to college training activities within Victoria and by mentoring new trainees in Victoria.

NEW ASSOCIATE FELLOW ACHIEVEMENT AWARD

- **Dr Nick Baker** - For his continued leadership and clinical governance in the health sector at local, regional and national levels. Dr Baker was conferred as an AFRACMA in October 2019 and actively promotes and demonstrates the benefits of leadership and health systems management training.

MARGARET TOBIN CHALLENGE AWARD

- **Dr Joshua Manukonga** - For the highest calibre presentation aligned with the conference theme or sub-theme. The presentation was titled: *“Cultivating Critical Consciousness in Cultural Safety Education – Expanding Horizons, Transforming Practice.”*



Congratulations to our New Fellows & Associate Fellows

RACMA conferred 29 new Fellows and 220 new Associate Fellows

FELLOWS

Dr Adrija Basu	Dr Veronica Corrigan	Dr Koon Hung Lee	Dr Milind Rawal
Dr Nicola Beamish	Dr Carl de Wet	Dr Kelly Lombard	Dr Lai Kwan Soo
Dr June Brundell	Dr Toby Gilbert	Dr Duncan Mackay	Dr Debra Tennett
Dr Jessica Choong	Dr Mirna Hunter	Dr Robert Marshall	Dr Kyra Thompson
Dr Simon Collins	Dr Emily Kirkpatrick	Dr Sarah Morley	Dr Nathan Vos
Dr Stewart Condon	Dr Cameron Korb-Wells	Dr Shivani Mudaliar	Dr Lindy Washington
Dr Serrin Cooper-Maidlow	Dr Christy Lam	Dr Christiana Mustac	Dr Rachel Wong
			Dr Stephanie Wood

ASSOCIATE FELLOWS

Dr Mohamed Ayman Aboda	Dr Adrian Boscolo	Dr Oliver Daly	Dr Evan Goh
Dr Sione Akauola	Dr Andrew Brewin	Dr Wayne de Beer	Associate Professor Nicole Goh
Dr Indrani Alajangi	Dr Elmien Bruce	Dr Antonio De Paoli	Dr Melissa Goldberg
Dr Momina Allahwal	Dr Richard Budd	Dr Sameer Dikshit	Dr Christopher Goldfinch
Dr P K M Eva M Amerasinghe	Professor Kirsty Buising	Dr Julianne Dore	Dr Jamuna Gopal Krishnan
Dr James Aridas	Dr Louisa Case	Dr Hemang Doshi	Dr Kausik Goswami
Dr Yakep Angue	Dr Elizabeth Catchpoole	Dr Arockia Doss	Dr Jessica Green
Professor Mark Arnold	Dr Ming Chen	Dr Kelly Dungey	Dr Caroline Guirgis
Associate Professor Serena Ayers	Associate Professor Christine Chen	Dr Jyotsna Dwivedi	Associate Professor Meegan Gun
Dr Andrew Bailey	Dr Kevin Chen	Dr Kylie Edwards	Dr Dharshanie Gunaratne
Dr Fiona Baker	Dr Chee Foong Choong	Dr Elhassan Elabbas	Dr Brendan Hale
Dr Israfli Baluwala	Dr Carey-Ann Christie-Johnston	Professor Victoria Eley	Dr Nichole Harch
Dr Shakeeb Bani Yaseen	Dr Sara Clements	Dr Bomiriyage Kalpana Nadeeshani Fernando	Dr Amin Haroon
Dr Catherine Bateman	Dr Kirsten Connan	Dr Gillian Foo	Associate Professor Islam Hassan
Dr Hollie Berghofer	Dr Karen Coss	Dr Mei-Ching Freeman	Dr Cindy Hastings
Dr Claire Bertenshaw	Dr Carina Cotaru	Dr Richard French	Dr Gregory Hill
Dr Katherine Black	Dr Simon Craig	Dr Malanie Gajanayaka	Dr Jonathan Hiller
Dr Estelle Blair-Holt	Dr Rosalba Cross	Dr Alpha Gebeh	

Dr Kathryn Hippolite
Dr Lauren Hofmann
Dr Phoebe Hong
Dr Patricia Hurune
Dr Andrew Hutchinson
Dr Luan Huynh
Dr Sonja Janson
Dr Melanie Johnson
Dr Stephen Johnston
Dr Ian Kamerman
Dr Tanvir Kapoor
Dr Bipphy Kath
Dr Lisa Kelly
Dr Lauren Kelly
Dr Simone Keogh
Dr Yassmin Khadra
Dr Ihab Khalil
Dr Angeline May Lyn Khoo
Dr Rajlaxmi Khopade
Dr Keshav Khullar
Dr Oluwaseun Kolade
Dr Sonia Langlais
Dr David Langsford
Dr Hervey Lau
Dr Kathryn Law
Dr Adrian Lee
Dr Matthew Wai Kei Lee
Dr Tracy Leong
Dr Zhen Sheng Lim
Dr Wei How Lim
Dr Caleb Lin
Dr Anita Liu
Dr Dickson Liu
Dr Jane Lukins
Dr Kelvin Hon Yu Lye
Associate Professor Patrick Mahar
Dr Sana Mahmud
Dr Anit Manudhane

Dr Kisani Manuel
Dr Prashanti Marella
Associate Professor Annabel Martin
Dr Annika Mascarenhas
Dr Philippa Jane Mason
Dr Glenn Mathieson
Ms Chere McCamley
Dr Sarah McHugh
Dr Eileen Merriman
Dr Deborah Molloy
Dr Soniah Moloi
Dr Teresa Munce
Dr Ignatius Munjodzi
Dr Millie Nakatsuka
Dr Thileepan Naren
Dr Sheikh Naveed
Dr Skye Nissen
Dr Kenichiro Noda
Dr Nargis Noori
Dr John O'Bryen
Dr Angela O'Connell
Dr Chong Weng Ong
Dr Tina Oteng
Associate Professor Daniel Owens
Dr Herath Padmasiri
Dr Scott Paget
Dr Riona Pais
Dr Seyed Panahu
Dr Ahilan Parameswaran
Associate Professor Lisa Parker
Dr Benjamin Paul
Dr Rhonda Pawlowski
Dr Emma Pickstone
Dr Kristen Pearson
Dr Thinzar Phyto
Dr Manusparie Pillay
Dr Edward Pink

Dr Athina Pirpiris
Dr James Pollard
Dr Jessica Pollard
Dr Elissa Poulter
Associate Professor Pouryahaya Pourya
Dr Vincent Jun-Kit Pow
Dr Kristian Prados
Dr Mohan Raghavan
Dr Sivaraj Rajadorai
Dr Roba Rasheed
Dr Anirban Rashid
Dr Tomasz Jerzy Rawdanowicz
Dr Andrew Rawlin
Dr Caroline Rhodes
Dr Zainab Sabri
Associate Professor Joanne Said
Dr Siamak Sakhaie
Dr Maheshwari Salimeda
Dr Kirushanth Santhirakanthan
Dr Bhuwan Sareen
Dr Jules Schofield
Dr Muhammad Asif Shahzad
Dr Nikita Shanley
Dr Meenu Sharma
Dr Phoebe Shiu
Dr Clare Skinner
Dr Alfred Song
Dr Timothy Southwood
Dr Sarah Jane Springer
Dr Rumes Sriamareswaran
Dr Jayasri Srinivasan
Dr Rebecca Still
Dr Adam Storey
Dr Priyesh Sura
Associate Professor Ashwin Swaminathan
Dr Adil Rashid Syed
Dr Jonathan Szeto

Dr Hui Wee Tee
Dr Naveen Tenneti
Dr Sundar Thavapalasundaram
Dr Danika Thiemt
Dr Benjamin Wayne Thomas
Dr Martin Thomas
Dr Damian Tomic
Dr Anh Tran
Dr Yang Tran
Dr Angela Travis
Dr Mostafa Vahabi
Dr Alipate Vakamocea
Dr Swaroop Hanumanth Valluri
Dr Marie van Drimmelen
Dr Sjinene van Schalkwyk
Dr Alicia Veasey
Dr Vijaysinh Wagh
Dr Muhammad Adeel Wajid
Dr Claire Walter
Dr Andrew Warnock
Dr Sanchia Warren
Dr Chandika Wasalthilaka
Dr Erica West
Dr Dulip Wettasinghe
Dr Uddaka Wijesinghe
Dr Rohan Williams
Dr Michael Wilson
Dr Ann Winkler
Dr Audris Wong
Dr Rebecca Wright
Dr Lian Peng Yee
Dr Justin Yeung
Associate Professor Gary Sai Hung Yip
Dr Soonarane Yudish
Dr Mohammed Zibran
Dr Tasnim Zirapury



Membership, Engagement and Advocacy 2024/25

It was a milestone year for RACMA's strategic positioning, with enhanced member engagement, significant advances in advocacy influence, major policy initiatives and expanded partnerships that strengthened the College's role as the connector in health leadership transformation.

Membership growth

The College has increased its member numbers from 1668 in 2023/24 to 1874 in 2024/25. As highlighted by the statistics on page 11, Associate Fellows remain the biggest membership category with 1076 members – up from 947 in the previous reporting year. The College currently has 467 Fellows (including Hong Kong and overseas), up from 367 the previous reporting year. Candidate numbers have risen from 198 to 244.

Much effort has been dedicated to retaining, attracting and engaging members through the establishment of Special Interest Groups, Study Tours, Continuing Professional Development, Clinical Governance work, partnerships and the work of our Jurisdictional Committees (pages 38 to 45).

Special Interest Groups

RACMA launched Special Interest Groups (SIGs) in November 2024 to foster collaboration, knowledge sharing and community within specific areas of Medical Administration and Leadership. These groups are open to all members and bring like-minded individuals together to learn, network, promote professional development and drive change for the College.

Ten SIGs were launched: Digital Health/Technology/Innovation, Emerging Leaders, Health Law, Medical Education, Military Medicine/Veteran Affairs, Private Health Executives/Leaders, Rural Health, Women in Health Leadership, Health Research and Healthcare Consulting.

The response has been very positive with around 80 Members involved so far. Digital Health, Emerging Leaders and Women in Health Leadership are particularly popular. The groups are led by the following members who were chosen through an EOI process (Health Research and Healthcare Consulting are still being established):

- **Dr Monica Trujillo** – Digital Health/Technology/Innovation
- **Dr Isabelle Kapterian** – Emerging Leaders
- **Dr Christiana Mustac** – Health Law
- **Dr Georga Cooke** – Medical Education
- **Dr Andy Robertson** – Military Medicine/Veteran Affairs

- **Professor Luis Prado** – Private Health Executives/Leaders
- **Dr Joe McGirr** – Rural Health
- **Dr Sidney Chandrasiri** – Women in Health Leadership.

These groups strengthen our collective impact by connecting members across diverse specialties, fostering the networks that transform health systems from within.

RACMA 2024 Study Tour - East Coast United States of America

Following the success of the Inaugural Study Tour to the United Kingdom in 2023, the College embarked on its second international study tour to the East Coast of the United States. The program's evolution from five to 17 site visits, combined with over 90 applications for 18 positions, demonstrated both the growing sophistication of RACMA's international offerings and strong member demand for these opportunities. The tour occurred from 9 to 18 September 2024 with 18 participants who were selected from over 90 applicants, as well as two Lead Fellows and two RACMA support staff.

Over the 10 days of the study tour through Boston, New York and Washington DC the group visited 17 sites ranging from major hospitals, insurers, agencies, universities and regulators. These included: Mass General/Harvard Medical School, The Doctor's Company, IHI, Harvard University – NPLI, Blue Cross/Blue Shield, United Nations – Telehealth, Cornell Tech, NYU Langone, NYC – Einstein/Montefiore, Mount Sinai, Johns Hopkins, University of Maryland, AHRQ, Veterans Affairs, FDA, Humana, Leapfrog and the American Association of Physician Leaders.

These visits provided an extraordinary opportunity to understand the challenges and opportunities facing US leading health services and to interact with a wide range of physician leaders and executives.

The participants were asked for their feedback and all agreed the tour was valuable to their professional development and networking with international colleagues and fellow College members. All respondents rated their satisfaction as eight or above out of ten.

Following two successful study tours, a Scandinavian Study Tour in May 2026 has been approved by the Board.

Continuing Professional Development (CPD)

RACMA's CPD program continues growing in reach, impact and alignment with contemporary standards. Monthly Member Webinars averaged 150 attendees, providing a valuable platform

for knowledge-sharing and professional connection. Topics and presenters included:

- Common Gaps and Variations in Activity Reporting, delivered by Dr Paul Tridgell FRACMA.
- The Silent Partner: Informed Consent and Artificial Intelligence in Healthcare, delivered by Dr Emily Kirkpatrick FRACMA
- Professional Obligations of Medical Administration in Australia - over the top down under, delivered by Dr Owen Bradfield
- The implementation of recommendations relating to workforce, workplace culture and funding for remote, rural and regional health (NSW), delivered by Dr Joe McGirr FRACMA
- Medical Cyber Security AI Threats and Best Practices for Medical Administrators, delivered by Mr Duncan Stevens
- Effective Organisational Strategy and Design in Under an Hour, delivered by Dr Paul Eleftheriou FRACMA
- Beyond the Waiting Room: How Outpatient Flow Shapes Hospital Performance, delivered by Dr Mark Mackay and Professor Nigel Bean
- What do medical leaders need to know about Implementation of Genomic Care? Delivered by Associate Professor Cate Kelly FRACMA

Significant progress was made strengthening the CPD short course program, with focus on alignment to the CAPE framework (Culturally safe practice, Addressing health inequities, Professionalism and Ethical practice). Work included enhancing course content rigour, mapping offerings to CAPE competencies and ensuring each activity delivers meaningful professional growth. The program expanded through broader facilitator inclusion, incorporating external leaders and health system experts for greater depth, variety and practical relevance. Short courses included:

- Levers of Power series
- Mastering Clinical Governance
- Clinical Incident management
- Looking After Yourself.

The CPD Program Committee (CPDPC) appointed Dr Leonard Brennan as Chair, after Dr Greg Watters stepped down as Chair to be the Lead Fellow CPD. The College acknowledges Dr Greg Watters' valuable contribution for almost five years. A dedicated CPD Manager and CPD coordinator were also appointed.

A comprehensive review of CPD audit practices was undertaken to ensure full compliance with the Medical Board of Australia's strengthened CPD framework, particularly regarding verification, reflection, and professional development planning. This included clearer audit criteria, improved member communication, and audit cycle refinements to enhance efficiency and transparency. Following RACMA's 2024 annual compliance submission, the Australian Medical Council (AMC) placed four conditions on

accreditation as a CPD Home, and the Medical Council of New Zealand (MCNZ) placed one condition. The AMC conditions, due to be satisfied in 2025, were:

- **Condition 1** - Define and publish clear participation requirements for the four program level requirements of culturally safe practice, addressing health inequities, professionalism, and ethical practice for CPD home participants. (Criterion 1.3 and MCNZ 1.1.1)
- **Condition 2** - Develop a process for evaluating de-identified appeals and complaints relevant to the CPD program to determine if there is a systems problem. (Criterion 1.6.1)
- **Condition 3** - Develop and publish a framework for assessing and recognising CPD activities, including those that are provided by different organisations. The framework will need to make clear to practitioners what CPD activities will be accepted by the CPD home in advance of them undertaking activities. (Criterion 2.2)
- **Condition 4** - Develop and publish processes to respond to requests for advice on CPD activities to support: o further training o remediation of practitioners who have been identified as underperforming in a particular area. (Criterion 3.3 and 3.4)

The Committee also identified a MCNZ Recertification Program Standard that remained Not Met:

- **MCNZ Standard 1.8** (The education provider ensures that cultural safety and a focus on health equity are embedded within and across all of the three CPD categories and all other core elements of the recertification programmes. The recertification programme must support participants to meet cultural safety standards.)

The College completed another successful audit and compliance process, achieving similar compliance figures to the previous year:

Fellows participating in and meeting the requirements of the College's 2024 CPD program

	Australia & NZ
Number of Fellows participating in CPD program	398
Number of Fellows meeting CPD program requirements	394
Percentage Compliant	98.99%

Associate Fellows participating in and meeting the requirements of the College's 2024 CPD program

	Australia & NZ
Number of Associate Fellows participating in CPD program	1074
Number of Associate Fellows meeting CPD program requirements	1040
Percentage Compliant	96.83%

RACMA had 595 Australian-registered medical practitioners who chose RACMA as their Australian Health Practitioner Regulation Agency (AHPRA) CPD home for 2024. The CPD home members were 100% compliant for 2024 CPD requirements. The CPD home members consisted of Fellows, Associate Fellows, Fellowship Training Program Candidates, Affiliates and International Medical Graduates.

Clinical Governance

Implementing effective clinical governance remains core to RACMA Members’ roles, and the College continued positioning itself as the authority on clinical governance practice.

The 50-member Clinical Governance Advisory Group, representing all membership categories, continued providing valuable input into program development and strategic direction.

The Safeguarding Healthcare podcast demonstrated exceptional growth, with downloads increasing from 6,600 at the end of 2023/24 to over 17,000 by May. The podcast features FRACMA Dr David Rankin and Australasia’s most senior hospital managers dissecting major and complex hypothetical challenges that reflect the most contentious issues facing modern medicine. The average consumption rate remains high at 86%. The podcasts are available through Apple, Spotify and the RACMA website and YouTube channel. Popular episodes include:

- Mental illness and patient safety
- Continued Professional Development Dilemmas
- Politics and the underperforming practitioner
- Credentialling conundrums
- The infected doctor.

Building on clinical governance maturity survey findings from 2023/24, RACMA launched its pilot Clinical Governance workshop “Lead with confidence and deliver excellence: Mastering Clinical Governance” in March. The workshop was fully subscribed within two weeks, with 35 participants including a third from outside RACMA. Following this success, additional workshops were delivered in Sydney (18 participants) and Brisbane (23 participants), with high participant satisfaction across all sessions.

The workshops covered understanding practical principles of clinical governance, determining appropriate clinical outcome measures, classifying clinical incidents and undertaking reviews, credentialing and determining scope of practice, engaging clinical staff in quality improvement, and implementing a culture of accountability and patient-centric care.

Collaboration and Partnerships

RACMA significantly expanded its partnership portfolio, establishing collaborative relationships that amplify influence and enhance member value through shared expertise and networks.

The College signed a Memorandum of Understanding (MoU) with Health Roundtable, a not-for-profit membership organisation of health services across Australia and Aotearoa New Zealand. This partnership connects RACMA members with benchmarking data and best practice learning opportunities that support evidence-based leadership decisions and improved health outcomes.

RACMA’s partnership with the Australian Institute of Company Directors (AICD) proved highly successful, with the first five-day

Company Directors Course in Brisbane filled within days (25 participants). The partnership develops leaders who combine clinical expertise with governance capability - addressing dual leadership requirements of modern health systems.

Building on the established MoU with the Australasian Institute of Digital Health (AIDH), RACMA co-hosted its first Executives in Digital Health session in March. The event featured high-profile policy and industry leaders, attracted approximately 70 attendees and demonstrated RACMA’s role in connecting diverse perspectives on complex health leadership challenges.

The College is exploring an MoU with the American Association for Physician Leadership, reflecting RACMA’s expanding international influence and commitment to developing leadership capability that addresses global health challenges.

RACMA partnered with Nous Group to pilot innovative “CMO of the Future” events for Victorian members, supporting the development of leaders who navigate complexity and shape health systems for improved community outcomes.

The College also reconnected with the Australasian College of Health Services Management (ACHSM) through each organisations President and Chief Executive. Initial meetings have looked at exploring various opportunities for the two colleges to collaborate for the benefit of all members.

Key partnerships continued with Advancing Women in Healthcare Leadership (AWHL), Australian Medical Students Association (AMSA), The Hush Foundation, National Rural Health Alliance, Australian Indigenous Doctors’ Association (AIDA), Te Ora, Australian Commission on Safety and Quality in Health Care, the Health Quality and Safety Commission New Zealand and the Hong Kong College of Community Medicine.

Communications

RACMA transitioned its communications approach in April, recruiting a Communications Specialist to replace external agency Mahlab. This internal appointment enhanced strategic communications capacity while maintaining direct control over messaging and member engagement.

The MedLeaders Pulse newsletter demonstrated exceptional performance, consistently achieving open rates of 70-73% - significantly exceeding industry benchmarks of 30-50%. The fortnightly newsletter remained the primary vehicle for member communications, consolidating College information, news and opportunities.

The College received media coverage highlighting its thought leadership, including an [article in BMJ Leader](#) following the Nous breakfast event.

Advocacy

RACMA’s advocacy matured into a coordinated, election-focused program that helped position the College as a trusted voice on medical leadership, workforce reform and clinical governance.

RACMA released its 2025 Federal Election and Budget Advocacy Platform, setting out a comprehensive agenda for government action. The platform called for investment in medical leadership, stronger workplace culture and safety standards, sustainable rural and regional workforce models, value-based healthcare funding, alignment of legislation with workforce needs and leadership-driven reforms in digital health, artificial intelligence and climate sustainability.

The College maintained active engagement with Ministers, parliamentarians and senior departmental officials across Australian and Aotearoa New Zealand health portfolios.

The Policy and Advocacy Committee led this work, supported by specialist subcommittees: Medical Workforce, Digital, Rural, Indigenous and Diversity. A new Climate Change Subcommittee was also established, reflecting the growing urgency of sustainability and health system resilience.

Position Statements

RACMA strengthened policy influence through several major position statements that framed the College’s system-level leadership role and offered solutions to pressing challenges:

- **Medical Workforce Position Statement** – setting out the leadership, governance and planning requirements for a sustainable workforce.
- **Climate Change and Healthcare Sustainability** – highlighting the need for a national framework to reduce healthcare emissions, build resilience and embed climate leadership in health policy.
- **Artificial Intelligence in Healthcare** – outlining governance, ethical and workforce safeguards to ensure AI adoption enhances rather than undermines safe care.
- **Digital Health** – advocating for equity of access, digital literacy, interoperability and national governance frameworks.

Submissions

The College contributed to government consultations and reviews, ensuring medical leadership was represented in debates on safety, equity and workforce reform. [These included:](#)

- Medicare Safety Net Reform Consultation
- Safe and Responsible AI in Healthcare – Legislative and Regulatory Review
- Proposed Expedited Pathway for Specialist Registration in the Provisional Vocational Scope of Practice (NZ)
- Ahpra Consultation: Health Checks for Late Career Doctors
- Scope of Practice Review – Issues Paper 2
- Service Registrar and Career Medical Officer Framework
- Expedited Specialist International Medical Graduate (SIMG) Pathways
- Inquiry into Remote, Rural and Regional Health Workforce – NSW.

First Nations

First Nations Advisor Ms Nadene Edmonds continues strengthening relationships with key stakeholders across the cultural safety and Indigenous health leadership landscape. A significant milestone was the launch of RACMA’s second [Reconciliation Action Plan \(RAP Innovate\)](#) in April, following endorsement from Reconciliation Australia.

Engagement continues going from strength to strength with key First Nations stakeholders, including the Australian Indigenous Doctors Association (AIDA), Te Ohu Rata o Aotearoa (Te ORA),

the Pacific Regional Indigenous Doctors Congress (PRIDOC), and the Lowitja Institute. Through quarterly participation in AIDA’s Specialist Trainee Support Program and ongoing policy discussions with Te ORA, RACMA maintains active involvement in growing Aboriginal, Torres Strait Islander and Māori representation across medical specialty colleges.

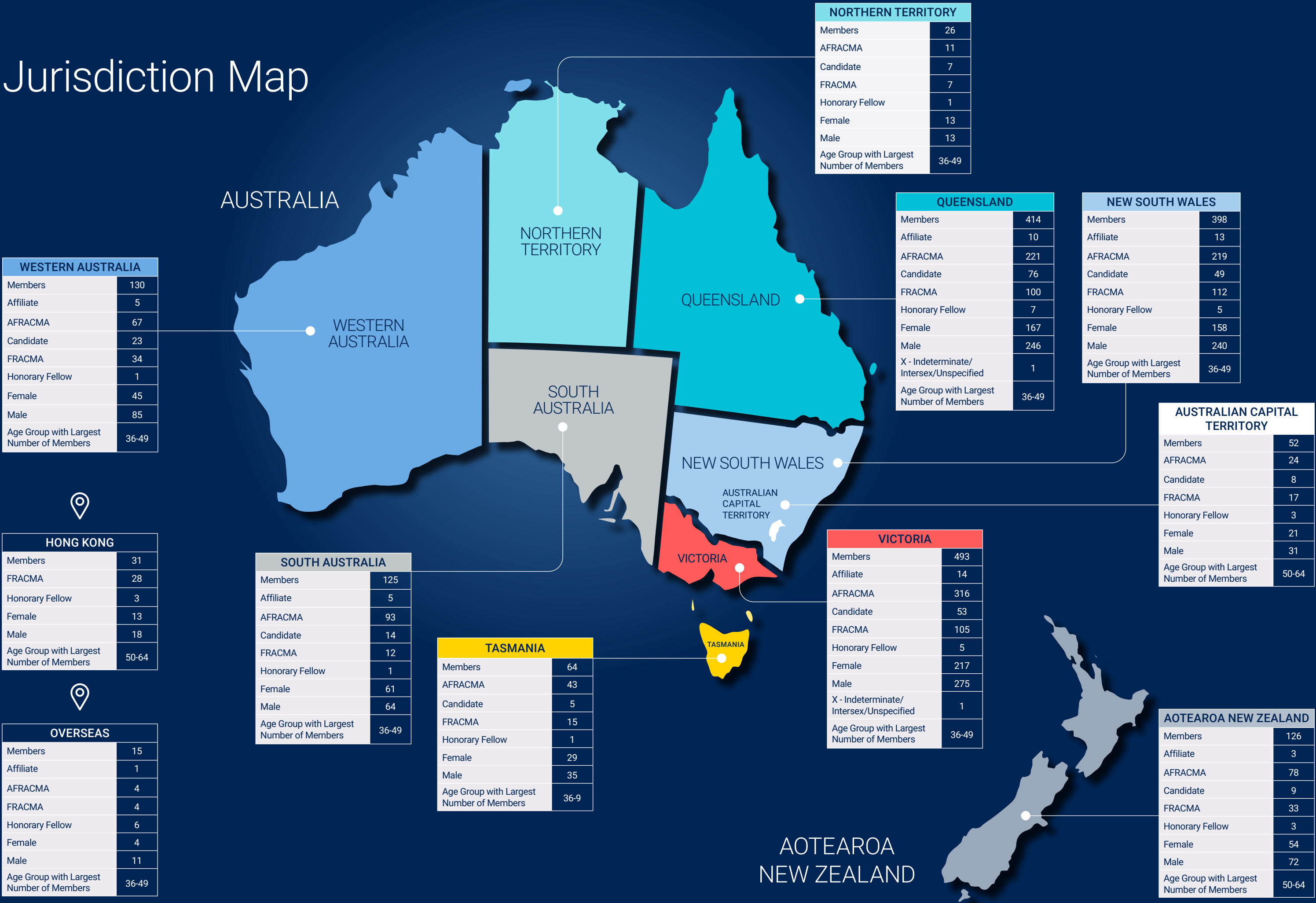
RACMA’s First Nations Advisor contributed to significant sector-wide initiatives, including the Australian Medical Council’s Cultural Safety Standards review through bi-monthly meetings with Aboriginal, Torres Strait Islander and Māori staff. The College also provided ongoing support to the Royal Australasian College of Physicians’ Cultural Safety Supervision project and assisted the Post-Vocational Medical Council Victoria in establishing their Reconciliation Action Plan governance structure.

As a bi-national college, RACMA continued to support cultural safety across both jurisdictions through participation in the Council of Medical Colleges Policy Network, Cultural Safety Roopu, and monthly Aotearoa New Zealand forums facilitated from March to September. The College maintained partnerships with Pride in Medicine and the Advancing Women in Health Leadership Community of Practice, ensuring intersectional approaches to equity and inclusion.

Key events included RACMA’s NAIDOC Week CPD Webinar in July 2024, a Cultural Safety Workshop at the RACMA Conference in October, and participation in major Indigenous health conferences including Te ORA, PRIDOC, and the National Rural Health Association conferences. The College also delivered a joint webinar with RACP on Cultural Safety and Tackling Racism in Health in November 2024, demonstrating commitment to cross-college collaboration in addressing systemic health inequities. Ms Edmonds represented RACMA at the Lowitja Conference in June, including participation in a ministerial breakfast with Hon. Mark Butler.



Jurisdiction Map



Aotearoa NZ Jurisdictional Committee Report

AOTEAROA NEW ZEALAND	
Members	126
Affiliate	3
AFRACMA	78
Candidate	9
FRACMA	33
Honorary Fellow	3
Female	54
Male	72
Age Group with Largest Number of Members	50-64

LIST OF OFFICE BEARERS	
Chair	Dr Andy Simpson (until August 2024) Dr David Hughes (from August 2024)
Honorary Treasurer	Dr Peter Gootjes
Coordinator of Training	Dr Paul Muir
CPD Coordinator	Dr Dilky Rasiah
Fellow Representative	Dr Anil Nair Dr Peter Watson
Associate Fellow Representative	Dr Cameron Cole Dr Carl Eagleton Professor David McCormack
Candidate Representative	Dr Albert Yen-Chun Wu (until February 2025)

The Aotearoa New Zealand Member Forums continued to thrive in response to Members who expressed the need for information sharing, as well as exploring challenges and opportunities in the context of health reform implementation. An impressive seven forums were held, demonstrating strong engagement from Members.

The diverse range of guest speakers provided valuable insights across the healthcare spectrum:

- Dr Richard Sullivan and Ms Fiona Duggan, Te Whatu Ora Health New Zealand (July 2024)
- Nick Baker FRACP AFRACMA – A CMOs work in a system under pressure (August 2024)

- Prof Lester Levy FRACMA – Commissioner of Te Whatu Ora Health New Zealand (September 2024)
- David Hughes FRACMA – Broadening Pharmac’s health economic assessment perspective: Game changer or reshuffling the cards? (March 2025)
- Manoj Patel FRACMA – The RACMA Edge: Leading Innovation Across Clinicians, Funders & Providers (April 2025)
- Dr Pete Watson FRACMA – Strengthening Clinical Governance and Leadership within ACC (May 2025)
- Dr Lloyd McCann FRACMA – Primary and Community care is where it is at (June 2025).

The Leadership for Clinicians program had a successful 2024 Delivery Period 2 cohort delivered in Wellington, running from August to December 2024.

The Jurisdiction’s Members have maintained strong representation across key industry and College Committees throughout 2024/25, reflecting the expertise and commitment of Aotearoa New Zealand’s Medical Administrators. Dr David Hughes has been representing RACMA at the Council of Medical Colleges and was elected as a executive member of the Council of Medical Colleges (CMC) during this period, representing the wider Colleges.

Notable leadership transitions occurred with Dr Debbie Holdsworth becoming President Elect and Dr Dylan Mordaunt joining the RACMA Board as a Director from the Fellow Membership Category.

Members continue to contribute across diverse policy areas including Policy and Advocacy (Dr Hughes), Fellowship Training Program renewal (Dr Muir), Workforce Development (Dr Dilky Rasiah), Rural Health Advocacy (Dr Kelvin Billinghamurst and Dr Ruth Large), Digital Health Innovation (Prof Lester Levy), Climate Change Initiatives (Dr Albert Wu), and Diversity, Equity and Inclusion efforts (Dr Anil Nair and Dr Greig Russell). Dr Lloyd McCann provided leadership as chair of the Diversity, Equity and Inclusion Policy & Advocacy Sub Committee until December 2024.

MEMBER ACHIEVEMENTS

- **New Associate Fellow Achievement Award** – Dr Nick Baker
- **Margaret Tobin Challenge Award** – Dr Joshua Manukonga
- **Dr Lester Levy FRACMA** was appointed Commissioner of Health New Zealand Te Whatu Ora in July 2024

ACT Jurisdictional Committee Report

AUSTRALIAN CAPITAL TERRITORY	
Members	52
AFRACMA	24
Candidate	8
FRACMA	17
Honorary Fellow	3
Female	21
Male	31
Age Group with Largest Number of Members	50-64

LIST OF OFFICE BEARERS	
Chair	Dr Robyn Walker
Coordinator of Training	Dr Len Brennan (01 July 24 – 02 Aug 24) Dr Jodi Glading (from 03 August 2024)
CPD Coordinator	Dr Kate Tindall (01 July 24-02 Aug 24) Dr Len Brennan (from 03 August 24)
Candidate Representative	Dr Luke Edwards

The ACT remains a small jurisdiction and historically has a significant representation of military members within the active RACMA community. In recent times however, there are an increasing number of non-military FRACMAs, AFRACMAs and Candidates. The Committee continues with quarterly Continuing Professional Development (CPD) events, aligned with a social activity where possible. Maintaining engagement of the members and supporting the Candidates remains a key goal for the Committee.

This reporting period saw significant changes in Committee leadership with Dr Jodi Glading appointed as Coordinator of Training from August 2024, replacing Dr Len Brennan who transitioned to the CPD Coordinator role following Dr Kate Tindall’s departure. These transitions were managed smoothly with strong continuity of service to ACT members.

Educational sessions have included information on the new RACMA training program and on the rollout of the ACT’s Voluntary Assisted Dying Program that begins in November 2025. Each of these sessions was paired with an opportunity to connect socially with FRACMAs, AFRACMAs and Candidates. The Committee successfully delivered three CPD meetings and presentations throughout the year, along with two social networking events to foster collegiality among members.

Dr Jodi Glading has been very proactive since her appointment in meeting with and supporting our Candidates. She has met with all current Candidates in-person and is working with three current ACT clinicians who are interested in beginning candidacy in 2026. Two are in non-military roles and one is in a military role. The increase of non-military Candidates is welcomed but is also challenging in that support through Training Supervisor and Preceptor roles is limited. Dr Glading has been working with Southern New South Wales FRACMAs who have capability and capacity to undertake these roles, particularly with ACT non-military Candidates.

Dr Luke Edwards as Candidate Representative has supported new Candidates to connect to the ACT RACMA network and into interstate examination preparation and tutorial sessions. Our thanks to the flexibility of other jurisdictions in supporting our ACT Candidates via virtual attendance.

The ACT made representations to the Executive regarding the value of continued engagement of retired fellows in the context of the Constitution review and consultation process.

MEMBER ACHIEVEMENTS

- **Dr Len Brennan** – appointed Chair of the RACMA CPD Committee (from May 2025)
- **Honorary Fellowship** – Professor Paul Kelly

NSW Jurisdictional Committee Report

NEW SOUTH WALES	
Members	398
Affiliate	13
AFRACMA	219
Candidate	49
FRACMA	112
Honorary Fellow	5
Female	158
Male	240
Age Group with Largest Number of Members	36-49

The NSW Jurisdictional Committee continued to offer a weekly Candidate tutorial session with around 10-20 attendees from NSW and other smaller jurisdictions. The tutorials were coordinated until December 2024 by Dr Kashmira De Silva as the lead Fellow and Dr Alan Pham, Dr Shivani Mudaliar and Dr Dorota Stanford as the Candidate coordinators. The tutorials recommenced in June 2025 with Dr Milind Rawal as the lead Fellow, as well as Dr Nanda Kumar Sakaleshpura Chandrashekar for practicing cases.

Dr Cameron Korb-Wells coordinated practice exams on 1 March 2025 for six Candidates which was well received.

The bi-monthly Scientific Program continued through this operating period, organised by Dr Nanda Kumar Sakaleshpura Chandrashekar. Sessions included:

- “Out You Go John, You and Your Smallpox”, presented by Dr Greg Watters (August 2024).
- “Partnerships between Universities and Health Services”, presented by a three-member panel featuring Prof Michael Brydon, Prof Steevie Chan and Prof Mark Arnold (November 2024).
- “Silent tug of war - The Medical Administrators Plight”, presented by Dr Nicholas Spooner (Februray 2025).
- “Aged care reform”, presented by Sue McGuigan (June 2025).

A Continuing Professional Development (CPD) afternoon for members was held in June 2025, preceding the Annual General Meeting (AGM) at the Northern Sydney Education and Conference Centre, Macquarie Hospital. The combined event attracted 34 attendees for the education series (12 online, 22 in-person) and 27 registrations for the AGM dinner. Many thanks to Dr Freeborn, Dr Boyd and Dr Klees for their coordination.

The CPD session featured three presentations:

- Dr Jo Katsoris, Executive Officer Medical at Australian Health Practitioner Regulation Agency, presenting on the Expedited Specialist Pathway Program
- Dr Jo Burnand, Medical Director at Health Education and Training Institute, presenting on Prevocational Accreditation and Training Update
- Dr Teresa Anderson, Chief Executive of Single Digital Patient Record Implementation Authority, presenting on the NSW Single Digital Patient Record.

LIST OF OFFICE BEARERS	
Chair	Dr Tony Sara
Honorary Secretary	Dr Daryl-Anne Elias
Coordinator of Training	Dr Daryl-Anne Elias
CPD Coordinator	Associate Professor Peter Thomas
Fellow Representatives	Dr Helen Freeborn Dr Claire Blizard Dr Roger Boyd
Associate Fellow Representative	Dr Liang Joo Leo
Candidate Representatives	Dr Demi Beneru Dr Alan Pham
HETI Representative	Dr Kim Hill
Coordinator Tutorial Program	Dr Kashmira De Silva (to Feb/March 2025) Dr Milind Rawal (from April/May 2025)
Coordinator Scientific Program	Dr Nanda Kumar Sakaleshpura Chandrashekar
Members (Co-opted)	Dr Greg Watters Dr Raj Ubeja Dr Cameron Korb-Wells Dr Isabelle Kapterian Dr Grant Rogers Dr Natalie Klees

A small surplus was generated from ticket sales for both the CPD session and dinner.

The two Committee Candidate Representatives are in their final year of training and an EOI process has been undertaken to appoint two new representatives. Dr Claire Blizard was re-appointed to be the RACMA NSW representative to the Medical Council of NSW for a final three-year term.

Recent Fellowship examinations showed NSW was quite successful, with five out of six Candidates passing their RACMA Fellowship oral examination.

MEMBER ACHIEVEMENTS

- **Dr Darrell Duncan** – Preceptor of the Year
- **Dr Tony Sara** - elected Chair, Statutory Committee, Medical Services Committee (NSW)

QLD/NT Jurisdictional Committee Report

	QLD	NT
Members	414	26
Affiliate	10	–
AFRACMA	221	11
Candidate	76	7
FRACMA	100	7
Honorary Fellow	7	1
Female	167	13
Male	246	13
X - Indeterminate/ Intersex/Unspecified	1	–
Age Group with Largest Number of Members	36-49	36-49

With 76 active Candidates, QLD/NT remains one of the busiest jurisdictions in terms of developing and supporting Candidates. An enormous amount of work goes into this, ranging from wellbeing support, monthly training sessions, organising trial examinations, Candidate workshops, accreditation of training sites and input into the annual recruitment campaign. Much of this work is undertaken by the Jurisdictional Coordinator of Training (JCT), Dr Leah Barrett-Beck, ably supported by deputy JCTs Assoc Prof Jon Hodge and Dr Felicity Jensen.

The monthly Candidate lecture series has continued throughout this year. This is conducted on the first Friday of each month and is well attended. Speakers have been coordinated by Assoc Prof Jon Hodge and have included a stellar cast including Dr Jodi Johnson-Glading, Dr Lynnette Knowles, Dr James Cafaro, Dr John Reilly, Prof Alan Sandford, Mr Peter McNamee, Prof Cath McDougall and Dr Julieanne Graham. Thanks to all those who have contributed.

Following the decision in 2023 to move the 2024 Candidate workshop from Brisbane to Cairns, the annual QLD/NT Candidate workshop was successfully conducted in Cairns in August 2024 as an initiative of the QLD/NT Jurisdictional Committee. This was well received, with more than 30 Candidates attending. Particular highlights were around indigenous and rural health. This was largely organised by Dr Lauren Moses with assistance from Dr Lachlan Gordon, as well as other members of the jurisdictional committee. A highlight was the workshop dinner, held on the lawn at the Cairns Hilton, accompanied by fireworks from the nearby Cairns Festival. In 2025 the Workshop will return to Brisbane, although it is planned to have further workshops in regional locations.

The jurisdiction held highly successful and informative practice Fellowship examinations in March 2025 with several of the Candidates progressing to successfully passing their RACMA Fellowship oral examination. Thanks to our hardworking JCT and Deputy JCTs who coordinated the event, and to the Fellows who acted as examiners for the day. We congratulate and welcome several new Fellows to our jurisdiction.

The ongoing development of a Jurisdictional Work Plan is being led by Dr Westacott in her role as Honorary Secretary. This plan includes aspirational goals in addition to the critical annual activities. There has been ongoing AFRACMA advocacy for a pathway from AFRACMA to FRACMA, continuing efforts from the previous reporting period.

LIST OF OFFICE BEARERS	
Chair	Associate Professor Gail Robinson
Honorary Secretary	Dr Lorraine Westacott
Honorary Treasurer	Dr Hwee Sin Chong
Coordinator of Training	Dr Leah Barrett-Beck Associate Professor Jon Hodge (Co-Deputy) Dr Felicity Jensen (Co-Deputy)
CPD Coordinator	Dr Thuy Pham (until February 2025)
Fellow Representative	Dr David Evans Dr Robert McGrath Professor Alan Sandford AM Dr Mark Waters
Associate Fellow Representative	Dr Charles Phillis
Candidate Representative	Dr Anthony Deacon (Metro) Dr Lauren Moses (Regional and Rural) – Sabbatical

Following the coordination efforts of Dr Charles Phillis and Dr Robert McGrath in 2024, the annual QLD/NT RACMA hybrid oration was held as a business breakfast in Brisbane in December 2024 at the Victoria Park Golf Club. It was free for Members and also open to those outside the College to enhance networking opportunities for FRACMAs and AFRACMAs. This attracted over 50 Fellows/Associate Fellows/Candidates. The Oration Speaker Ms Bianca Stringer talked on a range of medico-legal issues.

COMMITTEE ACHIEVEMENTS/HIGHLIGHTS

- **RACMA 2024 Annual Conference – New Frontiers for Medical Leaders – From Covid to the Olympics** – This was undoubtedly the highlight of the year for the jurisdiction. The Conference, held at Sofitel Brisbane, was a great success. The organising committee was led by Co-Chairs Assoc Prof Jon Hodge and Dr Georga Cooke, well supported by the Jurisdictional Committee.

MEMBER ACHIEVEMENTS

- **Honorary Fellowship** – Rear Admiral (RADM) Sonya Bennett AM
- **Honorary Fellowship** – Professor Keith McNeil
- **Queensland Members** sit on a number of statewide and other important groups that influence and shape policy and implementation of key statewide healthcare initiatives including the Statewide Executive Directors of Medical Services Forum.

SA Jurisdictional Committee Report

SOUTH AUSTRALIA	
Members	125
Affiliate	5
AFRACMA	93
Candidate	14
FRACMA	12
Honorary Fellow	1
Female	61
Male	64
Age Group with Largest Number of Members	36-49

LIST OF OFFICE BEARERS	
Chair	Dr Emily Kirkpatrick (March 25 – current) Dr Mary Boyd Turner (July 24 – Feb 25)
Coordinator of Training	Dr Emily Kirkpatrick (March 25 – current) Dr Mary Boyd Turner (July 24 – Feb 25)
CPD Coordinator	Dr Krish Sundararajan (FRACMA) Dr Thara Ramkumar (AFRACMA)
Fellow Representative	Dr Jayanthi Jayakaran
Associate Fellow Representative	Dr Milind Sanap Dr Shriram Nath

The SA Jurisdictional Committee offered a strong Continuing Professional Development (CPD) program this reporting period.

- **Importance of clinical/medical leadership in driving excellence and innovation in health**, presented by Professor Keith McNeill, Commissioner of the Commission of Excellence and Innovation in Health, SA DHW (August 2024, virtual)
- **Sustainable use of Medications and Ethical Leadership**, presented by: – Conjoint Associate Professor Carolyn Hullick: Chief Medical Officer, Australian Commission on Safety and Quality in Health Care – Dr Robyn Lawrence: Chief Executive, SADHW (November 2024, hybrid with dinner)
- **Medical leadership in a War Zone**, presented by Dr Craig Jurisevic, CALHN (May 2025, virtual).

Candidate Training and Education Sessions were held fortnightly and were reasonably well attended with a focus on presentation and discussion of scenarios used as exam questions. Specific topics with speakers included:

- Medicolegal matters/Consent in Minors
- Child Protection
- Managing Complaints and Concerns about Clinicians
- Value-based health care.

The jurisdiction continues to focus on opportunities to grow current FRACMA Candidates/positions in existing leadership roles in SA, embed a stronger education program with FRACMAs and Candidates in SA including leveraging expertise from senior officials in SA Health. The implementation of a rotational training program is under review to support future opportunities to grow Candidate exposure across SA Health and the private sector.

Key achievements this period include establishing a CPD state-based calendar, working collaboratively with the small cohort of FRACMAs in SA to support the current Candidates with exam preparation and case-based discussion and continuing to work with other colleges to increase momentum of the Leadership for Clinicians program.

The Committee acknowledges the work of outgoing Chair and Jurisdictional Coordinator of Training, Dr Mary Boyd Turner, who held the roles for 2.5 years and two years respectively. The Committee welcomed new Chair and Jurisdictional Coordinator of Training Dr Emily Kirkpatrick.

MEMBER ACHIEVEMENTS

2024 Conference

- **SA submission for the Margaret Tobin Challenge:** Enhancing Patient Experience Data Collection Using RedCap and SMS Surveys – Dr Samuel Gluck, Candidate at NAHLH, SA Health
- **The Great Debate:** Dr Emily Kirkpatrick, FRACMA – ‘The Future Medical Administrator will be replaced with AI’ (Affirmative)
- **Virtual Hospitals of the Future:** Dr Emily Kirkpatrick, FRACMA.

TAS Jurisdictional Committee Report

TASMANIA	
Members	64
AFRACMA	43
Candidate	5
FRACMA	15
Honorary Fellow	1
Female	29
Male	35
Age Group with Largest Number of Members	36-9

LIST OF OFFICE BEARERS	
Chair	Professor Ruth Kearon
Coordinator of Training	Dr Helen McArdle
CPD Coordinator	Dr Allison Turnock
Fellow Representatives	Associate Professor Stephen Ayre Dr David Ladyman Dr Elizabeth Deards
Associate Fellow Representative	Dr Viney Joshi
Candidate Representative	Dr Jitendra Jain

The Tasmanian Jurisdictional Committee continues to strengthen with Tasmanian jurisdictional Candidates benefiting from training opportunities provided in RACMA's larger jurisdictions, with strong support for interstate participation in examination preparation and tutorial sessions.

RACMA members have actively participated in member forums and educational opportunities throughout 2025, including engagement with the new Continuing Professional Development (CPD) Program offerings and the Levers of Power workshop series.

The appointment of Hon. Bridget Archer as Tasmania's new Health Minister, following the recent election, presents renewed opportunities for strategic engagement with the State Government on health system advocacy and reform initiatives. The ambitious Bluegum Transformation digital health agenda continues to drive significant digital investment across Tasmania's health system, creating new opportunities for medical leadership in health technology implementation.

RACMA Fellows and Candidates gathered for the annual networking dinner in April 2025, supported by the College, to strengthen professional networks and collegiality. While the journal club initiative was trialled earlier in the year, it has been discontinued due to low participation.

RACMA Fellows and Associate Fellows maintain strong representation in key leadership positions statewide, including Chief Medical Officer and Chief Psychiatrist roles, Executive Director and Deputy Director of Medical Services positions, General Practice and Primary Care leadership within the Department of Health, and senior roles at the Tasmanian School of Medicine.

MEMBER ACHIEVEMENTS

- **Honorary Fellowship** – Adjunct Professor Gillian Biscoe AM

VIC Jurisdictional Committee Report

VICTORIA	
Members	493
Affiliate	14
AFRACMA	316
Candidate	53
FRACMA	105
Honorary Fellow	5
Female	217
Male	275
X - Indeterminate/Intersex/Unspecified	1
Age Group with Largest Number of Members	36-49

The Victorian Jurisdictional Committee continues to provide many and varied Continuing Professional Development (CPD) opportunities and learning avenues for Candidates. An ongoing key area of focus for Victoria remains the support for Candidate training.

Multiple improvements were made to statewide RACMA candidate recruitment processes. Despite these efforts, the 2025 training post recruitment encountered difficulties because of reduced training position availability compared to the previous year.

Financial constraints and individual hospital decisions have led to an estimated loss of 4-5 training positions in Victoria for the upcoming year. This reduction placed considerable pressure on current trainees and new Candidates, leaving some without secured positions. Following the budget cuts announced in the previous reporting period, this years' budget cuts affecting health services further complicate the situation. The Committee reviewed options pertaining to a more centralised recruitment approach to help address these challenges, though such a system is still being explored.

Weekly tutorials and practice exams were successfully held throughout the year. Victorian Candidates achieved outstanding exam results in November 2024, with nine out of 10 Candidates successfully passing - a tremendous result.

Social, networking and educational events continued to be held including the Margaret Tobin Challenge, CPD events, Candidate, Supervisor and Preceptor Networking event and end of year event. Members of the Committee supported the work of the VIMG's Clinical Leadership series.

Three Candidates participated in the Margaret Tobin Challenge with one representing Victoria at the RACMA 2024 Conference:

- Dr Rosemarie Eyre - Medical Administration Registrar, Grampians Health Ballarat
- Dr James Leung - Medical Administration Registrar Access & Flow, Monash Health
- Dr Soumya Sarkar - Medical Advisor & RACMA Registrar, Health Informatics, Monash Health.

LIST OF OFFICE BEARERS	
Chair	Dr Katherine Worsley
Honorary Secretary	Dr David Rankin
Honorary Treasurer	Dr Junyi Shi
Coordinator of Training	Dr Anand Ponniraivan (until May 2025)
CPD Coordinator	Dr Ian Graham & Dr Susanty Tay
Associate Fellow Representative (Metro)	Dr Nicole Hancock
Fellow Representative (ex-officio)	Associate Professor Mary O'Reilly
Candidate Representative (Metro)	Dr Ann (Ann Jia-En) Boo
Candidate Representative (Rural)	Dr Giselle Dela Cruz
Policy and Advocacy Representative	Dr Mya Cubitt
Event Coordinator	Associate Professor Rex Prabhu
Co-opted Member CAC Chair	Dr Nathan Vos

The Victorian Jurisdictional Committee continued to share knowledge of the health service restructure in Victoria with the RACMA membership. The implementation of the Health Services Plan progressed this reporting period, with the Victorian Department of Health accepting 21 recommendations in full and five in principle. Local Health Service Networks will commence operation from 1 July 2025, establishing geographic groupings responsible for planning and managing care to meet population health needs of their communities.

A key area of focus was the recruitment to the JCT role. Given the importance and workload for the role, this was moved to two co-JCT roles during the recruitment phase. The co-JCTs will enable continued support for Victorian Candidates. Dr Susanty Tay began as the new Victorian CPD Coordinator, and the Committee acknowledged its thanks to Ian Graham for his work over many years in this role.

A number of Victorian Jurisdictional Committee members continue to contribute to key Victorian health industry projects/committees and College initiatives, including policy and advocacy work with state health departments, focusing on collaborative efforts to address current healthcare leadership challenges.

Member Achievements

- **Supervisor of the Year** – Dr Junyi Shi
- **New Fellow Achievement Award** – Professor Mary O'Reilly
- **Honorary Fellowship** – Professor Catherine Crock AM

WA Jurisdictional Committee Report

WESTERN AUSTRALIA	
Members	130
Affiliate	5
AFRACMA	67
Candidate	23
FRACMA	34
Honorary Fellow	1
Female	45
Male	85
Age Group with Largest Number of Members	36-49

LIST OF OFFICE BEARERS	
Chair	Dr PK Loh
Department of Health Representative	Dr Andrew Robertson
Treasurer	Dr Terry Bayliss
Coordinator of Training	Dr Deepan Krishnasivam & Dr Ajitha Nair
CPD Coordinator	Dr Ranjit Paul
Associate Fellow Representative	Dr Andrew Thompson
Candidate Representative	Dr James Caudle (until February 2025)

Following the retirement of Dr David Russell-Weisz as Director General of WA Health, the appointment of Dr Shirley Bowen as the new Director General provided an opportunity for continued dialogue with the state health leadership. The Committee successfully nominated Dr Bowen for Honorary Fellowship of RACMA, recognising her distinguished career spanning leadership roles in both public and private hospital administration.

The ongoing negotiations regarding the new Australian Medical Association (AMA) WA award for public hospital doctors saw mixed outcomes this reporting period. The ratification of the WA AMA 2024 Industrial Award notably excluded provisions for permanency of tenure for Directors of Medical Services and medically qualified health executives. This prompted extensive consultation with stakeholders, including RACMA colleagues from other states. While there was broad support for the issue, consensus on implementing tenure permanency was not achieved across jurisdictions.

The WA Jurisdictional Committee hosted a RACMA Christmas event, featuring the immediate past Director General of WA Health as the keynote speaker.

A significant achievement for the jurisdiction was the establishment of a subcommittee, chaired by Dr Francis Lee, to develop the RACMA Conference 2025 proposal. This initiative was later integrated into the national Conference Committee in 2025. A comprehensive proposal was developed, including the initial program framework. The proposed theme, "Embracing the Future" and subtheme "Healthcare Innovations & Challenges," was endorsed by the RACMA Board. The conference is scheduled to be held from 13–16 October 2025 at Crown Perth.

Unfortunately, WA had no Candidates participating in the 2024 Margaret Tobin Challenge Award. The Committee has actively explored strategies to encourage future participation, including the potential introduction of a state-level cash prize to incentivise Candidate engagement.

Three WA Candidates sat the Fellowship Examination in 2024/25, with two successfully passing.

MEMBER ACHIEVEMENTS

- **RACMA Honorary Fellowship** – Dr Shirley Bowen
- **Dr Christy Mustac** was appointed Director of Medical Services at Hollywood Private Hospital
- **Dr Emily Muxlow** was appointed Director of Ambulatory Services WA at Silver Chain
- **Dr Jemma Hogan** was appointed General Manager, Medical Workforce and Education, at St John of God Health Care.

Finance and Audit Report

Report from the Chair of the Finance and Audit Committee



On behalf of the Finance and Audit Committee of the College I am pleased to report to the membership on the financial performance of the College for the 2024-25 financial year.

The accounts reflect the expected financial result for RACMA for the full year to 30 June 2025 considering the significant investments in the implementation of the new Strategic Plan, Fellowship Training Program renewal project and Project Nexus (MyRACMA - IT Project).

The overall financial result for the College this year after providing for income tax amounted to a deficit (\$2.86m) (2024: \$(1.742m)). As at 30 June 2025, RACMA's investment corpus value was at \$3.43 million.

Revenue for FY 2025 was \$13.66 million in comparison to \$12.24 million in 2024. Note 4 (Page 17 of Financial Statements) contains a breakup of individual revenue activities with notable increases in the following areas:

- Government funds - \$440k
- Education programs - \$354k
- Member subscriptions - \$264k
- Conference - \$179k

Expenditure totalled \$16.52 million for the year which was an increase of \$2.254 million on the previous year. Some of the key increases to expenditure when compared to 2024 were as follows:

- Project Nexus (MyRACMA IT project) - \$1.24m
- Employee benefits expense - \$1.25m

The RACMA Board thanks Matthew Crouch, Partner and the audit team at Saward Dawson for their work and recommendations to the College and look forward to continuing to work with them for the next financial year

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

Dr Catherine Olweny
Chair, Finance & Audit Committee
RACMA Board member

Financial Statements

For the Year Ended 30 June 2025

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The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2025

Your directors present their report on the College for the financial year ended 30 June 2025.

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 CSC	Resigned October 2024
Prof Erwin Loh	
Prof Alan Sandford AM	Resigned October 2024
Prof Pooshan Navathé	
Dr Helen McArdle	Resigned October 2024
Dr Angela Williams	Resigned October 2024
Adj/Prof Gillian Biscoe AM	
Prof Jane Bryson	
Dr Debbie Holdsworth	
Prof Anthony Lawler	
Dr Catherine Olweny	
Dr Hash Abdeen	
Dr Colin Feekery	Appointed October 2024
A/Prof Peter Thomas	Appointed October 2024
Dr Samarina Mussaad	Appointed October 2024
A/Prof Dylan Mordaunt	Appointed February 2025

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 \$ (2,857,359) (2024: \$ (1,742,526)). This loss was largely the result of major investments in two College-wide projects 1) the Fellowship Training Renewal Project totalling \$578,547 and 2) Project Nexus (Technology Project) totalling \$2,915,578. The loss was partly offset by unrealised gains on the investment corpus due to the global economic conditions this year and better than expected revenue in membership and education programs.

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 2025

Events after the reporting date

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

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

Environmental issues

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

Meetings of directors

During the financial year, 10 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 CSC	10	9
Prof Erwin Loh	10	10
Prof Alan Sandford AM	3	3
Prof Pooshan Navathé	10	8
Dr Helen McArdle	3	3
Dr Angela Williams	3	3
Adj/Prof Gillian Biscoe AM	10	10
Prof Jane Bryson	10	10
Dr Debbie Holdsworth	10	10
Prof Anthony Lawler	10	9
Dr Catherine Olweny	10	8
Dr Hash Abdeen	10	9
Dr Colin Feekery	7	7
A/Prof Peter Thomas	7	7
Dr Samarina Mussaad	7	7
A/Prof Dylan Mordaunt	4	4

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2025

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 2025 has been received and can be found on page 30 of the financial report.

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

Director: 
Prof Erwin Loh

Director: 
Dr Debbie Holdsworth

Director: 
Dr Catherine Olweny

Dated this 22 day of September 2025

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 2025

	Note	2025 \$	2024 \$
Income	4	13,656,373	12,237,838
Employee benefits expense		(6,247,563)	(4,998,260)
Depreciation and amortisation		(38,221)	(58,775)
Governance expenses		(21,622)	(122,895)
Faculty support		-	(46,739)
Training and education		(1,162,316)	(1,091,296)
Annual conference		(613,492)	(504,706)
Marketing and promotions		(153,570)	(88,558)
Office supplies		(52,949)	(42,762)
Professional services		(1,349,461)	(1,228,085)
Occupancy expenses		(51,605)	(45,773)
IT expense		(584,967)	(500,784)
STP project expense		(2,705,779)	(3,188,267)
Doubtful debts expense		(150,231)	(6,652)
Nexus project expenses		(2,616,499)	(1,381,238)
Other operating expenses		(765,457)	(675,574)
Deficit for the year		(2,857,359)	(1,742,526)
Total comprehensive income for the year		(2,857,359)	(1,742,526)

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Financial Position

As at 30 June 2025

	Note	2025 \$	2024 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	7,540,657	9,792,631
Trade and other receivables	8	812,961	688,328
Other financial assets	9	3,940,717	4,734,276
TOTAL CURRENT ASSETS		12,294,335	15,215,235
NON-CURRENT ASSETS			
Property, plant and equipment	10	1,428,732	1,459,616
Intangible assets	11	3,326	7,714
TOTAL NON-CURRENT ASSETS		1,432,058	1,467,330
TOTAL ASSETS		13,726,393	16,682,565
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	745,046	1,167,095
Employee benefits	13	453,197	308,223
Other financial liabilities	14	9,641,150	9,443,791
TOTAL CURRENT LIABILITIES		10,839,393	10,919,109
NON-CURRENT LIABILITIES			
Employee benefits	13	82,427	101,524
TOTAL NON-CURRENT LIABILITIES		82,427	101,524
TOTAL LIABILITIES		10,921,820	11,020,633
NET ASSETS		2,804,573	5,661,932
EQUITY			
Reserves		259,590	280,028
Retained earnings		2,544,983	5,381,904
TOTAL EQUITY		2,804,573	5,661,932

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Changes in Equity

For the Year Ended 30 June 2025

2025

	Retained Surplus \$	State Funds \$	Bernard Nicholson Prize Fund \$	NSW Administration Course & Education Fund \$	Total \$
Balance at 1 July 2024	5,381,904	220,991	32,988	26,049	5,661,932
(Deficit) for the year	(2,857,359)	-	-	-	(2,857,359)
Transfers	20,438	(20,438)	-	-	-
Balance at 30 June 2025	2,544,983	200,553	32,988	26,049	2,804,573

2024

	Retained Surplus \$	State Funds \$	Bernard Nicholson Prize Fund \$	NSW Administration Course & Education Fund \$	Total \$
Balance at 1 July 2023	7,098,304	247,117	32,988	26,049	7,404,458
(Deficit) for the year	(1,742,526)	-	-	-	(1,742,526)
Transfers	26,126	(26,126)	-	-	-
Balance at 30 June 2024	5,381,904	220,991	32,988	26,049	5,661,932

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Cash Flows

For the Year Ended 30 June 2025

	Note	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from members		7,592,259	7,386,554
Government grants, conferences, sponsorship and other receipts		6,357,908	5,488,920
Interest received		144,122	172,673
Payments to suppliers and employees		(17,420,017)	(14,214,011)
Net cash provided by/(used in) operating activities	16	(3,325,728)	(1,165,864)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Redemption/ (Placement) of term deposits		1,012,957	(103,993)
Dividends received		121,329	95,954
Purchase of property, plant and equipment		(2,949)	(13,195)
Net disposal/ (purchase) of investments		(57,583)	287,898
Net cash provided by/(used in) investing activities		1,073,754	266,664
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net cash provided by/(used in) financing activities		-	-
Net increase/(decrease) in cash and cash equivalents held		(2,251,974)	(899,200)
Cash and cash equivalents at beginning of year		9,792,631	10,691,831
Cash and cash equivalents at end of financial year	7	7,540,657	9,792,631

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 2025

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 Material 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) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(c) 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.

(d) Revenue and other income

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

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

Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the College:

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

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

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

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

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(d) 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.

Membership subscriptions

Revenue from membership fees is recognised over the membership year to which it relates. Membership fees are for the period 1 July to 30 June the following year.

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 when the expense to fulfill the performance obligations of the grant has been incurred.

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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(e) Cash and cash equivalents

Cash and cash equivalents comprises 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.

(f) Property, plant and equipment

Each class of property, plant and equipment is carried at cost 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.

(g) Intangible assets

Website and Software

Website and Software as a Service (SaaS) that meet the definitions of AASB 138 Intangible assets are recorded at cost. These have a finite life and are carried at cost less accumulated amortisation and any impairment losses. Website and SaaS intangible assets have an estimated useful life of 5 years and are assessed annually for impairment. All other SaaS related costs are expensed when incurred.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(h) 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

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(h) 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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(h) Financial instruments

Financial liabilities

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

The 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.

(i) Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

(j) Impairment of non-financial assets

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

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

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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Summary of Material Accounting Policies

(k) 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.

(l) Trade and other payables

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

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

(m) 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, 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

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Notes to the Financial Statements

For the Year Ended 30 June 2025

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 is not able to be determined based on quoted price, a valuation model is 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. The directors exercise 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, the directors include the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services promised.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

4 Revenue and Other Income

	2025	2024
	\$	\$
Revenue from contracts with customers		
- Membership subscriptions	2,276,459	2,012,598
- Training and advancement fees	4,792,099	4,447,266
- Annual conference	775,398	596,061
- Other programs income	296,163	367,646
- Advertising and sponsorship	49,716	60,091
- Commonwealth government - Department of Health - STP Project income	4,662,851	4,220,337
	<u>12,852,686</u>	<u>11,703,999</u>
Investment income		
- Interest - investment	144,122	172,250
- Dividend income	121,329	95,955
- Net fair value gain/ (loss) on financial assets through profit or loss	161,815	137,394
	<u>427,266</u>	<u>405,599</u>
Other Income		
- Miscellaneous income	231,418	128,240
- Workcover insurance proceeds	145,003	-
	<u>376,421</u>	<u>128,240</u>
Total Revenue and Income	<u>13,656,373</u>	<u>12,237,838</u>

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

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Notes to the Financial Statements

For the Year Ended 30 June 2025

5 Results for the year

Expenses

The result for the year includes the following specific expenses:

	2025	2024
	\$	\$
Doubtful debts expense	150,231	6,652
Depreciation and amortisation	38,221	58,775
Defined contribution superannuation	477,761	414,058

6 Auditors' Remuneration

Remuneration of the auditor, Saward Dawson:

- Auditing the financial statements	19,000	17,950
- Other services	5,900	1,550
- Grant acquittal	3,000	2,800
Total	<u>27,900</u>	<u>22,300</u>

7 Cash and Cash Equivalents

Cash at bank	7,540,657	9,792,631
	<u>7,540,657</u>	<u>9,792,631</u>

8 Trade and Other Receivables

CURRENT

Trade receivables	763,549	617,150
Provision for impairment	(252,960)	(102,960)
	<u>510,589</u>	<u>514,190</u>
Other debtors	302,372	174,138
	<u>812,961</u>	<u>688,328</u>

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

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

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Notes to the Financial Statements

For the Year Ended 30 June 2025

8 Trade and Other Receivables

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 2025				
Trade and term receivables	2,260,112	299,910	398,522	2,958,544
30 June 2024				
Trade and term receivables	1,298,050	36,873	339,038	1,673,961

Movement in provision for doubtful debts is as follows:

	2025	2024
	\$	\$
Balance at beginning of the year	102,960	96,318
Net measurement of loss	150,000	6,642
Balance at end of the year	252,960	102,960

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.

9 Other Financial Assets

Financial assets at fair value through profit or loss

CURRENT

Shares	38,918	37,859
Managed funds	2,794,480	2,576,141
Term Deposits	(a) 1,107,319	2,120,276
	3,940,717	4,734,276

(a) Term deposits

Term deposits are held for term of between 6 and 12 months and at various interest rates.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

10 Property, plant and equipment

	2025	2024
	\$	\$
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	(163,338)	(136,115)
Total buildings	925,565	952,788
Total land and buildings	1,385,565	1,412,788
Plant and Equipment		
Office equipment		
At cost	156,446	237,631
Accumulated depreciation	(126,861)	(202,898)
Total office equipment	29,585	34,733
Gowns		
At cost	22,543	19,594
Accumulated depreciation	(8,961)	(7,499)
Total gowns	13,582	12,095
Total property, plant and equipment	1,428,732	1,459,616

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Notes to the Financial Statements

For the Year Ended 30 June 2025

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 2025					
Balance at the beginning of year	460,000	952,788	34,733	12,095	1,459,616
Additions	-	-	-	2,949	2,949
Depreciation expense	-	(27,223)	(5,148)	(1,462)	(33,833)
Balance at the end of the year	460,000	925,565	29,585	13,582	1,428,732

Year ended 30 June 2024

Balance at the beginning of year	460,000	980,011	46,280	3,708	1,489,999
Additions	-	-	-	13,195	13,195
Depreciation expense	-	(27,223)	(11,547)	(4,808)	(43,578)
Balance at the end of the year	460,000	952,788	34,733	12,095	1,459,616

11 Intangible Assets

Website and Software

	2025	2024
	\$	\$
Cost	154,284	252,590
Accumulated amortisation and impairment	(150,958)	(244,876)
Total Website and Software	3,326	7,714
Total Intangible assets	3,326	7,714

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2025

11 Intangible Assets

Movements in carrying amounts of intangible assets

	Website and Software
	\$
Year ended 30 June 2025	
Balance at the beginning of the year	7,714
Amortisation	(4,388)
Closing value at the end of the year	3,326
Year ended 30 June 2024	
Balance at the beginning of the year	22,913
Amortisation	(15,199)
Closing value at the end of the year	7,714

12 Trade and Other Payables

	2025	2024
	\$	\$
CURRENT		
Trade payables	376,789	789,556
GST payable	29,279	137,540
Accrued expenses	133,353	70,303
Other payables	205,625	169,696
Total trade and other payables	745,046	1,167,095

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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

13 Employee Benefits

	2025	2024
	\$	\$
CURRENT		
Annual leave	356,425	270,659
Long service leave	96,772	37,564
	<u>453,197</u>	<u>308,223</u>
NON-CURRENT		
Long service leave	82,427	101,524
	<u>82,427</u>	<u>101,524</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 College 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	710,324	627,684
Unearned Workshop Income	1,603,606	1,886,247
Unearned STP grant income	5,221,501	4,941,189
Unearned government grant income	1,086,248	1,114,188
Unearned Fees	1,019,471	874,483
	<u>9,641,150</u>	<u>9,443,791</u>

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Notes to the Financial Statements

For the Year Ended 30 June 2025

15 Financial Risk Management

The College'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:

	2025	2024
	\$	\$
Financial assets		
Cash at bank	7,540,657	9,792,631
Trade and other receivables	812,961	688,328
Other financial assets	3,940,717	4,734,276
Total financial assets	<u>12,294,335</u>	<u>15,215,235</u>
Financial liabilities		
Trade and other payables	745,046	1,167,095
Total financial liabilities	<u>745,046</u>	<u>1,167,095</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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

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.

Market risk

Foreign Currency Risk

The College is not exposed to any significant foreign currency risk.

Price Risk

The College is not exposed to any significant price risk.

Interest 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.

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Notes to the Financial Statements

For the Year Ended 30 June 2025

16 Cash Flow Information

	2025	2024
	\$	\$
(Deficit) for the year	(2,857,359)	(1,742,526)
Cash flows attributable to investing activities		
- Dividends received	(121,329)	(95,954)
Non-cash flows in deficit:		
- amortisation of intangible assets	4,388	15,199
- depreciation of non-current assets	33,833	43,578
- provision for doubtful debts	150,000	6,642
- fair value movements on investments	(161,815)	(137,395)
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(274,633)	195,496
- increase/(decrease) in trade and other payables	(422,049)	373,307
- increase/(decrease) in employee benefits	125,877	56,821
- increase/(decrease) in trade and other payables & other liabilities	197,359	118,968
Cash flows from operations	(3,325,728)	(1,165,864)

17 Reserves

Jurisdictional Funds		
NSW funds	91,562	81,510
Queensland funds	17,204	41,380
Victoria funds	38,518	44,910
Western Australia funds	20,404	20,766
Northern Territory funds	1,009	1,009
Aotearoa New Zealand funds	28,036	27,672
South Australia funds	3,820	3,744
	200,553	220,991

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

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Notes to the Financial Statements

For the Year Ended 30 June 2025

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:

	2025	2024
	\$	\$
Short-term employee benefits	654,236	773,150
Long-term benefits	13,644	(21,828)
Total	667,880	751,322

Long-term benefits represent the movements in accrued annual and long service leave.

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 2025 (30 June 2024: 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

Directors pay membership fees and conference fees in accordance with the normal terms and conditions for membership fees and conference fees.

Directors are reimbursed for reasonable travel costs incurred in attending board meetings.

The following other transactions occurred with related parties:

	2025	2024
	\$	\$
Expenditure to director/director related entities		
Prof Alan Sandford (Vice President) for Leadership for Clinicians Presentations	-	22,275
Peter Thomas - Facilitator for Leadership for Clinicians	25,627	-
Dr Debbie Holdsworth for Leadership for Clinicians Presentations	-	5,000

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2025

21 Events Occurring After the Reporting Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the College, the results of those operations or the state of affairs of the College 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 2025 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 2025 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 Regulations 2022.

Director
Prof Erwin Loh

Director
Dr Debbie Holdsworth

Director
Dr Catherine Olweny

Dated: 22 September 2025



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 2025, 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
Saward Dawson

Matthew Crouch
Partner

Dated: 22 September 2025

Blackburn VIC

20 Albert St, Blackburn VIC 3130
PO Box 1212, Blackburn North VIC 3130
contact@sawarddawson.com.au
sawarddawson.com.au
T +61 3 9894 2500 ABN 64 014 253 347



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The Royal Australasian College of Medical Administrators

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

ABN: 39 004 688 215

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of The Royal Australasian College of Medical Administrators (the College), which comprises the statement of financial position as at 30 June 2025, 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 material 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 2025 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 Regulations 2022*.

Basis for Opinion

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

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

Responsibilities of Directors for the Financial Report

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

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

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The Royal Australasian College of Medical Administrators

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

ABN: 39 004 688 215

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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The Royal Australasian College of Medical Administrators

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

ABN: 39 004 688 215

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

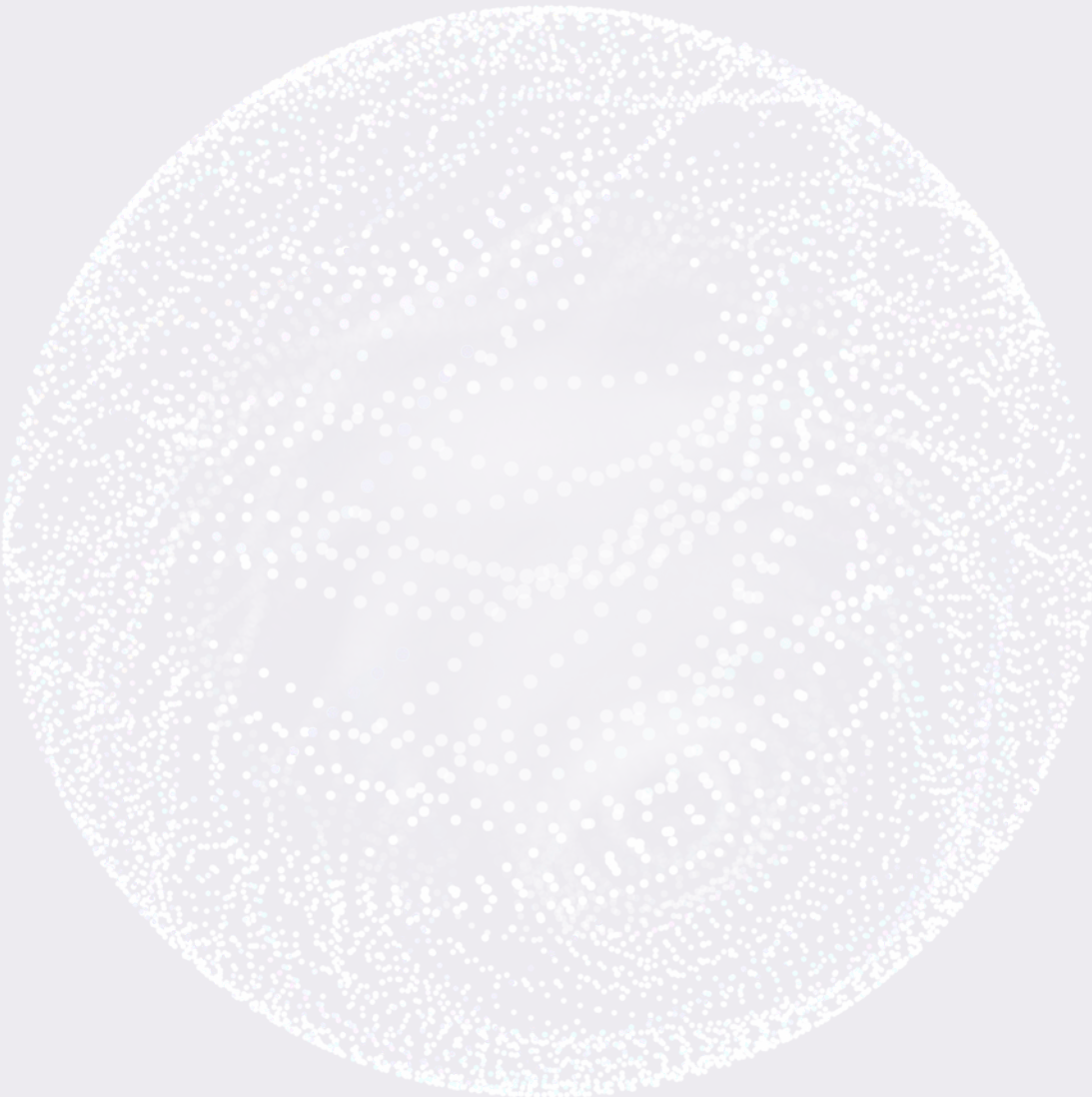
Saward Dawson

Matthew Crouch

Partner

Dated: 22 September 2025

Blackburn VIC



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RACMA

Transforming
Health Leadership

1/20 Cato Street, Hawthorn East Victoria 3123 Australia

T +61 3 9824 4699 | info@racma.edu.au | racma.edu.au

ABN 39 004 688 215