



RACP

Specialists. Together

EDUCATE ADVOCATE INNOVATE

The Royal Australasian College of Physicians

**Annual
Report**

2017



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

EDUCATE

Through the RACP we work together to educate and train the next generation of specialists to deliver quality care.

ADVOCATE

We advocate for policies that promote the interests of our profession, our patients and our communities.

INNOVATE

We collaborate to lead innovation in the delivery of specialist medicine in a constantly changing world, and support innovative medical research through our Foundation.

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President's message

Strength through diversity

As I come to the end of my tenure as President I remain as optimistic about the future of the RACP as I was when I took up this position two years ago.

The one thing that has become clear to me as I have dealt with the complexities of our College is that our strength really does come from our diversity – 33 specialties working together across Australia and New Zealand through Divisions, Faculties, Chapters, committees and informal member networks.

Delivering world class medical training for our profession remains our core mission.

I'm pleased to report that over the past 12 months we've further enhanced our service offering, with 30 new CPD resources, new eLearning opportunities and continued comprehensive review of our training curriculum.

We've also been driving a review of the pathways into training in line with our obligations as part of the Australian Medical Council and Medical Council of New Zealand accreditation process.

Broad education reform will see changes to the way trainees are selected into training, how training is delivered, standards for supervision and how success is evaluated.

Throughout 2018 work will continue to ensure the successful delivery of these initiatives.

Our efforts to improve the training experience have also focused on trainee wellbeing, and ways that the College can support trainees through what is a highly pressured period in their career.

On that note, although outside the reporting period, we

deeply regret the cancellation of our Computer Based Test in February 2018 and the stress and disruption caused to trainees. At the time of publication of this report, the examination provider has formally compensated trainees, and the College is holding an inquiry into the causes of this event.

We are equally mindful of the ongoing stresses and demands of a career in medicine as a Fellow.

During the year the Board endorsed the incorporation of physician health and wellbeing into our new curriculum and accreditation programs. We are developing ties with other colleges and healthcare organisations to drive sector-wide change on this issue.

The confidential 24/7 help line, established in 2016, continues to support our trainees and Fellows with counselling, legal, financial and lifestyle advice.

Our College has taken a leadership role in our profession, continuing the roll-out of our Evolve program where specialties drive their own clinical practice reform agendas by identifying and addressing ineffective or unnecessary instances of care.

To date 19 specialties have published lists of such types of practices with a further 17 in development.

I'm extremely proud of the work we have done during 2017 in advocating for better health outcomes in both Australia and New Zealand.

We've supported measures to address the growing harms of over-the-counter codeine pain medications.

We've spoken out against the proposed mandatory drugtesting of welfare recipients. We've also opposed sporting codes being able to choose which advertisers they feature, and have called on them to acknowledge the impact of their choice to feature alcohol advertisements on child viewers.

In New Zealand, our advocacy for equity in healthy housing, sustainable employment and mental health influenced the new Labour Coalition Government to take a fresh look at the health impacts of housing policy; a project we will continue to lead on.

We have developed an Indigenous Strategic Framework to promote equity of healthcare access for Aboriginal and Torres Strait Islanders, and Maori and Pasifika peoples. Our framework will direct and coordinate the College's work on Indigenous matters, including growing and supporting the Indigenous physician workforce and supporting cultural competence across the physician workforce.

In taking a public stand in support of LGBTI Australians and their families and highlighting the health impacts of discrimination, we were part of a movement for change that finally secured marriage equality for all Australians in late 2017.

We've also launched our International Strategy, with a focus on the South West Pacific, and rolled out a strategy to renew our Foundation.

Every one of these initiatives has been driven by College Fellows and trainees.

Their input and commitment remain central to our College's mission: to educate, to advocate and to innovate for our profession, our patients and the communities we serve.

Finally, I would like to take the opportunity to thank the College Board, executive and staff for their support over the past two years.

From June 2018, we transition to operating under a new, 10-member skills-based Board.

Our current Board is the last to operate under the


historic 19-member governance structure and I want to thank all Directors for their contribution, as we make this important change.

I wish my successor Associate Professor Mark Lane every success as he takes up the College Presidency. Our College is truly a remarkable institution and I know I am transferring it to safe hands.

C. E. Yelland.

Dr Catherine Yelland
RACP President



A large group of graduates in black and red regalia are seated in an arena during a commencement ceremony. The graduates are wearing black caps and gowns with red stoles. Some are holding white envelopes. In the background, a large audience is seated in bleachers. A yellow and orange striped banner is visible above the bleachers. A yellow geometric shape is overlaid on the left side of the image.

We are reforming the way specialists are selected into training, the way our training is delivered, our standards for supervision, and how success is measured.

Chief Executive's report

Driving continuous improvement to give a better experience

As College CEO, my job is to lead a team that delivers the very best training, support and advice to our 24,000 members.

With 33 specialities, the RACP is a complex and diverse organisation. Our staff support our individual members and specialties, and also build value through that diversity.

Much of my work over the last 12 months has been driving continuous improvement to give our members a better experience as a College Fellow or trainee.

We have made significant progress.

Business transformation has been central to this effort. It is an employee-led project aimed at better understanding our members' experience and making sure that everything we do is focused on the membership.

During the year we completed the most comprehensive study to date of the entire membership life cycle, from the beginning of physician training through to transition to retirement.

This important study is already providing insights, allowing us to plan future products and services to benefit physicians at specific stages in their careers.

In the last 12 months, we have also implemented operational efficiencies. We relocated and consolidated most Sydney-based staff to two adjacent

floors in one building, improving cross-Directorate co-operation and service to members.

Critical IT infrastructure and video-conferencing systems used by many members have also been upgraded. Financial reporting processes have been streamlined and accelerated. We continue to strengthen these systems to support the members in their interactions with the College.

The resulting efficiencies and savings generated continue to be reinvested in new technology to improve productivity and services to members.

Within the College, our staff have worked tirelessly to support Fellows and trainees. The launch of our new Basic Training Curriculum and refresh of the online College Learning Series will occur early in 2018, following detailed preparation during 2017.

Our team has supported Fellows and trainees to drive an active advocacy agenda, to give our members a prominent voice in healthcare debates across Australia and New Zealand, via traditional media outlets and new social media channels.

We have also helped our members maintain effective relationships with peer international

colleges, governments and healthcare advisory groups. We've looked to the future of the profession through initiatives such as our workforce data project and implementation of our Consumer Engagement Framework.

One of the most satisfying moments of the year for me was seeing these various strands come together at our Congress in Melbourne. There members had the opportunity to participate in new and innovative forums, hear from industry leaders and welcome 162 new Fellows into the College, along with 177 other new Fellows this year.

Finally, I would like to pay tribute to our outgoing President Dr Catherine Yelland.

Catherine has led the College with a calm determination to put the interests of our members first. As she returns to practice, she leaves the College a stronger institution for her contribution.

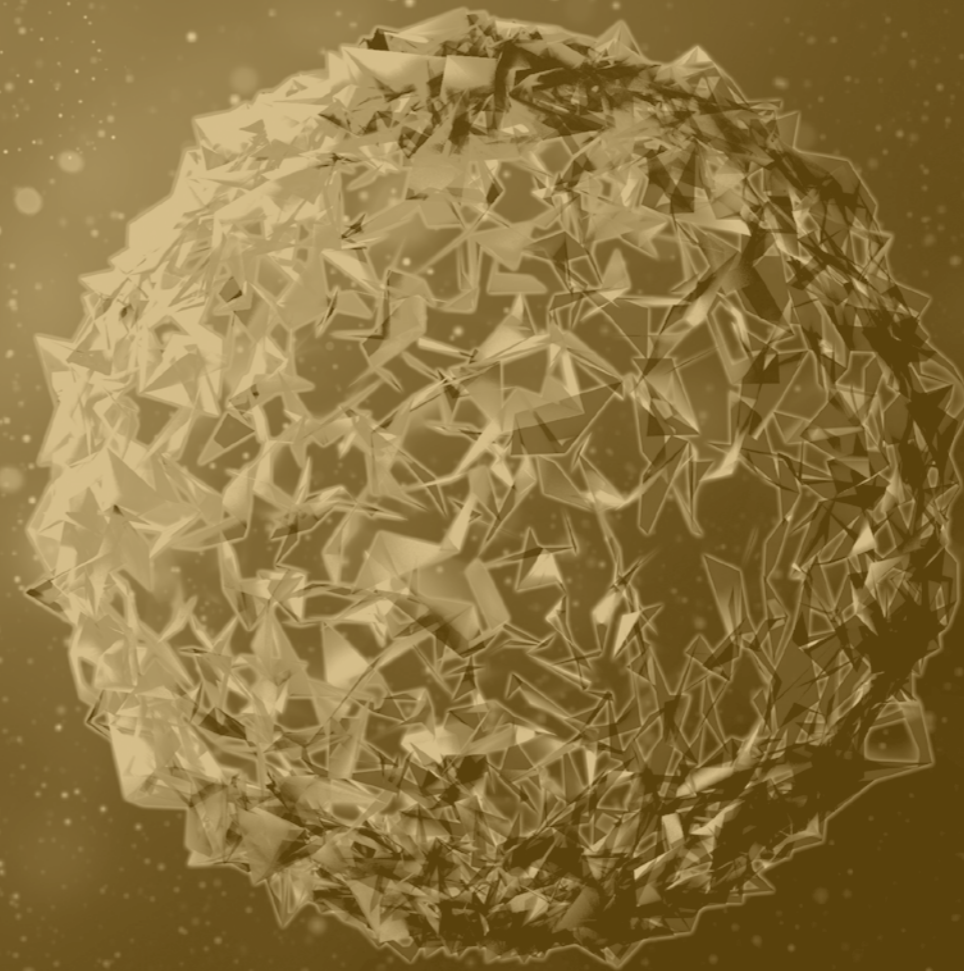
Linda Smith

Linda Smith
Chief Executive Officer, RACP



Strategic Goals

All of our projects and initiatives fall under six strategic goals. These goals guide us in transforming medical education, as well as influencing health policy and the future of our profession.



Strategic goals

GOAL ONE

RACP is the preferred educator and assessor of physician performance

We ensure today's specialists continue to learn for their entire careers, and we educate the specialists of tomorrow.

GOAL TWO

RACP shapes the medical workforce strategy

The healthcare sector is undergoing profound change.

Our College is leading preparations for the medical workforce of the future.

GOAL THREE

RACP is a respected supporter of research

The practice of medicine is built on new knowledge and innovation, and we ensure that process of discovery continues.

GOAL FOUR

RACP provides value for members

There are multiple benefits to our members in belonging to one of Australasia's largest and most influential medical colleges.

GOAL FIVE

RACP is able to shape the health policy agenda

Our specialist expertise doesn't just service patients; we also drive long-term, positive healthcare outcomes for entire communities and populations.

GOAL SIX

RACP is a robust and effective college

We are adapting and changing to ensure we remain relevant and effective for our members, their patients and our communities.

Goal One

RACP is the preferred educator and assessor of physician performance

8000
trainees

4500
Fellow
supervisors

40
program
specific
curricula

61
specialist
pathways

1200
exam
candidates in
22 locations

24
new
learning
resources

“ Thank you to every Fellow and trainee who gave their time in 2017 to ensure our professional training standards are among the best in the world. ”

Dr Marie Louise Stokes
Director, Education Services



Seeking feedback

In October 2017, we introduced a new annual survey of trainees and supervisors to collect information about their training experiences in the workplace.

The new survey will help us meet our accreditation requirement to allow trainees to provide systematic and confidential feedback on the quality of training, clinical experience and supervision.

Importantly, the survey will help us:

- better understand how our training programs meet educational and accreditation standards
- improve the quality and safety of the training experience for trainees
- identify where additional support may be required for supervisors
- undertake continuous quality improvement in training
- track the success of our new of competency-based training and our education renewal program.

The first survey report is due in early 2018.

Among global leaders in modern medical education and training, our College continued to map the way ahead in 2017.

We made progress against major priorities: finalising changes to how we select trainees, which will be implemented in 2018; ticking off significant milestones in the ongoing accreditation with both medical councils; and improving the way we support and advocate for the wellbeing of both trainees and Fellows.

In the past 12 months, we continued to develop new resources for all of our members, rolling out innovative online MyCPD and eLearning content that members can access wherever they live or work – for training, or to assist in practice.

Reaching accreditation goals

Over the past 12 months the College achieved many of the conditions set out in our six-year accreditation timetable by the Australian Medical Council and the Medical Council of New Zealand, including four conditions and two recommendations under Standard 8: Implementing the training program – delivery of educational resources. This standard covers supervisory and educational roles and training sites and posts.

Our work will continue in 2018 to meet all 31 conditions and 25 recommendations by 2020.

✓ **Maximum six year accreditation granted 2014**

✓ **15 of 31 conditions satisfied and closed**

✓ **18 of 25 recommendations satisfied and closed**



We've enlisted eminent global experts in medical education to help embed latest thinking in our renewed curricula.

Pictured are Professor Cees Van der Vleuten from University of Maastricht and Professor Lambert Schuwirth of Flinders University at the RACP Programmatic Assessment forum and workshop, 2 November 2017.

Goal One

EDUCATE: Leading education renewal for doctors

To reflect global changes in medical education, the College is carrying out its most comprehensive update of the way our future physicians are trained.

The Education Renewal Program is renewing all 40 of the College training curricula to ensure they meet the needs of trainees and 21st century training standards.

In 2017, we completed the full review of the Basic Training Curriculum for our 8,000 trainees, after consultation with more than 12,000 stakeholders and RACP members.

The new curriculum will be released in 2018 to allow both supervisors and trainees to familiarise themselves with the new requirements before they are put into practice in 2019.

A teaching and learning and assessment program to support the new Basic Training Curriculum is also ready for release in 2018.

The next step is to publish the new curricula in digital and interactive formats to make them as accessible as possible across online and mobile platforms.

✓ **49 competencies**

✓ **Eight Entrustable Professional Activities**

✓ **18 knowledge guides
(Adult Internal Medicine)**

✓ **17 knowledge guides
(Paediatrics and Child Health)**

✓ **To be launched in 2018 for use in 2019**

Continuing physician development

As well as training new specialists, we oversee the Continuing Professional Development of our Fellows as specialist physicians across the entire span of their working lives.

In 2017:

- Upgrades to the MyCPD platform allowed Fellows to track their CPD online by smartphone or tablet, claim activities and access resources.
- 98.8 per cent of participants submitted their records, reflecting the easier user experience MyCPD offers.
- The launch of the new MyCPD Framework promoted practice review and improvement for recertification in New Zealand, and prepares Fellows for the introduction of the Professional Performance Framework by the Medical Board of Australia.



Selecting trainees

As part of the Education Renewal Program, a new model for selecting new trainees was approved in 2017. It will make sure candidates entering training are of the highest standard, consistent with other medical colleges, and meet our accreditation requirements.

The assessment for selection into training will be trialled in 2018 and is expected to be in place for the 2020 intake.



Supporting our supervisors

Our Fellows supervise and train the next generation of physicians, on the job in healthcare workplaces across Australia and New Zealand.

In 2017 we finalised a new Educational Leadership and Supervision Framework to support our supervisors – developed by a working group of Fellows, trainees and RACP staff.

It further professionalises and recognises the role of supervisors as the backbone of College training, and gives trainees further confidence they will receive best practice training, delivered by highly experienced professionals, with clearly defined roles and the time to fulfil training tasks.

The framework is outlined in a new handbook for supervisors with key information, resources and guidance. It will be available on our website in 2018 and given to new supervisors at the beginning of every new training year.

“Knowing that high quality supervision translates into excellent physician and patient care, we recognise that educational leaders and supervisors are the single most valuable resource in training the next generation of physicians.”

Dr Jonathan Christiansen
Chair, College Education Committee



- ✓ 87 supervisor workshops delivered to 1512 members
- ✓ 95 per cent of participants said workshops met their learning expectations
- ✓ 2/3 of supervisors have already undertaken voluntary training
- ✓ By 2020 every supervisor will have taken part in the Supervisor Professional Development Program being mandatory from 2018

What the supervisors said:

“This is a very useful workshop. Highly recommended to all the supervisors. Should not be limited with newly graduated fellows. Refreshing workshops are also recommended.”

“Very helpful. In my 20 years of medicine I have never been given the opportunity to discuss this integral part of my profession.”

“Much more useful than I expected it to be! Made me think I will try better!”

Getting trainees back on track

In 2017, 134 trainees participated in the Trainee in Difficulty Program. Encouragingly, at least 80 per cent of trainees who participated have returned to training. That's testament to our new approach to helping trainees at risk of falling through the cracks.

The program flags trainees who may be struggling to pass exams, juggle their training with professional practice and family life, or just need an extra level of support to ensure their health and wellbeing. It encourages trainees to work on an action plan with their mentor, and provides new resources and feedback to get them back on track.

We will continue to develop and promote the program in 2018 to make sure all trainees are aware support is there if they need it.

- Trainee support pathway
- 134 participants in 2017
 - 220 mentors
 - 80 per cent back on track.

What trainees in difficulty said:

“Thank you for your genuine support towards my training which I appreciate.”

“Thank you so much. Clarity in navigating these steps is an immense help in our lives!”

Goal One

The RACP clinical exam in numbers

Coordinating the clinical examinations for one of Australasia's biggest medical colleges is our largest logistical undertaking of the year.

We are reviewing the way we mark the clinical exam to improve transparency and maintain our standards. A revised set of examination marking rules, or rubric, and scoring system evaluated in 2017 will undergo further testing in 2018 and be implemented in 2019.

CLINICAL EXAMS – THE NUMBERS 2017

185 NATIONAL EXAMINING PANEL EXAMINERS

3000 PATIENTS

240 REGIONAL EXAMINERS AND ORGANISING REGISTRARS

120 EXAMINATION SITES ACROSS AUSTRALIA AND NEW ZEALAND

8800 SCORESHEETS AND CASE SUMMARIES SCANNED AND CHECKED

1100 CANDIDATES

700 EXAMINERS

eLearning@RACP

Increasingly, education takes place online, and medical education is no exception.

In 2017, we launched an upgrade to eLearning@RACP offering improved user experience, responsivity across all devices and improved navigation, making it easier for members to find relevant resources.

Over the year we had a 19 per cent increase in new enrolments on our site, and a 44 per cent increase in engagement across all eLearning resources. Activity on discussion forums alone rose by 66 per cent year on year.

During 2017 the College also committed to launching the College Learning Series, as a free online benefit for all members, based on the popular Physician Education Program. The new series will be available from March 2018. eLearning resources cover topics that form part of the College curricula and address real life challenges and learning opportunities experienced by both trainees

and Fellows throughout their entire careers.

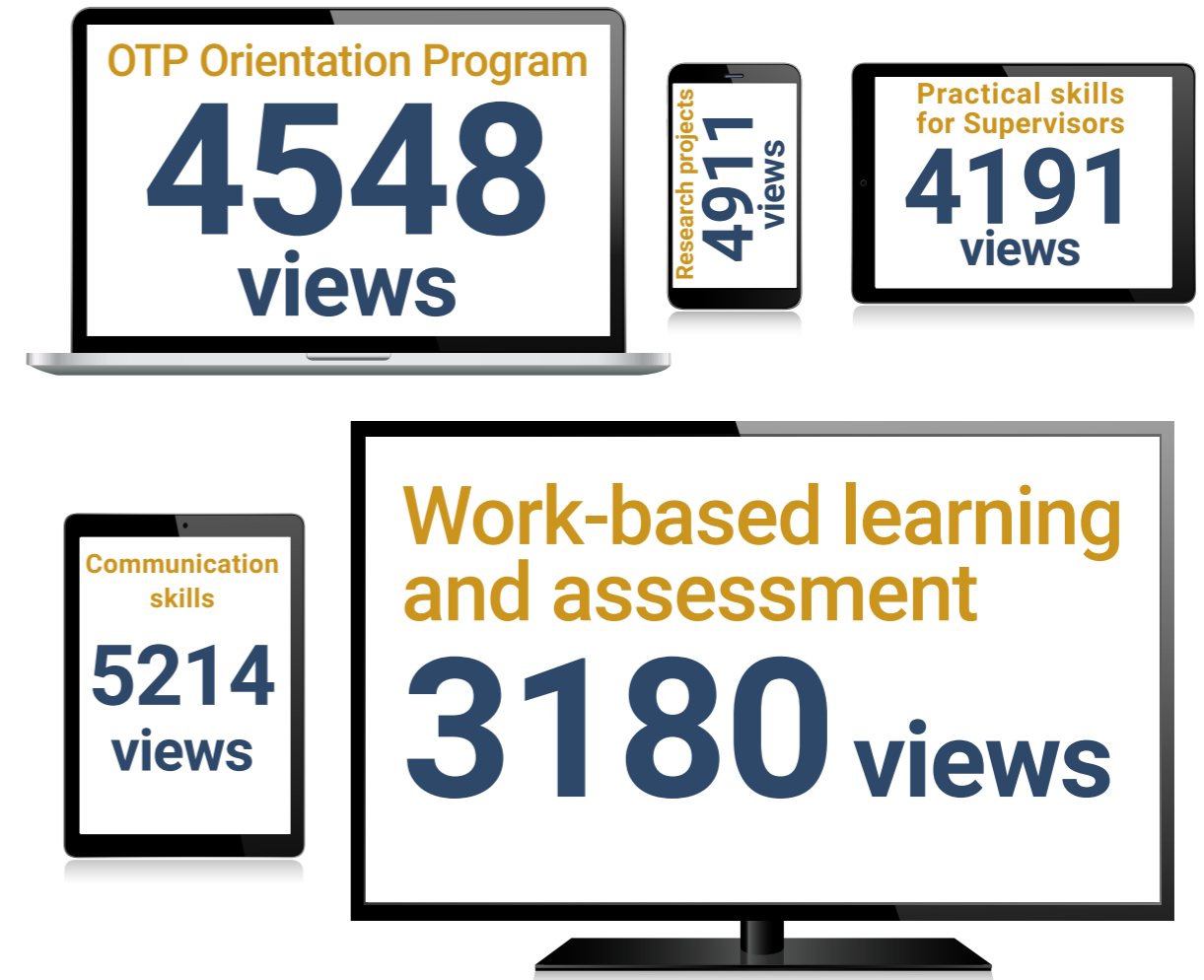
Fellows can also earn Continuing Professional Development (CPD) credits by using eLearning resources.

New eLearning resources in 2017 included:

- Creating a Safe Workplace: Responding to bullying and harassment
- Methamphetamine: Empowering frontline workers to confidently manage methamphetamine abuse
- Physician Self-Care and Wellbeing: Supporting physicians to engage proactively in self-care and wellbeing
- Training Support: Helping trainees get back on track
- An upgraded Overseas Trained Physicians Online Orientation eResource.

98.7 per cent of videos viewed from beginning to end

Five most popular eLearning resources:



Goal One

Supervisor Professional Development

We're committed to ensuring our Fellows who supervise trainees in the workplace maintain the highest standards of professionalism.

During 2017 we hosted six Supervisor Professional Development Program (SPDP) online workshops, providing highly interactive and engaging training materials.

In response, the numbers of supervisors expressing interest in and completing the SPDP series tripled. These courses had extremely high video engagement, with the most popular, Practical Skills for Supervisors, viewed by 98 per cent of enrolled users.

The Worker **The Work** **The Workplace**

This framework is designed to guide you in creating your own self-care plan. Begin with awareness. Consider your vulnerabilities in each of the areas below and what strategies you can take to address them.

What are your vulnerabilities? Use the table below to get you thinking. Then consider what actions you can take to address them and create a plan.

Diagnosis:
Vulnerability: Physical Health - Schedule: I work out three times a week.
Keep in mind that your plan should be unique to you and the provided framework is only intended as a starting point.

You	The work you do	Your work environment
Physical health	Treating patients	Relationships with colleagues
Mental health	Research and study	Mentoring peers or trainees
Relationships and family		
Financial pressure		
Philosophy and spirit		
Hobbies and interests		
Creative pursuits		
Sleep patterns		

Video Scenarios

- Part 1: Supervision session**
James and James meet for a routine supervision session. James commends James on his successful session with the CCL, James is caught off guard when James asks for advice.
- Part 2: A training setback**
Tom has received the last few weeks of body training to study for his clinical exam. Dan sees Tom on the track and assumes Tom has the exam up to Dan about failing the exam.
- Part 3: Life after crisis**
This reflection with an experienced physician on the topic of life after crisis. He is returning to work after several months of absence. He mentions, Anna has other many physicians in the same position and recommends a graduated return to work plan.
- Part 4: The morning after**
A young girl has been overnight and tomorrow will have an operation to correct her condition. Dr. Dan sees the girl sitting in the children's room and offers them some support.

Focus on Member health and wellbeing

A new eLearning module released in May 2017 focuses on physician self-care and wellbeing.

The module includes videos of scenarios commonly experienced by both trainees and physicians: dealing with setbacks, the challenges of the medical profession and the importance of always taking care of yourself.

It features a skills toolbox, which includes self-assessment tools, self-care strategies and personal and professional support resources.

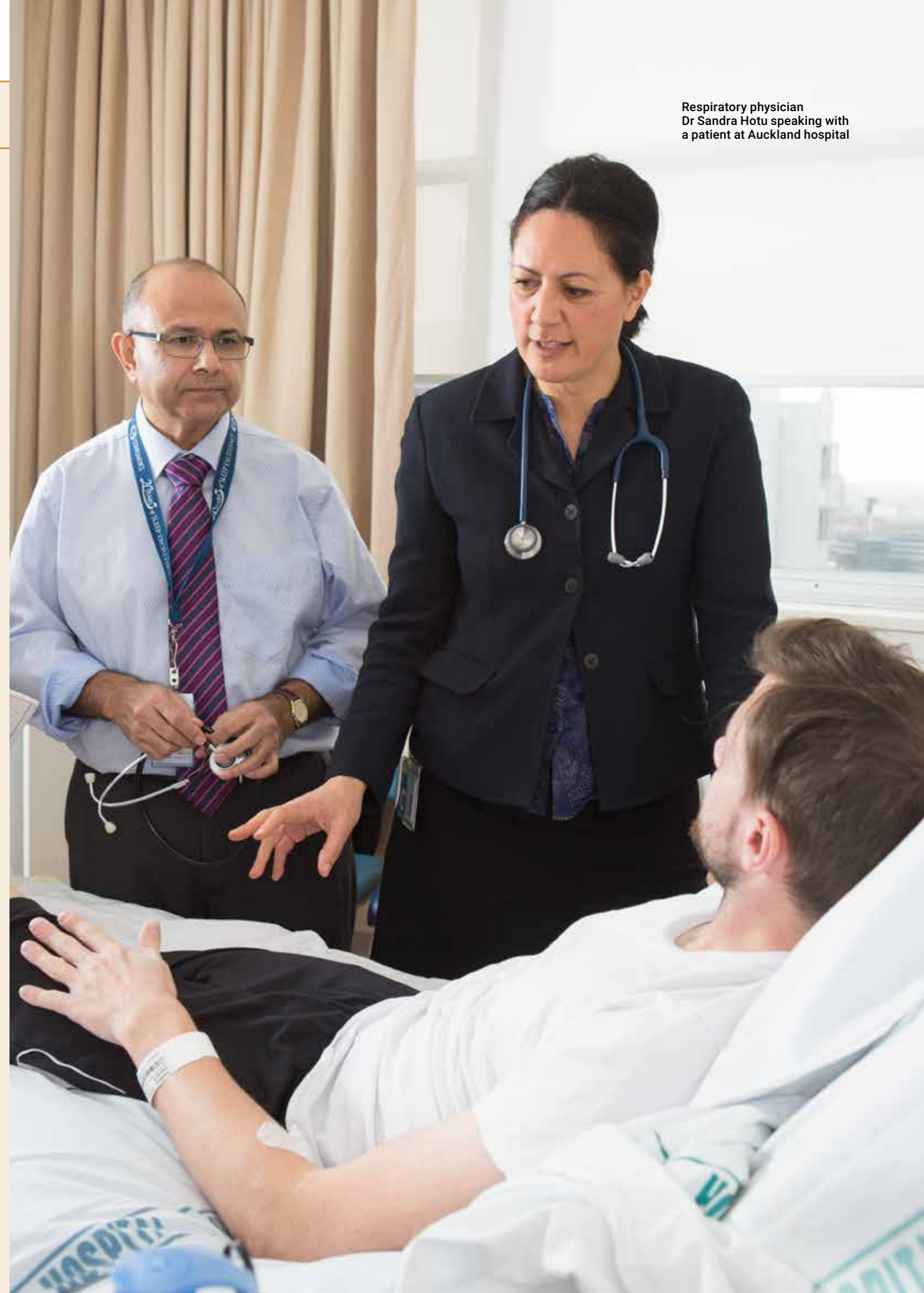
Video (4:00)

This has raised the last few weeks of body training to study for his clinical exam. Dan sees Tom on the track and assumes Tom has the exam up to Dan about failing the exam.

Characters
Tom is an experienced trainee in general practice health. He has a high level of clinical skills and is a good student. He has a high level of clinical skills and is a good student. He has a high level of clinical skills and is a good student.

Video annotations
Jump to any points of the video scenario.
0:00:00 - 0:00:00
0:00:00 - 0:00:00
0:00:00 - 0:00:00
0:00:00 - 0:00:00
0:00:00 - 0:00:00

Respiratory physician
Dr Sandra Hotu speaking with
a patient at Auckland hospital



Goal Two

RACP shapes the medical workforce strategy

One of our key focus points over the past 12 months has been better representation of Indigenous people in our medical workforce.

In December the Board approved a new Indigenous Strategic Framework. It will direct and coordinate our work, ensuring all RACP trained specialists have the cultural competence to provide appropriate and safe health services to Indigenous Australians and New Zealanders. The strategic framework aims to increase the numbers of Aboriginal and Torres Strait Islander, Māori and Pasifika people in our physician workforce.

In 2017 the College began detailed planning for a new international strategy that builds training capacity among our neighbours in the South West Pacific.

The strategy will also provide opportunities for our Fellows to support physician training and practice across this region.

We also began a new data collection project to understand how and where physicians spend their working time, and launched new strategies for better engaging consumers in the care specialists provide.

“ In 2017 the RACP continued to work with governments and policy makers to ensure medical workforce strategies deliver the modern professional standards and care expected right across Australia and New Zealand, whether that’s in our cities, our country towns or our remotest communities. ”

Brian Freestone
Director,
Professional Affairs



Understanding our members in detail

While there are many different data sets relating to doctors in both Australia and New Zealand, few studies follow how and where doctors work over long periods of time.

A new project we commenced during 2017 will provide the first credible, general longitudinal database of specialist physicians across both nations. Until now most data sets have been structured around specific needs, or captured for narrowly defined purposes.

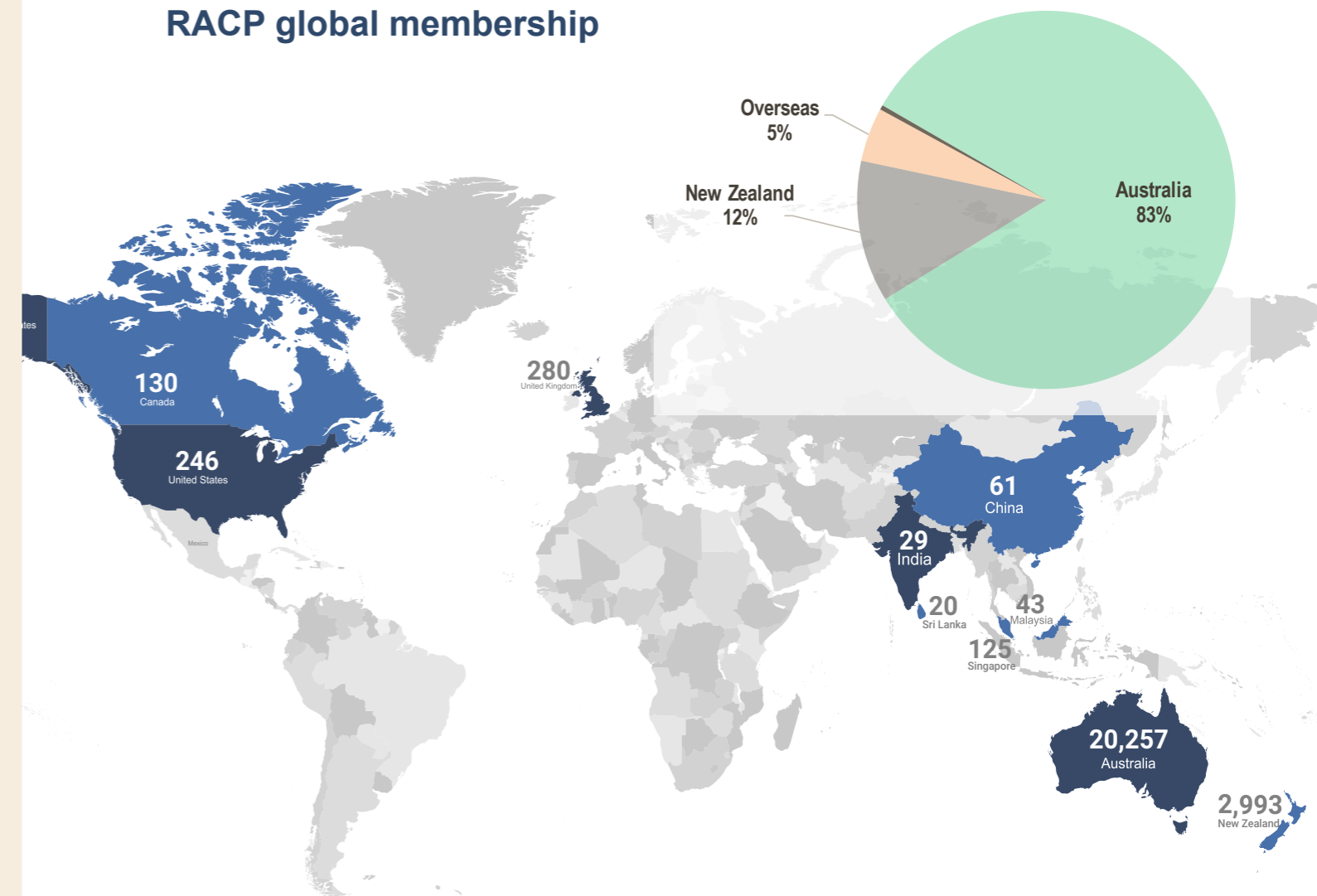
This project aims to build our understanding of the medical workforce so we can share our knowledge with important stakeholders and policy makers to help inform their decisions.

It will allow us to add more value to important long-term issues such as:

- ageing – both of healthcare consumers and the medical workforce
- technology impacts and consequent disruption of medical practice
- gender equality in the medical workforce
- equal access to medical services for Indigenous peoples.

The project will capture member information from subscriptions and from a periodic member census. The first census will be taken in 2018.

RACP global membership



Goal Two

Making Indigenous health a College priority

Towards equity – a new Indigenous Strategic Framework

In 2017 our Aboriginal and Torres Strait Islander and Māori Health Committees led the development of our Indigenous Strategic Framework.

It will provide direction and set goals to improve the health outcomes of Indigenous peoples and reduce the health gap, grow our Indigenous physician workforce, and further develop the cultural competency of both College members and our staff.

The framework sets five priorities:

- Contributing to addressings Indigenous health inequities
- Growing the Indigenous physician workforce
- Educating and equipping the physician workforce on Indigenous health and culturally safe clinical practice
- Fostering a culturally safe and competent College
- Meeting the regulatory standards and requirements of the Australian Medical Council and Medical Council of New Zealand.

The framework was approved by the RACP Board in December ahead of its release in early 2018.



Dr Tamara Mackean (Aboriginal and Torres Strait Islander Health Committee Chair) and Dr George Laking (Māori Health Committee Chair)

Māori health Hui

In keeping with our Indigenous Strategy, senior Fellows and College leaders attended the Māori Health Committee's Hui in Auckland in November 2017.

The Hui drew its themes from the Waitangi Tribunal's 2011 report, *Ko Aotearoa Tenei*.

The Hui follows earlier Huis in 2013 and 2015, with about 50 attendees from the RACP, other medical colleges and across the health sector in New Zealand.

Presentations included the Waitangi Tribunal outlining the *WAI2575 Inquiry into Health Services and Outcomes*, and a panel discussion on how health organisations are working to achieve health equity for Māori people.

Key discussions also focused on attracting Māori medical graduates into specialist medicine.



Libby Newtown, Dr Angela dos Santos and RACP President Dr Katherine Yelland at the 20th AIDA conference.

20th AIDA conference

In September 2017 the RACP was again a major sponsor of the annual Australian Indigenous Doctors' Association Conference.

Being a regular supporter allows us to speak with Indigenous students and registrars, promote our training pathways and Indigenous scholarships to grow the Indigenous workforce and support successful Aboriginal led models of healthcare.

Continuing learning about Indigenous health

Our CPD team has created several podcasts about Indigenous health.

The latest, 'Ngā Kaitiaki Hauora', translates as 'guardians of health' and emerged from November's Hui in Auckland. Other podcasts deal with subjects such as cultural humility and perspectives on Aboriginal and Torres Strait Islander Health.

Our podcasts can be found at www.racp.edu.au/pomcast



Indigenous Health Scholarships

Our Indigenous Health Scholarship Program provides a funded pathway through Basic, Advanced, Faculty or Chapter training for medical graduates who identify as being of Aboriginal, Torres Strait Islander or Māori heritage to undertake specialist training. A Pacific Islander Health Scholarship is now also available.

- Four Indigenous Health Scholarships were awarded in 2017, including the inaugural Pacific Islander Health Scholarship
- There have been 11 Indigenous Health Scholarships have been awarded since the program was introduced in 2015

Health leaders in regional and remote communities

Our members continue to make outstanding contributions to healthcare in Indigenous and remote communities.

The Northern Territory's 2018 Australian of the Year Dr Bo Remenyi is one of Australia's first paediatric cardiologists – a huge achievement for a woman who was herself a child refugee unable to speak English, when she first fled Hungary for Australia.

Dr Remenyi is now an internationally recognised expert on the medical frontline, treating rheumatic heart disease in the Northern Territory.

She is not alone. In 2017 we awarded two medals for Clinical Service In Rural and Remote Areas.

The first recipient, Dr Simon Quilty, is a general and acute care physician based at Katherine Hospital in the Northern Territory.

He is the only specialist in a region of almost 400,000 square kilometres, servicing some of the most isolated communities in the world. In conjunction with Rural Doctors Association of Australia, Dr Quilty works with James Cook and Flinders Universities to encourage medical students to embrace careers in remote health.

The second recipient, Dr Frank Wagner, is a Visiting Medical Officer at Lismore Base Hospital. An RACP supervisor, he also teaches medical students through the University College of Rural Health in Lismore, which places up to 700 students a year from 14 different universities.



Dr Bo Remenyi



Dr Frank Wagner



Dr Simon Quilty

Growing specialist practice across the Pacific

In 2017, we developed a landmark Memorandum of Understanding (MOU) with Fiji National University (FNU) to help deliver its Masters of Medicine Program.

The MOU will see us work with FNU to further develop the capacity of its staff in Pacific medicine – training doctors to practise medicine in a way that's appropriate to the culture and circumstances of their local patients and communities.

The Master of Medicine is a four-year program delivered in Fiji, teaching students from the South West Pacific.

It's an important part of our work in shaping workforce strategies not only in Australia and New Zealand, but also across our region.

The MOU is the first milestone in our International Philanthropy Strategy and it is the first time the College has been involved in such an important partnership.

The strategy focuses on building training capacity with our nearest neighbours in the South West Pacific, an area bounded by Timor-Leste, Nauru and the Cook Islands, by facilitating training and development in these countries.

It also identifies global opportunities to pursue partnerships with peer Colleges internationally – and to build on the strong historical links the College has with Ireland, the UK, Hong Kong, Singapore and North America.



Top: Dr Gyaneshwar Rao, Fiji Ministry of Health, RACP President Dr Catherine Yelland, Dr Jioji Malani, CMNHS

Goal Two



Above: Dean of CMNHS Dr William May receiving a Commemorative plaque from the RACP President to celebrate the signing of the MOU with FNU
Left: FNU Vice Chancellor Professor Nigel Healey and RACP President Dr Catherine Yelland.

“ This MOU will see doctors from Australia, New Zealand and Fiji working together to develop specialist medical training expertise and education. Internationally, our focus is on health education and research and building capacity among educators, academics, physician specialists and their institutions in our region.”

Dr Catherine Yelland,
RACP President

Overseas Trained Physicians

Our Overseas Trained Physicians (OTP) Unit manages the RACP's assessment of overseas trained physicians and paediatricians wanting to practise as specialists in Australia and New Zealand.

In 2017:

- 117 OTPs became Fellows of the College
- 121 OTPs completed their specialist assessment in Australia and New Zealand.

Most OTPs were from the United Kingdom, India, United States of America, South Africa and Germany.

Top specialties of applicants were General Medicine, General Paediatrics, Cardiology, Neurology and Gastroenterology.

Putting patients first

One of the evolving mega-trends in healthcare worldwide is seeking the input of patients and healthcare consumers into the design of health services, which ultimately improves the effectiveness of healthcare.

In June 2017, the RACP launched and began to implement new strategies to improve the experience of patients and build healthier communities.

In consultation with key consumer groups, we built principles of patient and consumer centred care into our new Professional Practice Framework, which is the foundation for our new Education Renewal Program and Basic Training Curriculum.

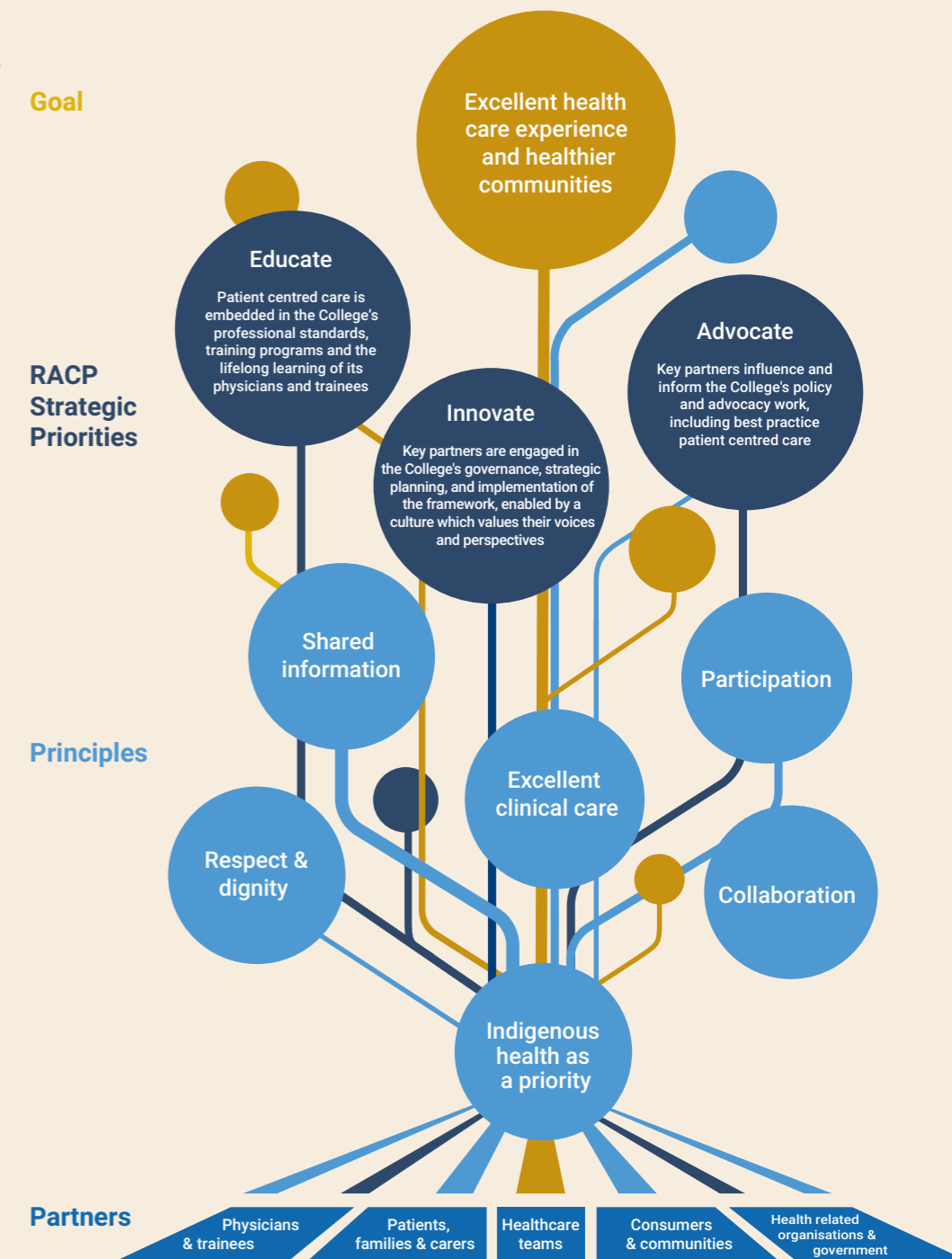
In 2018, we will establish a new Consumer Advisory Group to ensure the design of our education programs encompasses the principles of patient centred care.

Goal

RACP
Strategic
Priorities

Principles

Partners



Goal Three

RACP is a respected supporter of research

55

Award recipients

276

applications

\$125,000

allocated for awards for meritorious achievement and excellence

\$2,500,000

for research scholarships, fellowships and grants

\$558,492

in donations

“ Supporting research underpins our commitment to fostering the very best in innovation and leading the world in evidence based medical care for patients. ”

Professor Paul Colditz
Chair, College Research Committee



Advocate: Meet RACP's new research manager

Dr Huseyin Mustafa is our first ever full-time Manager of Research. It's a new post created during 2017 that shows how committed we are to lifting the profile of research in the College and supporting the RACP Foundation's work.

Dr Mustafa's brief is to develop a Research Strategic Plan to take the place of the current plan when it ends in 2018, and support both trainees and Fellows with their research needs.

His aim is to narrow the scope of the grants program so it aligns more closely with the College's role as a trainer and educator of specialist physicians – supporting early career researchers, clinical research and research into education.

"I have found that the bigger the College the better they are at research, which is what makes this role so exciting," Dr Mustafa said.

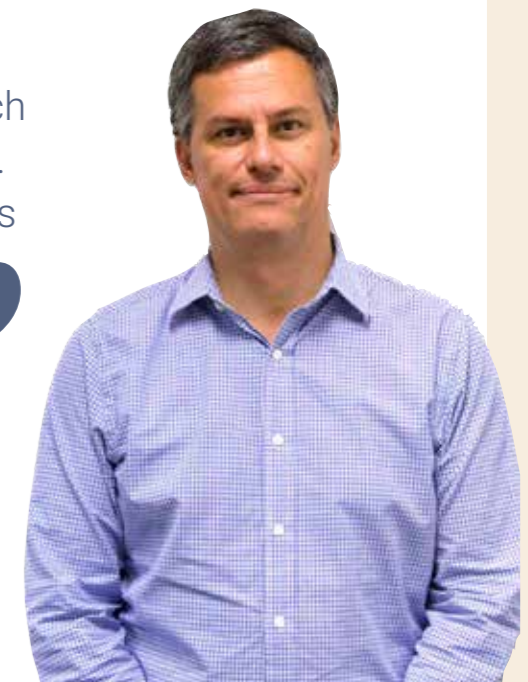
"However we can't do everything. We really need to look at what research means and why we're doing it, and how that fits into what our members need."

With a background in biotechnology research and project management at labs in Australia and the United Kingdom, Dr Mustafa is well placed for the role.

He has researched treatments for cancers, anti-inflammatory diseases and asthma – and worked at the CSIRO, Australia's leading scientific organisation.

“ A really important part of this role is to let members know that we are here to support them – whether that is with research briefs, or grant applications. If we don't have the answers we will find someone who does. ”

Dr Huseyin Mustafa
RACP Manager, Research



Goal Three

Building the Foundation

In the last five years the RACP Foundation has kick-started 38 research careers and potentially changed the way diseases are treated across the globe.

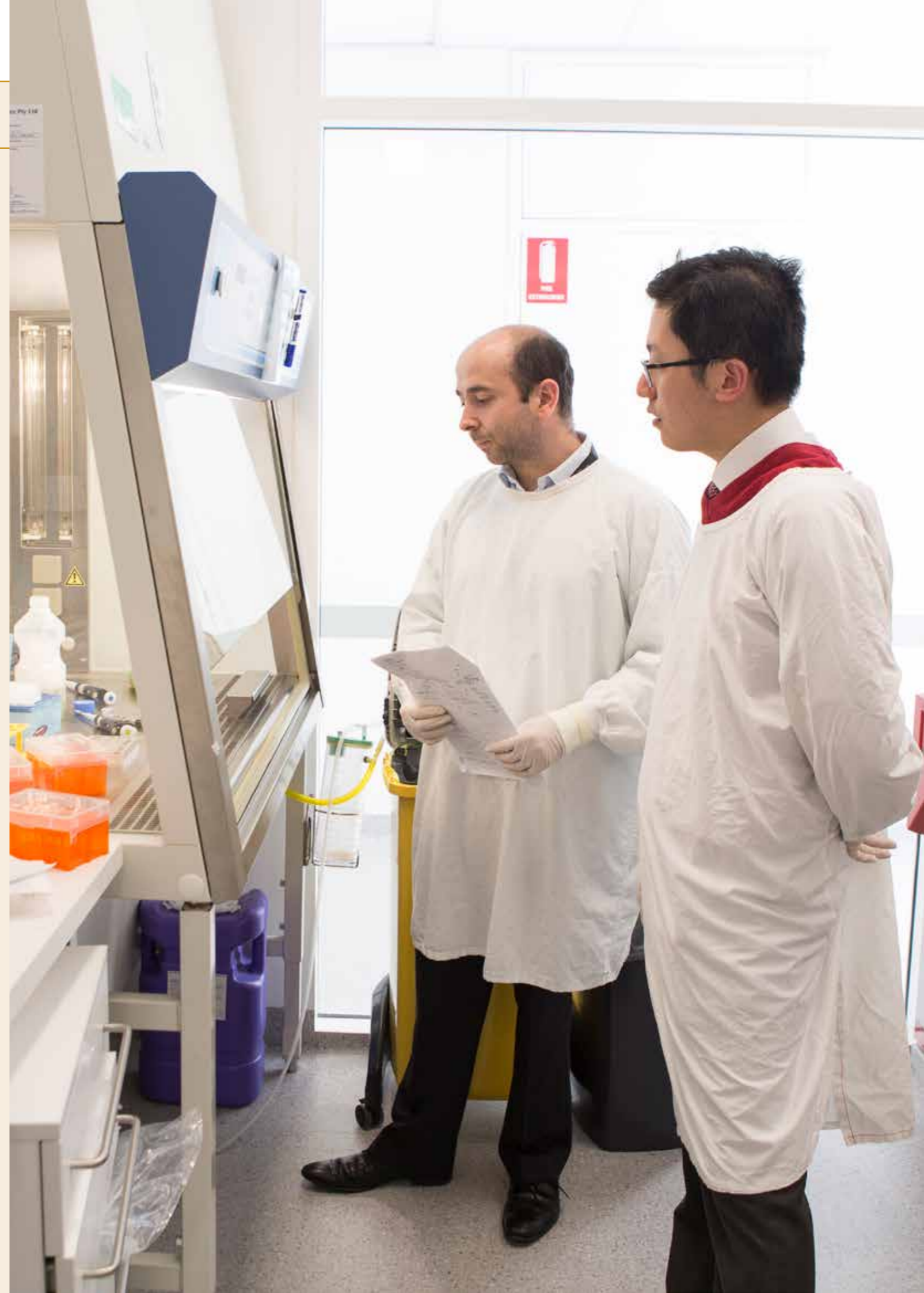
However, recently it has also faced challenges to its sustainability. In 2017 the College refocused the Foundation so it could increase support for research by members, particularly those just starting their research careers.

We have set a three-year goal to establish a new philanthropy strategy, re-establishing the bequest program and reinvigorating the Foundation's fundraising activities so we can cement its role as a cornerstone of research in specialist medical fields.

RACP Foundation awards and scholarships

TYPE OF AWARD	NUMBER OF RECIPIENTS
Research development	3
Research entry scholarships	15
Research establishment fellowships	16
Career development fellowships	2
Travel grants	5
Study grants	3
Indigenous scholarships	4
International grants	1
RACP NHMRC top-ups	7
TOTAL	55

DIVISION, FAULTY AND CHAPTER	NUMBER OF RECIPIENTS	
	TRAINEES	FELLOWS
Adult Medicine Division	12	25
Paediatric & Child Health Division	4	10
Australasian Faculty of Occupational and Environmental Medicine	0	1
Australasian Faculty of Public Health Medicine	0	1
Australasian Faculty of Rehabilitation Medicine	0	1
Australasian Chapter of Sexual Health Medicine	0	1
TOTAL	16	39
Overseas	0	3



Fellows funding Fellows

The RACP Fellows Research Establishment Fellowship winner for 2017, Dr Daniel Worthley, is a Beat Cancer Research Fellow at the University of Adelaide and South Australian Health and Medical Research Institute.

His Fellowship is funded by the generous donations from our Fellows to support their peers and colleagues.

Dr Worthley is using his \$75,000 award to help fund a new clinical foundation to use polypoids to predict the best existing drugs to help prevent the development and growth of colorectal cancer, by studying the polyps that give rise to cancer.

The future potential of this approach for streamlining the development of new chemopreventative therapies is profound and could present new opportunities to reduce reliance on expensive colonoscopy.

It could also help reduce the burden of colorectal cancer in patients that do not participate in screening.

“ Setting up translational infrastructure can be challenging. It is costly, with both the expense of basic scientific reagents as well as the sizeable clinical costs, but often without the access to, or discretion over, more adaptable clinical unit funds. That is where the RACP Foundation fills a real gap. Funding available through the RACP is helping our polyp bank to be set up and will provide a foundation for future funding and grant support.”



Dr Daniel Worthley FRACP

Exploring diabetes

Endocrinologist and PhD student, Dr Melissa Lee is using her \$45,000 Shields Research Entry Scholarship to explore advances in novel technologies for the management of people with Type 1 Diabetes and impaired awareness of hypoglycaemia.

“The support of this award will assist me to achieve my goal to become an accomplished endocrinologist with expertise in Type 1 Diabetes, an area that I am passionate about,” Dr Lee says.

“This provides me an excellent opportunity to begin my academic career, and contribute to the evolving field of novel diabetes technologies and the development of an ‘artificial pancreas’ to potentially alleviate the burden of hypoglycaemia.”



The Shields Research Entry Scholarship was made available by a bequest of the late Dr S W Shields. 2017 is the last year it was available and the RACP Foundation is actively seeking further funding to be able to offer research entry scholarships in the future.

“ The RACP award is highly competitive and prestigious. It will enhance my academic record and my prospects of progressing my career to the highest level. It will also alleviate the financial constraints associated with, and facilitate my devotion to full-time study.”

Dr Melissa Lee
Endocrinologist and PhD student

Goal Four

RACP provides value for members

The release of the member engagement survey findings in early 2017 showed our members, satisfaction with the College has increased in all key areas: value for money, communication and representation.

It was a solid foundation for focusing on what members said they needed; easier to navigate online systems, better communication from the College and more flexibility as their circumstances change throughout their careers.

Over the past 12 months we've gone back to basics, with continuing improvements to our back-end systems to ensure the College can provide more support and value for its 24,000 members.

We've also focused on new ways of delivering traditional services – whether that's our new look annual Congress, specialty society webinars, the new College Learning Series, interactive eLearning resources or our increasingly popular podcast channel, Pomegranate.

“ We have spent much of the year engaging with members to explore in detail their experience of the journey through their career so we can identify the support and services the College can provide that will add real value to their professional lives. ”

Dr Kate More
Director,
Fellowship Relations



24,000 members

4,300
Basic
Trainees

3,100
Advanced
Trainees

16,700
Fellows

The RACP is determined to take an active role with our sector partners to shape a healthier work culture for doctors and all health sector professionals, which will also benefit the health and safety of patients.

RACP Health and Wellbeing Position Statement

ADVOCATE Health and wellbeing 24/7/365

Supporting physician health and wellbeing was a key focus for the RACP Board, College Council and entire College in 2017.

Our vision is a stronger community of doctors supported by the College and employers.

During the year there was a College-wide effort to integrate the concepts of physician health and wellbeing into everything we do.

We updated our *Health and Wellbeing Position Statement* to reflect the importance of this issue.



- Health and wellbeing was incorporated into the new Basic Training Curriculum and accreditation programs, and we developed a social media program to normalise asking for help.
- We developed a Health and Wellbeing eLearning module.
- The College established a health and wellbeing webpage, with stories from members, links to supports, and tools and strategies to help members cope.
- The RACP also worked closely with other Colleges and jurisdictions, and doctor's health support services and national forums on doctors' health and wellbeing.
- We established a Physician Health and Wellbeing Reference Group, which met for the first time in November.

Goal Four

Our new Fellowship Marks

In July 2017, members voted on the design of a Fellowship Mark. The Marks are available for each Division, Faculty and Chapter, as a symbol of their qualifications.

About 10 per cent of members voted within the first three days of the poll.

Development of the Marks was in response to feedback from members who wanted a visual device that showed they belonged to the RACP, for use on their own stationery, electronic communications or signage.

The design uses stylised heraldic elements from the College crest that are internationally recognisable and broadly applicable to all Divisions, Faculties and Chapters.

The new Fellowship Marks do not replace the College or Faculty logos.



Mapping the member journey

Our College has an extraordinarily diverse member base – with members at different career stages, in different specialties, different practice types, different geographies and with different levels of engagement across two countries.

In July we began a significant research project known as Member Journey Mapping. Listening to the membership, including those who engage with the College, this project provides a deep understanding of the needs of members as they progress through the College and their careers.

We have mapped the experiences of members from their initial decision to train as a physician, right through to retirement.

We aim to develop new products and services more closely targeted to the needs of members at specific stages in their careers.

The research team spoke to stakeholders from diverse locations and stages in their career about what matters most in their lives, their jobs and their experiences with the RACP.

Understanding our members' professional journey will allow us to be more flexible in the way we support our diverse member base.

“ Members told us they want transparent understanding about how the College works and decisions are made, as well as the requirements for trainees and Fellows in their professional career. They want support through their careers in identifying pathways, making a career change and navigating the health system. They want a sense of belonging to a high quality professional body that provides them with a forum to debate and discuss. ”

Dr Helen Rhodes
Chair, Fellowship Committee



Goal Four

Welcoming new Fellows and trainees

The RACP held its first New Fellows Forums in 2017. Launched at Congress, the forums recognise that new Fellows need support from the College and their peers after completing training and entering into specialist practice.

The six New Fellows Forums across Australia, organised by the RACP's State Committees and launched at Congress, included valuable information to assist with the transition to full Fellowship and practising as a specialist physician. More forums will be rolled out in 2018.

In March 2017 the New Zealand Trainees' Forum expanded into a two day event to reflect its popularity. The days include career planning advice, information about RACP training, as well as physician health and wellbeing while studying and practising medicine.

In 2017:

- 45 per cent of eligible new Fellows attended a ceremony (up from 33 per cent in 2016)
- Six new Fellow sessions – QLD, NSW, WA, VIC, TAS and RACP Congress
- 20 orientation forums for Basic Trainees
- More than 1000 trainees joined the new RACP Trainees Facebook Group.



New Zealand Trainees' Committee at Trainees' Day 2017
with Jonathan Christiansen

Making it easier to get help

Contact Centre

In 2017, we took steps to further improve the process of managing member enquiries. Approved in late 2017 our new member enquiry process aims to make sure that all member contact with their College is helpful, consistent, and minimises the time it takes to resolve an issue.

15,884
calls



7639
emails



82% resolved



73.9% resolved



MyRACP

This member dashboard was a huge success in its first year, enabling members to update their contact details, update their communication preferences, pay, download and print invoices, view CPD credits and connect with the MyCPD app via a desktop, laptop, tablet or smart phone.

In 2017 new features were added to enable members to accept their invitation to Fellowship, apply for and pay for online written exams, add work profile information (Fellows), download Fellowship Marks, and access the education portals.

307,824
logins since
November 2016

44,535
views. Most viewed
page – invoices

27,597
online
payments

14,802
updated personal
details

www.racp.edu.au

Using a data driven approach focused on most utilised pages, we continue to refine our website to ensure it is easy to navigate, up to date and meets the needs of members and stakeholders. Additions in 2017 include new mental health and wellbeing pages and revised Advanced Training portals.

2,542,850
visits



Goal Four

INNOVATE: Bringing Specialists Together

RACP Congress is our flagship annual event. The new look, new format Congress introduced in 2017 was inspired by universal big ideas, concepts and conversations currently shaping the global health debate.

The Congress successfully trialled a shared interest model, bringing physicians together across specialties to discuss issues in which they have a common interest, and raising the profile of the College among policy makers across the health sector.

The 2017 Congress attracted more delegates, more presenters, and more discussions than any prior year – with five times more trainees in attendance than at any other Congress.

The event used enhanced interactive sessions, with panels by live video link on topics that unite the whole College membership and fast paced presentations by physicians from across Australia, New Zealand, Canada, the United States and United Kingdom.

Topics covered included:

- medical ethics, a panel discussion led by Australian Human Rights Commission President, Emeritus Professor Gillian Triggs
- a new focus on patient centred care illustrated by the National Disability Insurance Scheme – led by NDIA board member John Walsh; and
- our responsibilities to children in developing countries, led by Professor Elizabeth Elliott.

At RACP Congress 2018 in Sydney, speakers will challenge delegates to ask themselves how prepared they, and the healthcare system, are for issues that will change, influence and disrupt the healthcare systems of the future.

 **1108 delegates**

 **131 presenters**

 **714 app downloads**

 **32 sessions**

 **4.15 out of 5 satisfaction score**

 **6500 post event views of video content**

 **15 #RACP17 trended at on Twitter**

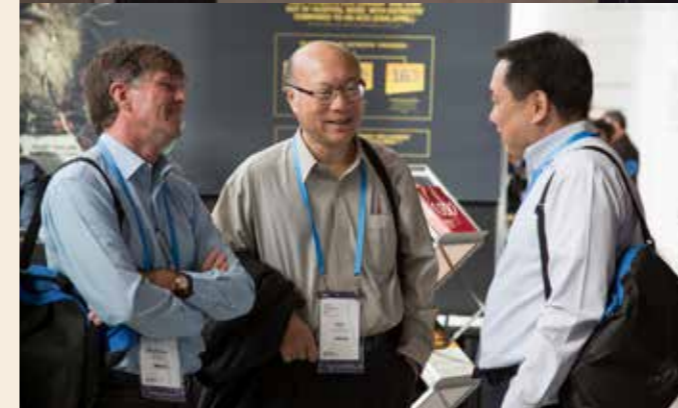
“There is an opportunity to think about real blue sky stuff, high level big picture thinking that can go on here;”

Dr Nigel Orr



“In this Congress having a number of different perspectives on things is really quite refreshing.”

Dr Margaret Macky.



Goal Four



Pomegranate podcast

Our popular Pomegranate podcast series went from strength to strength in 2017.

A new editorial team, the Virtual Editorial Group, or VEG, has increased physician oversight and input into subject choice and the content of episodes.

Every month we present a story about clinical decisionmaking, physician wellbeing or socio-ethical challenges in medicine.

All episodes, which feature three Fellows from across the specialties, include links to resources and full transcripts, and a MyCPD link for Fellows to log credits for listening.

The series is so popular that Pomegranate Health was a finalist in the Castaway 2017 Australian Podcast Awards – Australia's first podcasting prize.

- 171,000 new downloads
- 14 new episodes

Free online video lectures launch

Our new Learning Series of online lectures is ready for release in 2018 thanks to hard work over the past 12 months by College staff and Fellows involved in its design and content development.

In response to overwhelming demand from members, the new series builds on the popular and long established lecture series curated by the College's Victorian Physician Education Program.

In late 2016 and early 2017, we modelled the best way to develop the series. The project relies on input from subject experts across Australia and New Zealand, and the College, and complements the Basic Training Curriculum.

The new format will be available on a new digital platform, featuring modern graphic design, as well as live Q&A sessions, forums and discussions for members.

It will be available free and on demand for all members in New Zealand and Australia so they can access it at any time from home, work and on their smart phone. Content will extend to include paediatrics later in 2018, and will be continuously updated and refreshed.



Goal Five

RACP is able to shape the health policy agenda

Over the last 12 months we helped shape some of the biggest health policies and debates in Australia and New Zealand. It was a year when our voice was heard louder than ever before.

Foremost, as always, was the health and wellbeing of our patients, communities and peers. Whether that was through collaborative campaigns to stop proposed drug testing of Australian welfare recipients or a highly visible election statement to improve equity in housing for people in New Zealand, our voice had impact on both sides of the Tasman.

The College continued to work in partnership with Fellows to develop health policies and programs such as Evolve, to drive excellence in care for our patients and new guidelines for employers on supporting pregnant women and parents returning to work.

Over 12 months our Fellows finalised new policies on a range of issues reflecting the diversity of our membership, from physician health and wellbeing, to the National Disability Insurance Scheme. Members were frank and fearless in initiating professional discussion about politically charged health issues such as medical assistance in dying and medically supervised injecting centres.

“ In 2017 RACP members advocated on behalf of patients and our communities in some of the year’s most critical policy areas, from speaking up for our children and refugees to shaping policies in medical training. Importantly, our voice was heard more than ever before by governments and decision makers across both Australia and New Zealand. ”

**Associate Professor Mark Lane
Chair, College Policy
and Advocacy Council**



ADVOCATE The big issues

In 2017 our Fellows were at the forefront of national health debates in Australia and New Zealand concerning the biggest policy issues of the year. They used the evidence and expertise of our members to speak out on the following issues:

- Juvenile detention in Australia, in particular for Indigenous youth
- Medical assistance in dying in Australia and New Zealand
- Health equity in New Zealand
- Access to health services for refugees on Manus Island
- Australia’s marriage equality debate
- Access to specialist care for Indigenous Australians
- Medically supervised injecting centres
- Access to drug and alcohol treatment
- Advertising of alcohol to children during sporting events.

RACP in the media and social media

- Facebook 125 per cent increase in followers
- Twitter 38 per cent increase in followers
- LinkedIn 24 per cent increase in followers
- Record number of views on Facebook – 50,000 people in one day, 1 October 2017
- Second largest share of media voice amongst peer organisations in June – December 2017

Fellows at the forefront

As physicians, our members are in a unique position to lead healthcare policy debates in Australia and New Zealand, both nationally and locally.

In 2017 we worked on honing those skills.

- To further build the skills of members to lead advocacy for the College, workshops were held with PCHD societies, AMD Council and AFOEM Council.
- Over 100 Fellows took part.

“Good to hear from people experienced in the role of advocacy”
“interesting, interactive & entertaining!”

A seat at the table

During 2017 our Fellows contributed to the work of the Australian Commission on Safety and Quality in Health Care, leading development of new clinical care standards.

The Productivity Commission adopted many of our recommendations regarding end-of-life care in its report *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*.

Our recommendations on integrated care were also cited in the Productivity Commission’s *Shifting the Dial: 5-year productivity review*.



Goal Five

Making an impact

Our New Zealand Fellows used September's 2017 General Election to identify and advocate for action on social issues affecting the health and wellbeing of New Zealanders.

Our campaign attracted broad support across the health sector and widespread, ongoing national media coverage in New Zealand.

The Election Statement and call to Make Health Equity the Norm was framed around the interconnected issues of healthy housing, meaningful work, and whānau wellbeing.

Through a combination of storytelling, clever graphics and sound evidence based policy recommendations, the RACP election statement made an unprecedented public impact.

It also strengthened our College collaboration with peers in the NZ health sector, created new relationships with bodies such as the Public Health Office and the Office of the New Zealand Children's Commissioner, and created a valuable policy and advocacy platform for continuing to prioritise the social determinants of health and wellbeing in 2018.

Following its election, the incoming New Zealand Labour Coalition Government adopted nearly all of the recommendations in our campaign and similar calls by other organisations as official policy.

- Total audience of 440,000 people (around 10 per cent of the NZ population)
- #MakeTheNorm reached 34,794 Twitter users

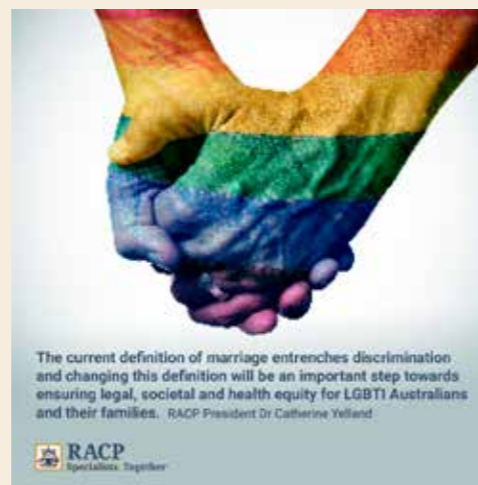


RACP says YES to marriage equality

We joined doctors and medical organisations across Australia to support Australian marriage equality, making a strong statement based on the evidence that removing discrimination improves health outcomes.

As one of the first medical organisations to speak out on the debate, our first Twitter post was delivered to over 180,000 Twitter users and our Facebook post was our most shared social media post ever.

Led by Paediatricians, our statement supported LGBTI families, and voiced concerns about the impact the debate could have on the mental health of our children.



“To the young people of Australia – as paediatricians, we are with you. Claims that marriage equality is harmful to children are incorrect, have no place on the national agenda and are not up for debate. We care about you, we value your wellbeing and we will continue to fight for you and your families’ right for equality.”

Dr Sarah Dalton, President,
Paediatrics & Child Health Division



“Existing evidence shows drug testing welfare recipients is not an effective way of identifying those who use drugs and it will not bring about behaviour change. It is an expensive, unreliable and potentially harmful testing regime to find this group of people.”

Dr Adrian Reynolds, President,
RACP Chapter of Addiction Medicine

Doctors lead fight against drug trials

In 2017, we led opposition to proposals announced in the Australian Government's May Budget to trial mandatory drug testing for welfare recipients from 1 January 2018.

Led by our Addiction Medicine Fellows, we emphasised the evidence and our view – at meetings with key politicians, through the media, in submissions and at Senate Inquiry public hearings.

We contended that the trial, while admirable in its aim to reduce drug and alcohol addiction, would not achieve this aim and was likely to cause great harm to some of our community's most disadvantaged people.

In December, the Government abandoned the trial proposal.

“Yesterday I met with the Royal Australasian College of Physicians, who took me through the issues pertaining to this disallowance. They argued strongly that we should oppose this proposition, and that we should seek disallowance. They argued that many people hold the view that drug and alcohol addiction is self-inflicted and easy to overcome, but, as doctors, they knew that the reality was far more complex.”

Senator Doug Cameron – addressing the
Australian Senate

Goal Five

Medical assistance in dying

The RACP strongly engaged with members and legislators throughout 2017, as bills to legalise medical assistance in dying were debated in both the Victorian and NSW Parliaments, while inquiries were also underway in Western Australia and New Zealand.

The College's working party released a discussion paper to members, and received many thoughtful and nuanced responses which are informing development of a College position statement.

The scope of consultation included ethical issues, data from jurisdictions where the practice is already legal, issues raised from clinical experience, and the likely practical impacts on physicians, patients and the community.

Face-to-face deliberative forums were held with members in Auckland, Melbourne and Sydney during November. We also held an online forum, hearing the views of members on how legalisation could affect their patients, their practice, and their colleagues.

What members said:

“Appreciation of variety of opinions and kind and generous discussion. Excellent discussions. Good and felt heard.”

“Good way to generate a ‘seed’ for opinions to be formed and matured both for the members present and the RACP.”

“...RACP are actively involved in seeking member opinions. Variety of experiences on table. Relevant topics allowed different view points.”

ADVOCATE Standing up for teenagers in trouble

In November our Fellows united with Aboriginal and Torres Strait Islander health leaders, lawyers and human rights experts to call for the raising of the age when children can be held criminally liable.

Their calls for action supported recommendations made by the Royal Commission into the abuse of young people in the Northern Territory's Don Dale Youth Detention Centre.

RACP Fellows in the Northern Territory also called for greater investment in preventative strategies by the Territory government.



“Children of this age have relatively immature brain development when it comes to decision-making, organisation, impulse control and planning for their future”

Dr Mick Creati, RACP Fellow and paediatrician at the Royal Children's Hospital, Melbourne

INNOVATE Continuing to Evolve

Since 2016 Evolve has brought together the College and specialist societies to lead continual improvement in the treatment and clinical care of patients.

This physician-led initiative encourages each medical specialty to think about the clinical circumstances in which some of their practices – whether medical tests, procedures or interventions – may be overused, provide little or no benefit or cause unnecessary harm.

In August Evolve was cited by the Productivity Commission in its *Shifting the Dial* report and is recognised by the Australian Government in its review of the Medical Benefits Scheme.

Of the 44 specialty societies, 34 now participate in Evolve. With so many lists now complete, the focus in late 2017 and into 2018 is to support Evolve recommendations becoming everyday clinical practice through the development of resources, advice and communication across the health sector.

- 84 per cent of specialty societies have or are developing an Evolve list
- 19 lists published
- 17 in development
- 13,699 downloads of two Evolve focused podcasts
- Three new Evolve videos filmed
- Range of educational discussions happening in hospitals and workplaces.



EDUCATE Helping doctors navigate the NDIS

We launched the RACP's guides to Australia's National Disability Insurance Scheme for physicians and paediatricians at our May Congress. The Congress also heard from NDIA Board Member and NDIS architect John Walsh AM.

The NDIS fundamentally transforms Australia's disability support system. It has implications for the entire health system, challenging us to provide truly person-centred care for people living with a disability.

Along with the new position statement launched by the College in December 2017, the guides will upskill our members to navigate the scheme and support them in their work with people with disabilities, their families and their carers.

The guides were produced by a Working Party of Fellows, in partnership with National Disability Services, the peak body for service providers.

The position statement urges all health services to support the goals and underlying principles of the NDIS and its person-centred approach.

We also made submissions to a range of inquiries including the Australian Productivity Commission Inquiry into NDIS costs, the NDIS Early Childhood Early Intervention approach, and the provision of services to people with a psychosocial disability.



Goal Five

Taking action on health and climate change

On 31 October, we hosted the Australian launch of the Lancet Countdown on climate change and health, and published a region-specific policy brief.

Launched in Sydney with video link-ups to a number of regional offices across Australia, the occasion was part of a worldwide launch including medical and health organisations across the globe.

Collaborating with 24 partners including the World Health Organization, World Bank and University College London, the report highlights the public health challenges presented by the changing climate, and the interventions that can be undertaken.

The countdown tracks the world's response to climate change and the health benefits that emerge from this transition.

“ The impacts of climate change on the health of Australians and New Zealanders, our Pacific neighbours and globally are too urgent to be ignored.

The RACP calls on the Commonwealth Government to commit to a National Climate and Health Strategy, including adaptation and mitigation targets, stronger research, and better disease monitoring. ”

Dr Catherine Yelland, RACP President



Above: Climate Change and Public Health Seminar held 7 August 2017. Professor Lynne Madden chaired the session, which saw Dr Nick Watts (Executive Director of the Lancet Countdown) and Professor Tony Capon (inaugural Professor of Planetary Health at the University of Sydney) talk about the threat to global public health posed by climate change, and the urgent need to develop environmentally sustainable healthcare in Australia.

Below: The Lancet Countdown launch event in Sydney, 31 October 2017. Dr Melissa Lott, Professor Sainsbury and Professor Lynne Madden.



The harms of over-the-counter Codeine

We brought together an alliance of medical, pharmacy and health consumer organisations from around Australia in an open letter.

We called for support of the Australian Therapeutic Goods Administration's evidence based decision to make codeine products prescription only, in the face of intensive lobbying to undermine the decision.

We followed this with sustained engagement with politicians at the state and federal level to raise awareness of the health evidence, and counter lobbying by those opposed to this measure to undermine the TGA decision.

Advocacy from the College and its partners played a key role in supporting the up-scheduling, which took place on from 1 February 2018. All medicines containing codeine will now require a prescription before they are supplied by hospital and community pharmacists.

- More than 100 Australians die each year from codeine addiction.
- More people died from codeine than heroin from 2011 to 2017.
- 26 countries around the world have curbed over-the-counter codeine sales.

“ The change has widespread support from the medical sector – including the Australian Medical Association, Royal Australian College of General Practitioners, Royal Australasian College of Physicians and consumer groups. ”

**Greg Hunt
Australian Federal Health Minister**

Caring for the health of people seeking asylum

Throughout 2017 our members joined medical professionals from across Australia to continue to speak up for more transparency around the health of refugees in offshore detention centres and their access to care.



Our physicians are concerned by reports of a looming health crisis among the asylum-seekers on Manus Island. People seeking asylum are human beings and have a right to access timely and quality health care.

In December the RACP, and our peer Colleges the RACGP and the RANZCP, highlighted to Australia's Immigration Minister and Health Ministers the rising concern doctors have for the health and wellbeing of the male asylum seekers transferred to the Manus Island centre in Papua New Guinea.

“ These are vulnerable people. Many asylum-seekers are already suffering physical and mental illness due to the reasons they had for leaving their homeland, and these issues are only exacerbated by mandatory detention. Australia has a moral obligation to ensure asylum-seekers are medically assessed, treated promptly and offered a standard of care that they would receive in any Australian hospital or community. ”

Dr Catherine Yelland, RACP President

Goal Six

RACP is a robust and effective college

In 2017, we continued to consolidate our governance processes, ahead of moving to a new, smaller Board in mid-2018.

Over the past 12 months we made considerable progress in strengthening human resources programs and IT platforms to provide a higher level of support for members.

We also launched an important Business Transformation program, ensuring the way we use our existing resources is optimal and sustainable, and provides the best possible value for Fellows and trainees.

Transforming business

In response to member feedback, we are transforming business practices and reviewing outdated or overly complex systems that Fellows, trainees and staff find frustrating.

The Business Transformation Strategy was approved by the Board in January 2017 to reduce duplication, and streamline processes within the College.



An employer of choice

In 2017, we reviewed and realigned multiple departments to further support an engaged, capable, high performing workforce equipped to deliver the best possible service and support for members.

We also introduced a modest employee Rewards and Recognition program to encourage a high performing culture within the College.

During the year, we strengthened our employee value proposition by introducing new policies.

We launched Paid Parental Leave and a Parental Leave Return to Work Bonus, to support our employees and promote a higher rate of return to the workplace after parental leave. We also further strengthened our Employee Assistance Program offering to employees.

Leadership and capability development was an important focus in 2017. We began a six-month coaching program for managers to ensure we continue to attract and retain high quality staff as an employer of choice.

To raise the leadership capability of our workforce, we also trained teams in skills such as how to create and sustain high performing teams, financial acumen for leaders, cultural competency, and dealing with difficult interactions.

Employee engagement continues to improve through these and various other initiatives introduced over the past few years. One tangible measure of the impact of these initiatives is a marked reduction in staff turnover over the period.

Over the past 12 months we have simplified, standardised or improved many operational processes

- Already savings are being reinvested in new video-conferencing technology to improve productivity and services to members.
- All financial management software has been updated to the latest release to make our finance processes faster and more efficient.
- Data has been transferred to secure cloud-based storage, a more financially sustainable option than continuing to maintain a costly and outdated onsite data centre.
- College staff have identified more opportunities for Fellows and trainees to perform their services online, rather than having to contact the College.

Efficiencies in these areas are already resulting in \$1 million of quantifiable savings, which will be further invested in new IT system upgrades to better support members.

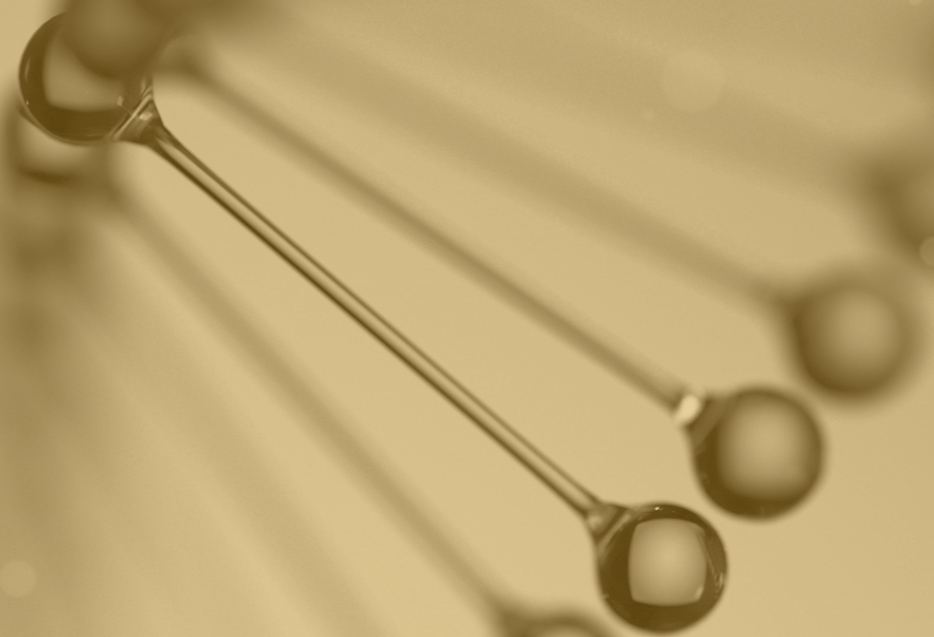
Working with specialty societies

25 of 51 specialty societies are developing a Model of Collaboration to clearly articulate their relationship with the College.

The model helps both societies and the College improve their understandings of each other, of respective priorities and opportunities for collaboration.

Financials

The 2017 year has seen the College make a significant investment in initiatives aimed at improving education, training and on line services for members. This expenditure is shown in the consolidated results presented in the Audited Financial Statements.



Honorary Treasurer's report

Financial strength

The financial position of the College, as detailed in the balance sheet of the Audited Statutory Accounts, shows that the College remains financially robust with consolidated net assets growing to \$95.5 million from \$94.3 million.

The College remains debt-free, with minimal long-term liabilities. Following on from the previous year, the College has sufficient liquid funds to cover more than six months of operating costs. This enables the College to withstand the impact of unanticipated events that could materially increase expenditure or reduce revenue, ensuring that it remains financially stable and sustainable in the longterm.

The RACP Foundation's financial position continues to strengthen. In 2017, the College's Foundation offered \$2.5 million in research grants, scholarships and fellowships, and a further \$125,000 in prizes for meritorious achievement and excellence.

The assets held by the Foundation are either cash or marketable securities and investments, with sufficient liquidity to cover the following year's grants and awards.

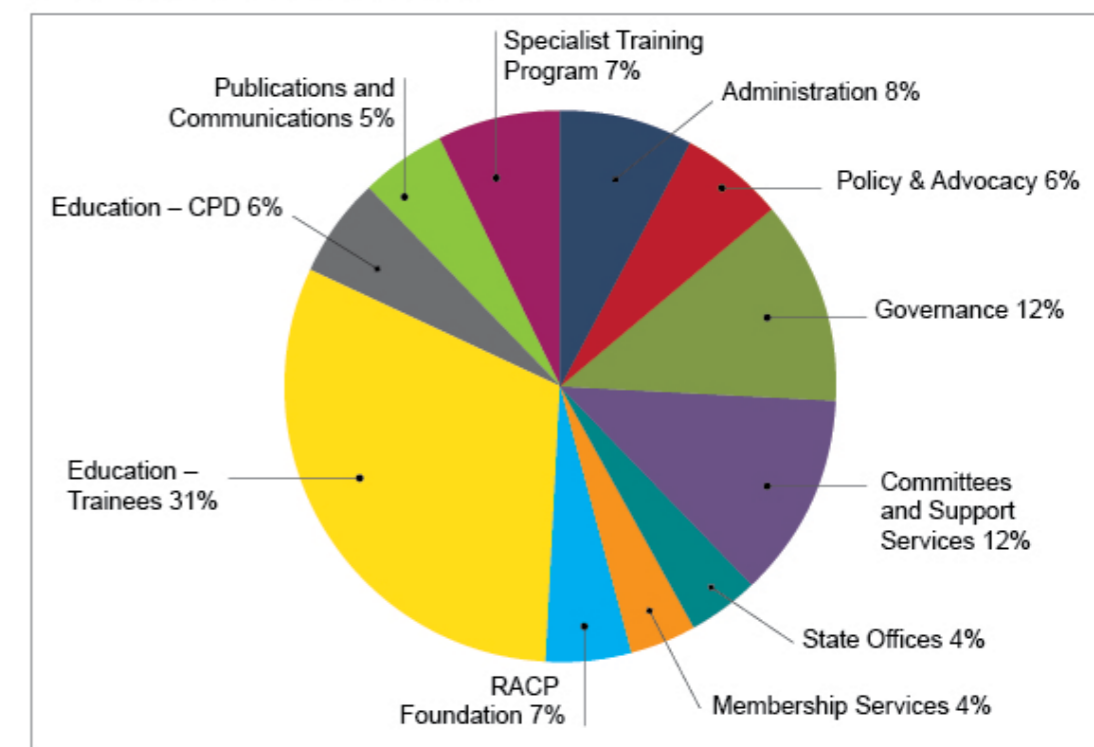
Consolidated result

The 2017 year has seen the College make a significant investment in initiatives aimed at improving education, training and online services for members. This expenditure is shown in the consolidated results presented in the Audited Financial Statements. In accordance with the College budget, in 2017 the College generated a limited surplus revenue over expenses. This was the outcome of purposeful budget discipline and expenditure control. The limited surplus in 2017 was consistent with the goal of the Finance and Risk Management Committee and the

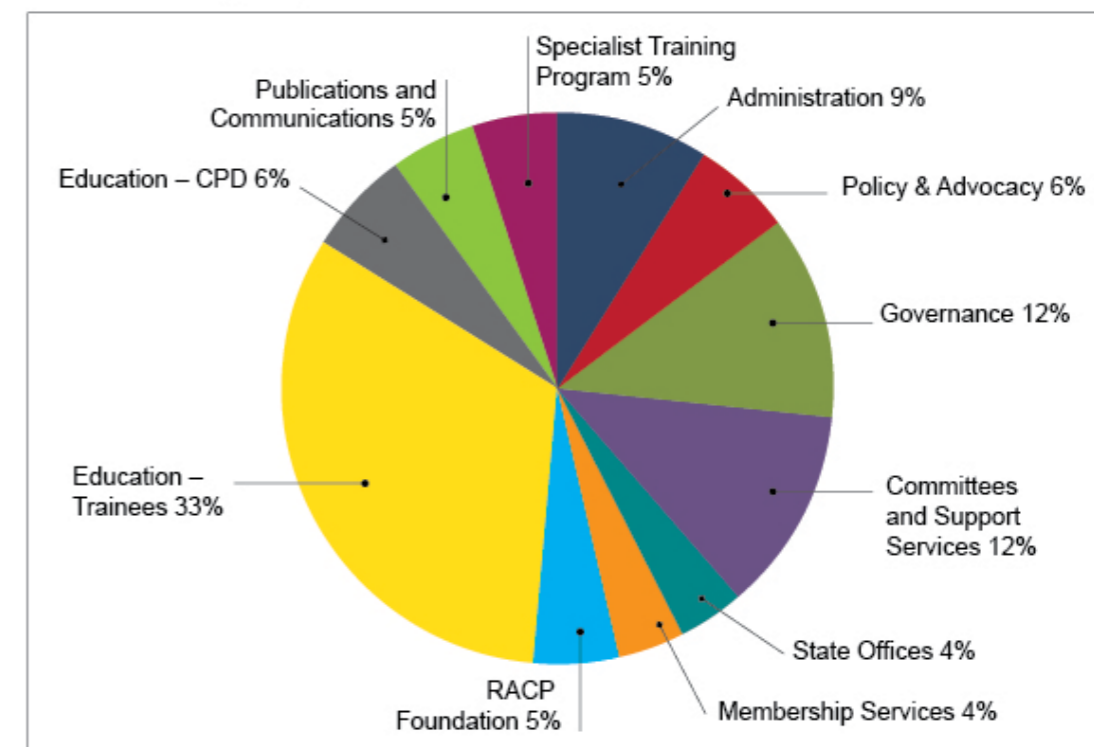
KEY

- Administration**
Human Resources, Procurement, Finance
- Policy & Advocacy**
Policy & Advocacy and Policy & Advocacy support
- Governance**
Company Secretary, President and CEO, Strategic Coordination Unit
- Committees and support services**
Support for Divisions, Faculties and Chapters, Congress, Events
- State offices**
Support for Australian State offices. New Zealand office costs are split across all other categories
- Membership services and contact centre**
- RACP Foundation**
- Education – Trainees, Supervisor Learning Support, Accreditation, Education Development Program, eLearning Design and Development, Basic Training and Advanced Training Support**
- Education – CPD**
Office of the Dean, Fellows Learning, Continuing Professional Development, Fellows Learning Support
- Publications and communications**
- Specialist Training Program**

Whole of College expenditure 2017



Whole of College expenditure 2016



NB Due to inclusion of expenses such as GTP and Foundation, expenditure for whole of College does not exactly correlate exactly to individual trainee and Fellow expenditure.

Honorary Treasurer's report

College Board to limit any increase in member fees to a level around the change in the consumer price index.

Income for the year increased from \$56.3 million to \$58.2 million primarily reflecting increasing numbers of both Fellows and trainees. The College also received revenue from the Commonwealth Government through the administration of Commonwealth funding of the Specialist Training Program throughout Australia. Expenses were in line with the budget approved by the Board, as the College invested in projects and initiatives in CPD, training, Member Services and supporting systems.

their substantial contributions as members of the Finance and Risk Management Committee in 2017.

The dedicated support provided by the Finance, Risk Management and Governance executives, particularly Mr John McConville (Director of Finance), and staff of the College was much appreciated and ensured a high standard of management of members' funds, governance and vigilant monitoring of risk.



Associate Professor
Charles Steadman
Honorary Treasurer

Appreciation

I am indebted to and appreciative of the work of the Finance and Risk Management Committee (FRMC) during 2017 overseeing College finances, risk management and both external and internal audit of the College.

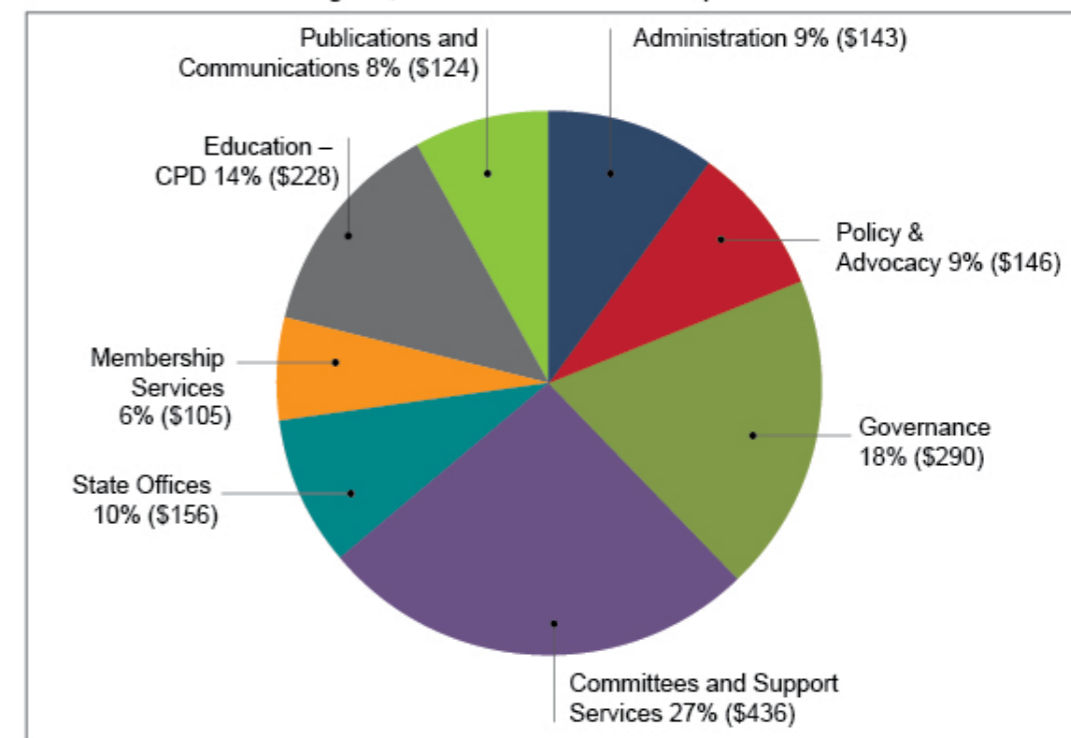
I thank my fellow Committee members for their valued service during the year. We welcomed Mr Adam Malouf to the FRMC as a community representative with an extensive background in banking and finance. Mr Peter Martin, a director of the RACP and committee member from the community, gave his time and financial and accounting expertise to the FRMC with generosity and diligence.

I thank the College President, Dr Catherine Yelland, Dr Stephen Inns (New Zealand), Associate Professor Grant Phelps, Dr Jeff Brown (New Zealand), Professor Lynne Madden and Dr James Ross for



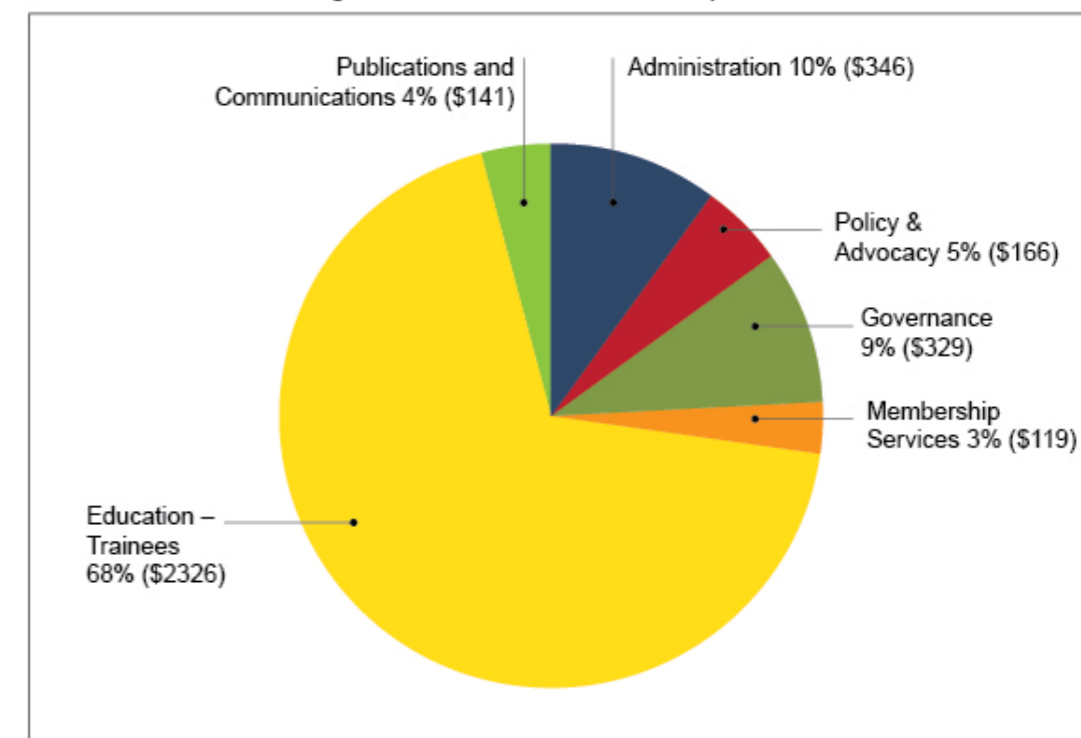
Indicative breakdown of how the RACP spent a single annual Fellow fee 2017

How each dollar of an average \$1,628 Fellow annual fee was spent in 2017







Indicative breakdown of how the RACP spent a single annual trainee fee 2017





How each dollar of an average \$3,427 trainee annual fee was spent in 2017





Information on Directors

The Members of the Board in office as at the date of this Report, their qualifications, experience and special responsibilities are set out below:

Dr Catherine Yelland		RACP President
	Qualifications	MBBS, FRACP, GAICD, PSM
	Experience	Dr Catherine Yelland is Director of Medicine and Older Persons Service at Redcliffe Hospital. She is a geriatrician and general physician, and is interested in clinical medicine, service development and physician education. She was awarded a John Sands Medal in 2013 and a Public Service Medal in 2014.
	Special responsibilities	RACP President (2016–2018), RACP President-Elect (2014–2016), Member, RACP Board (2015–2018, 2009–2012), Chair, Policy and Advocacy Committee 2014–2016
Associate Professor Mark Lane		RACP President-Elect
	Qualifications	MBBS, FRACP
	Experience	Associate Professor Lane is a gastroenterologist based at Auckland Hospital. For 17 years he was Head of Gastroenterology at Auckland Hospital and involved in clinical leadership at national levels. He served on the executive of the NZ Society of Gastroenterology in various roles and represented NZ Gastroenterology on international gastroenterology societies and committees. He is a patron of the Coeliac Society of NZ. He has an honorary appointment with Auckland Medical School as a Clinical Associate Professor.
	Special responsibilities	RACP President-Elect (2016–2018), Member, RACP Board (2012–2018), New Zealand President (2014–2016), Chair, College Policy and Advocacy Committee, Member, New Zealand Committee (2009–2018)
Dr Jeff Brown		President-Elect, New Zealand
	Qualifications	MBChB, FRACP
	Experience	Dr Jeff Brown is a consultant paediatrician and Clinical Director of Child Health at Palmerston North Hospital and for the MidCentral District Health Board. Dr Brown has held various leadership positions locally and nationally, including National Health Board, Association of Salaried Medical Specialists and Advanced Paediatric Life Support.
	Special responsibilities	RACP President-Elect New Zealand (2016–2018), Member, RACP Board (2016–2018), Member, Finance and Risk Management Committee, Member, New Zealand Committee, Co-chair NZ PCHD Committee, Member, Paediatrics and Child Health Division Council
Associate Professor Nicholas Buckmaster		Adult Medicine Division Representative
	Qualifications	MBBS, FRACP
	Experience	Associate Professor Buckmaster is a general and respiratory physician with Gold Coast Hospital and Health Service. Past roles include President of the Internal Medicine Society of Australia and New Zealand, Clinical Leader of the Gold Coast Electronic Medical Record Project and for the Queensland Health ieMR project, Director of Clinical Training for Caboolture Hospital. He is a former member of the DOHA Medical Training Review Panel, Chair of its Data Subcommittee, an Associate Professor in the Griffith University Medical School, and former President of the Australian Salaried Medical Officers Federation Queensland. In addition he has previously held offices within AMA Queensland, including as Chairman of AMA Queensland Council.
	Special responsibilities	Member, RACP Board (2012–2018), Deputy Chair, College Policy and Advocacy Committee, Co-opted Member, Adult Medicine Division Council, Member, Queensland State Committee, Member, ATC for General and Acute Medicine


Dr Jonathan Christiansen		New Zealand President
	Qualifications	BHB, MBChB, MD, FRACP, FACC, FCSANZ, GAICD
	Experience	Dr Christiansen is a general and non-invasive cardiologist working at Waitemata District Health Board in Auckland. He is currently the clinical leader for the DHB's major facilities and medical services redevelopment project (Waitemata 2025), Chair of Waitemata DHB's Education Governance Committee and Clinical Senior Lecturer at the University of Auckland.
	Special responsibilities	Member, RACP Board (2012–2018), Chair, College Education Committee, President, New Zealand Committee
Professor Paul Colditz		PCHD President-Elect
	Qualifications	MBBS, FRACP, FRCPCH, MBiomedEng, DPhil (Oxford), GAICD
	Experience	Professor Colditz is Professor of Perinatal Medicine at the University of Queensland and a neonatal paediatrician at the Royal Brisbane and Women's Hospital. He is Director of the Perinatal Research Centre and Deputy Director of the University of Queensland Centre for Clinical Research.
	Special responsibilities	Member, RACP Board (2012–2018), President-Elect, Paediatrics and Child Health Division, Chair, College Research Committee, Chair, Paediatric Research Committee
Associate Professor Andrew Cole		AFRM President
	Qualifications	MBBS (Hons), FAFRM
	Experience	Associate Professor Cole has been a consultant in rehabilitation medicine and conjoint academic with UNSW Medicine since 1985. He has worked successively in Sydney's St George area, in East Asia, in South West Sydney and in Northern Sydney. He has been Hammond Care's Chief Medical Officer since 2008. Associate Professor Cole teaches about disability and ageing to UNSW students and rehabilitation trainees.
	Special responsibilities	Member, RACP Board (2016–2018), President, AFRM (2016–2018)
Associate Professor Peter Connaughton		AFOEM President
	Qualifications	MBBCh, LRCP&SI, CIME, MBA, FAFOEM
	Experience	Associate Professor Connaughton works in private practice in WA, primarily consulting to the resource sector. He is an Adjunct Associate Professor at the University of Notre Dame, Fremantle. He graduated from the medical school of the Royal College of Surgeons in Ireland and he later studied occupational medicine at the Institute of Occupational Medicine in Edinburgh. He is a Board member of the charity CINI Australia and has a Master of Business Administration from UWA.
	Special responsibilities	Member, RACP Board (2016–2018), President, AFOEM (2016–2018)
Dr Sarah Dalton		PCHD President
	Qualifications	BMed, FRACP, MAppMgt (Hlth), GAICD
	Experience	Dr Dalton is a consultant in paediatric emergency medicine at The Children's Hospital at Westmead as well as Clinical Lead at the Agency for Clinical Innovation in NSW. She holds a Masters in Applied Management in Health. Sarah has previously completed a Fulbright Scholarship to evaluate Clinical Leadership Development Programs in the United States
	Special responsibilities	Member, RACP Board (2016–2018), PCHD President (2016–2018)


Professor Paul Komesaroff		Adult Medicine Division President-Elect
	Qualifications	MBBS, BSc (Hons), PhD, FRACP, AM
	Experience	Professor Komesaroff is a physician, medical researcher and philosopher at Monash University in Melbourne, where he is Professor of Medicine. He is a practising clinician specialising in the field of endocrinology. He is also Executive Director of the international NGO Global Reconciliation.
	Special responsibilities	Member, RACP Board (2016–2018), President-Elect, Adult Medicine Division (2016–2018), Interim Chair, Ethics Committee


Professor Lynne Madden		AFPHM President
	Qualifications	BSc (Med) Hons1, MBBS, MPH, MSc, FFPH (UK), FAFPHM, FPHAA
	Experience	Professor Madden's current roles are: Associate Dean, Learning and Teaching at the School of Medicine, Sydney, The University of Notre Dame Australia (UNDA); the President of the Australasian Faculty of Public Health Medicine; and Trustee of the Lizard Island Reef Research Foundation of the Australian Museum. Prior to commencing at UNDA four years ago, she was the manager of Population Health Training and Workforce at the NSW Ministry of Health for 18 years, where, in addition to running several advanced professional training programs in public health, she was the Editor of the NSW Public Health Bulletin. She has extensive knowledge and experience of the delivery of public health and health services in Australia having prepared public health practitioners for working at senior levels in government within public health and policy contexts.
	Special responsibilities	Member, RACP Board (2016–2018), President, AFPHM (2016–2018), Member, Finance and Risk Management Committee (2016–2018), Member, Governance Working Party (2016–2018)

Dr Tina Marinelli		Trainee Representative
	Qualifications	MBBS
	Experience	Tina Marinelli is an Advanced Trainee in infectious diseases, currently based in Adelaide. Tina is currently completing a Master of Public Health and Tropical Medicine at James Cook University.
	Special responsibilities	Member, RACP Board (2016–2018), Chair, College Trainees' Committee (2016–2018)


Mr Peter Martin		Community (Non-Fellow) Director
	Qualifications	BBus, MBA, CA, AGIA, MAICD
	Experience	Peter Martin is Executive Director of Constellation Advisors and is an experienced company director and consultant in strategy and corporate advice.
	Special responsibilities	Member, RACP Board (2014–2018), Member, College Finance and Risk Management Committee

Associate Professor Grant Phelps		Adult Medicine Division President
	Qualifications	BMBS, MBA, FRACP, FRACMA, GAICD, FAIM
	Experience	Associate Professor Phelps worked as a gastroenterologist and acute physician in Western Victoria for over 20 years, before moving into a number of management and leadership roles in Victoria and Tasmania. His major focus has been on clinical leadership for safety and quality. He is Associate Professor of Clinical Leadership at Deakin University, and consults to organisations on Governance, Clinical Safety and Quality, and Clinical Leadership.
	Special responsibilities	President, Adult Medicine Division (2016–2018), Member, RACP Board (2012–2018), Member, College Finance and Risk Management Committee

Dr Helen Rhodes		Adult Medicine Division Representative
	Qualifications	MBBS, FRACP, GAICD
	Experience	Dr Rhodes is a renal physician at Fiona Stanley Hospital in WA and a visiting Renal Physician and Director of the Haemodialysis Unit at SJOG Hospital in Bunbury in the South West of WA. Since 1996, Dr Rhodes has been involved in a wide range of teaching and educational activities. She has been involved in Post-graduate Medical Council activities in WA and was previously a director of Clinical Training and Director of Physician Education at Fremantle Hospital, and is now the Director of Clinical Training and Director of Physician Education at St John of God Murdoch Hospital WA.
	Special responsibilities	Member, RACP Board (2012–2018), Chair, Fellowship Committee, Member, Adult Medicine Division Council, Member, Western Australia State Committee

Associate Professor Charles Steadman		Honorary Treasurer
	Qualifications	MBBS, MD, FRACP, AGAF, FAICD
	Experience	Associate Professor Steadman is a gastroenterologist and hepatologist at the Mater and Greenslopes Private Hospitals in Brisbane with the Queensland Gastroenterology group. He is part of the Greenslopes Clinical School of the University of Queensland. Previously, at the RACP he was chairman of the SAC in Gastroenterology and a clinical examiner with the NEP and SEP for many years. Associate Professor Steadman is a Fellow of the American Gastroenterological Association and the Australian Institute of Company Directors. He is a director of the Medical Indemnity Protection Society Ltd and Queensland Doctors Mutual in Melbourne. In the past he was a Travelling Fellow of the RACP and a Fulbright scholar at the Mayo Clinic in the USA.
	Special responsibilities	Member, RACP Board (2015–2018)

Ms Susan Tiffin		Community (Non-Fellow) Director
	Qualifications	BA, MA, PhD
	Experience	Ms Tiffin is currently a consultant on governance and board effectiveness, largely to not-for-profit organisations. She has a depth of experience in the public, higher education and not-for-profit sectors with a focus on human resource management, organisational effectiveness and change management. She is currently a member of the Sydney Children's Hospital Network Human Research Ethics Committee. Her qualifications include a Masters in Professional Ethics and a PhD from UNSW.
	Special responsibilities	Member, RACP Board (2014–2018)

Dr Susannah Ward		Trainee Representative
	Qualifications	MBBS (Hons), BMedSci (Hons)
	Experience	Dr Ward is an Advanced Trainee in rehabilitation medicine in NSW. She was awarded the Basmajian Prize following the AFRM Fellowship exams in 2015.
	Special responsibilities	Member, RACP Board (2016–2018), Deputy Chair, College Trainees' Committee (2016–2018), CTC representative on the AFRM Trainee Committee (2014–2018)

Corporate Information

ABN 90 270 343 237

The Directors

("Responsible Entities") at the date of this report:

Catherine Yelland

Mark Lane

Jeff Brown

Nicholas Buckmaster

Jonathan Christiansen

Paul Colditz

Andrew Cole

Peter Connaughton

Sarah Dalton

Paul Komesaroff

Lynne Madden

Tina Marinelli

Peter Martin

Grant John Phelps

Helen Christine Rhodes

Charles Steadman

Susan Tiffin

Susannah Katharine Ward

Company Secretary

Michael Smith

Registered office and principal place of business

145 Macquarie Street, Sydney NSW 2000



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Sydney NSW 2000

Correspondence to:
Locked Bag Q800
QVB Post Office
Sydney NSW 1230

T +61 2 8297 2400
F +61 2 9299 4445
E info.nsw@au.gt.com
W www.grantthornton.com.au

Auditor's Independence Declaration to the Responsible Entities of The Royal Australasian College of Physicians

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of The Royal Australasian College of Physicians for the year ended 31 December 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 15 March 2018

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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 31 December 2017

	Note	2017 \$	2016 \$
General fund			
Revenue			
Subscriptions & other Fellow receipts		20,764,976	19,661,554
Admissions, training & examination fees		29,945,086	29,688,600
Other	3	7,490,144	6,965,912
Total revenue		58,200,206	56,316,066
Expenditure			
Employee benefits		32,786,117	32,834,506
Travel, accommodation & meetings		7,494,050	7,831,342
Other	4	17,296,614	15,815,973
Total expenditure		57,576,781	56,481,821
General fund surplus		623,425	(165,755)
RACP Foundation fund			
Revenue			
Interest & dividend income		2,115,351	2,534,888
Donations from Fellows and other grants		654,331	542,075
Gain/(Loss) on disposal of financial assets		218,543	(203,605)
Other		261,373	220,068
Total revenue		3,249,598	3,093,426
Expenditure			
Grants paid or payable		1,992,707	2,399,991
Other		461,166	199,677
Total expenditure		2,453,873	2,599,668
RACP Foundation fund surplus		795,725	493,758
Total surplus		1,419,150	328,003

The statement of profit or loss and other comprehensive income is to be read in conjunction with the attached notes.

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 31 December 2017

	Note	2017 \$	2016 \$
Surplus for the year		1,419,150	328,003
Other comprehensive income:			
Net gain/(loss) on revaluation of financial assets		838,009	841,396
Foreign currency translation gain/(loss)		(1,054,687)	446,519
Total comprehensive income for the year		1,202,472	1,615,918

The statement of profit or loss and other comprehensive income is to be read in conjunction with the attached notes.

Statement of Financial Position

As at 31 December 2017

	Note	2017 \$	2016 \$
Assets			
Current assets			
Cash & cash equivalents	5	49,405,376	21,012,850
Trade & other receivables	6	4,568,401	5,441,902
Other current assets	7	1,137,973	1,383,130
Other financial assets	8	11,543,134	9,867,531
Total current assets		66,654,884	37,705,413
Non-current assets			
Other financial assets	8	76,530,478	76,666,400
Property, plant & equipment	9	5,365,960	6,019,121
Intangibles	10	2,843,797	3,835,782
Other non-current assets	11	1,443,784	1,449,854
Total non-current assets		86,184,019	87,971,157
Total assets		152,838,903	125,676,570
Liabilities			
Current liabilities			
Trade & other payables	12	54,498,928	28,771,748
Provisions	13	1,967,629	1,919,348
Total current liabilities		56,466,557	30,691,096
Non-current liabilities			
Provisions	13	901,029	716,629
Total non-current liabilities		901,029	716,629
Total liabilities		57,367,586	31,407,725
Net assets		95,471,317	94,268,845
Funds			
General funds	17	45,886,927	45,263,502
RACP Foundation funds	17	45,112,401	44,316,676
Reserves	17	4,471,989	4,688,667
Total Funds		95,471,317	94,268,845

The statement of financial position is to be read in conjunction with the attached notes.

Statement of Changes in Funds

For the year ended 31 December 2017

	2017 \$	2016 \$
General and Foundation funds		
Balance, 1 January	89,580,178	89,252,175
General fund surplus	623,425	(165,755)
RACP Foundation fund surplus	795,725	493,758
Balance, 31 December	90,999,328	89,580,178
Available for sale reserve		
Balance, 1 January	2,269,834	1,428,438
Movement in available for sale financial assets	838,009	841,396
Balance, 31 December	3,107,843	2,269,834
Foreign currency translation reserve		
Balance, 1 January	2,418,833	1,972,314
Foreign currency translation gain (loss)	(1,054,687)	446,519
Balance, 31 December	1,364,146	2,418,833
Total Funds	95,471,317	94,268,845

Statement of Cash Flows

For the year ended 31 December 2017

	Note	2017 \$	2016 \$
Cash flow from operating activities			
Cash receipts from training fees, memberships and operations		54,087,055	50,655,962
Cash payments applied in operations		(56,298,779)	(54,921,605)
Payments to Specialist Training Program posts		(24,249,019)	(41,768,533)
Proceeds from Government for Specialist Training Program posts		52,921,187	48,481,264
Interest received		221,047	234,791
Proceeds from Government grants		460,249	306,526
Net cash provided by operating activities	14	27,141,740	2,988,405
Cash flow from investing activities			
Payments for property, plant and equipment		(741,459)	(2,983,995)
Payments for investments		(70,201)	(2,736,765)
Proceeds from investments		2,284,375	6,778,163
Net cash from (used in) investing activities		1,472,715	1,057,403
Net increase in Cash & cash equivalents		28,614,455	4,045,808
Cash & cash equivalents at the beginning of the year		21,012,850	16,871,659
Effects of exchange rate fluctuations on the balance of cash held in denominated foreign currencies		(221,929)	95,383
Cash & cash equivalents at the end of the year	5	49,405,376	21,012,850

The statement of cash flows is to be read in conjunction with the attached notes.

Notes to the Financial Statements

For the year ended 31 December 2017

1. Corporate information

The College is a medical college that provides training and education and represents physicians in Australia and New Zealand. The College is an Australian company limited by guarantee registered under the *Corporations Act 2001*, domiciled in Australia and registered with the Australian Charities and Not-for-profits Commission.

The financial report of the College for the year ended 31 December 2017 was authorised for issue in accordance with a resolution of the Directors (Responsible Entities) on 15 March 2018.

2. Statement of accounting policies for the year ended 31 December 2017

a. Basis of preparation

These general purpose financial statements have been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, Australian Accounting Standards – Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

The consolidated financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected assets.

The consolidated financial statements are presented in Australian Dollars (\$AUD), which is also the functional currency.

b. Significant accounting judgments, estimates and assumptions

Accounting policies are selected and applied in a manner which ensures that the resultant financial information satisfies the concepts of relevance and reliability, thereby ensuring the substance of the underlying transaction and other events is reported.

In the application of Australian Accounting Standards, management is required to make judgments, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and

expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Significant accounting judgments

The College has entered into leases of premises and office equipment as disclosed in Note 15 (a). Management has determined that all of the risks and rewards of ownership of these premises and equipment remain with the lessor and has therefore classified the leases as operating leases.

Significant accounting estimates and assumptions

The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

Provisions for employee benefits

Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employee departures and periods of service, as discussed in Note 2 (m). The amount of these provisions would change should any of these factors change in the next 12 months.

c. Revenue

Revenue is recognised when the College is legally entitled to the income and the amount can be quantified with reasonable accuracy. Revenues are recognised net of the amounts of goods and services tax (GST) payable to the Australian Taxation Office and the Inland Revenue Department in New Zealand.

Trainee fees

Revenue from trainee fees is recognised when the service is provided.

Membership fees

The College recognises membership subscription fees as revenue over the period of the membership, or where members have not notified the College that they have ceased to be members and not paid the subscription, the amount for which they are deemed to be liable.

Externally funded grant income

Grant income is recognised when there is reasonable assurance that the grant will be received and all attaching conditions complied with. When the grant relates to an expense item, it is recognised as income over the period on a systematic basis to the costs that it is intended to compensate.

Investment income

Investment income comprises interest and dividends. Interest income is recognised as it accrues, taking into account the effective yield on the financial asset. Dividends and trust distributions from listed entities are recognised when the right to receive a dividend or distribution has been established.

Donations

Donations are recognised as revenue when the College gains control, economic benefits are probable and the amount of the donation can be measured reliably.

In-kind contributions

The College receives contributions from Members and Specialty Societies in the form of the provision of extensive voluntary services to the College. These amounts are not brought to account in the financial statements as the fair value of such contributions could not be reliably measured.

Asset sales

The gain or loss on disposal of all non-current assets is determined as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

d. Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to a particular category they have been allocated to activities on a basis consistent with use of the resources. Support costs are those costs incurred directly in support of expenditure on the objects of the College. Management and administration costs are those incurred in connection with administration of the College and compliance with constitutional and statutory requirements.

e. Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with maturities of three months or less.

f. Trade and other receivables

Trade receivables, which comprise amounts due from provision of services are recognised and carried at original invoice amount less an allowance for any uncollectible amounts. Normal terms of settlement are thirty (30) days. The notional amount of the receivable is deemed to reflect fair value.

An allowance for doubtful debts is made when there is objective evidence that the College will not be able to collect the debts. Bad debts are written off when identified.

g. Property, plant and equipment and intangibles

Property, plant and equipment including land and buildings is shown at cost, less accumulated depreciation and impairment losses.

Any property, plant and equipment donated to the College is recognised at fair value at the date the company obtains control of the assets.

Additions

The cost of an item of property, plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits or service potential associated with the item will flow to the College and the cost of the item can be measured reliably.

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the income statement. When revalued assets are sold, the amounts included in asset revaluation reserves, in respect of those assets, are transferred to General and Foundation funds.

Software (intangibles)

Costs incurred in developing IT products or systems are capitalised and included in as an asset when it is probable the development project will be successfully completed, the College will be able to use the assets as part of its operations, there is a continuing intention to complete the development project and the costs can be reliably measured. Costs capitalised include external direct costs of materials and service, direct payroll and payroll related costs of employees' time spent on the project. Acquired software is also capitalised.

Amortisation of software is calculated on a straight line basis over periods generally ranging from 3 to 5 years.

Depreciation and amortisation

Depreciation is provided on a straight-line basis on all property, plant and equipment other than land, at rates that will write off the cost of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

Buildings and strata title building units	40 years	(2.5%)
Plant and equipment	10 years	(10%)
Furniture and fittings	10 years	(10%)
Computer equipment and software	3 years–5 years	(20%–33.3%)
Equipment held under finance lease	life of lease	

The residual value and useful life of an asset is reviewed, and adjusted if applicable, at each financial year-end.

Impairment

The carrying values of property, plant and equipment including software are reviewed for impairment at each reporting date, with the recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired.

The recoverable amount of property, plant and equipment is the higher of fair value less costs to sell and value in use. Depreciated replacement cost is used to determine value in use. Depreciated replacement cost is the current replacement cost of an item of property, plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost.

Impairment exists when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount. For property, plant and equipment, impairment losses are recognised in the income statement.

h. Library and College collection

The Library and College collection is carried at cost or deemed cost and consists of items of historical, scientific and artistic nature which appreciates in value, therefore no provision for depreciation is required.

i. Financial assets

The College classifies its financial assets into the following four categories:

1. financial assets at fair value through profit or loss,
2. loans and receivables,
3. held-to-maturity investments, and,

4. available-for-sale financial assets.

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and re-evaluates this designation at every reporting date.

Financial assets and liabilities are initially measured at fair value plus transaction costs unless they are carried at fair value through profit or loss, in which case the transaction costs are recognised in the income statement.

Purchases and sales of investments are recognised on trade-date, the date on which the College commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the College has transferred substantially all the risks and rewards of ownership.

The fair value of financial instruments traded in active markets is based on quoted market prices at the balance date. The quoted market price used is the current bid price.

The four categories of financial assets are:

Financial assets at fair value through profit or loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management. Assets in this category are classified as current assets if they are either held for trading or are expected to be realised within 12 months of the Statement of Financial Position date.

After initial recognition they are measured at their fair values. Gains or losses on re-measurement are recognised in the income statement.

Loans and receivables

These are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market.

After initial recognition they are measured at amortised cost using the effective interest method. Gains and losses when the asset is impaired or derecognised are recognised in the income statement. Loans and receivables are classified as “trade and other receivables” in the Statement of Financial Position.

Held to maturity investments

Held to maturity investments are assets with fixed or determinable payments and fixed maturities that the College has the positive intention and ability to hold to maturity.

After initial recognition they are measured at amortised

cost using the effective interest method. Gains and losses when the asset is impaired or derecognised are recognised in the income statement.

Available-for-sale financial assets

Financial assets at fair value through equity are those that are designated as available-for-sale financial assets or are not classified in any of the other categories above. This category encompasses investments that the College intends to hold long-term but which may be realised before maturity. After initial recognition available-for-sale financial investments are measured at fair value with gains or losses being recognised in other comprehensive income until the investment is derecognised or until the investment is determined to be impaired, being either a significant or prolonged decline in value below cost, at which time the cumulative gain or loss previously recognised in other comprehensive income is reclassified to the Statement of Profit or Loss and Other Comprehensive Income.

The fair value of investments that are actively traded in organised financial markets is determined by reference to quoted market bid prices at the close of business on the reporting date.

j. Impairment of financial assets

At each balance date the College assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired. Any impairment losses are recognised in the income statement.

k. Trade creditors and other payables

Trade creditors and other payables represent liabilities for goods and services provided to the College prior to the end of the financial year that are unpaid. These amounts are usually settled in thirty (30) days. The notional amount of the creditors and payables is deemed to reflect fair value.

l. Unexpended funds

The liability for unexpended funds is the unutilised amounts of government grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the government grant.

m. Employee benefits

Employee benefits comprise wages and salaries, annual, long service and accumulating but non-vesting sick leave, and contributions to superannuation plans.

Liabilities for wages and salaries expected to be settled within 12 months of balance date are recognised in other payables in respect of employees' services up to the reporting date. Liabilities for annual leave in respect of

employees' services up to the reporting date which are expected to be settled within 12 months of the balance date are recognised in the provision for annual leave.

Both liabilities are measured at the amounts expected to be paid when the liabilities are settled. Liabilities for accumulating but non-vesting sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

The College pays contributions to certain superannuation funds. Contributions are recognised in the income statement when they are due.

n. Provisions

The College recognises a provision for future expenditure of uncertain amount or timing when there is a present obligation (either legal or constructive) as a result of a past event, it is probable that expenditures will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

o. Borrowings

Borrowings are initially recognised at their fair value. After initial recognition, all borrowings are measured at amortised cost using the effective interest method. Borrowing costs are recognised as an expense in the period in which they are incurred.

p. Taxation Income tax

The College is exempt from income tax in both Australia and New Zealand. Accordingly there is no accounting for income tax or the application of tax effect accounting.

Goods and services tax (GST)

All items in the financial report are stated exclusive of GST, except for receivables and payables which are stated on a GST inclusive basis. Where GST is not recoverable as input tax it is recognised as part of the related asset or expense.

The net amount of GST recoverable or payable is included as part of receivables or payables in the Statement of Financial Position.

q. Leases

Finance lease

A finance lease is a lease that transfers to the lessee substantially all the risks and rewards incidental to ownership of an asset, whether or not title is eventually transferred.

At the commencement of the lease term, the College recognises finance leases as assets and liabilities in the Statement of Financial Position at the lower of the fair value of the leased items or the present value of the minimum lease payments.

The amount recognised as an asset is depreciated over its useful life.

Operating lease

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term.

r. Funds

Funds are disaggregated and classified as follows (refer also to Note 17):

- General funds
- RACP Foundation funds
- Available-for-sale reserves
- Foreign exchange translation reserves

3. Revenue

	2017 \$	2016 \$
General fund		
Externally funded grants	3,707,316	2,970,787
Registration and workshop fees	1,252,697	1,229,033
Interest and dividend income	1,725,937	1,995,116
(Loss)/Gain on disposal of financial assets	(17,120)	(23,517)
Advertising and publication income	479,193	465,752
Administrative fees and recoveries	330,764	272,376
Other	11,357	56,365
Total other revenue (General fund)	7,490,144	6,965,912

4. Expenses

	2017 \$	2016 \$
General fund		
Rent & outgoing/occupancy cost	2,753,650	2,438,815
Repairs & maintenance	985,656	786,269
Depreciation & amortisation	2,323,746	2,054,525

s. Foreign currency

All foreign currency transactions are shown in Australian dollars.

Foreign currency transactions

Transactions in foreign currencies are initially recorded in functional currency at the exchange rates ruling at the date of transaction. Monetary assets and liabilities denominated in foreign currency are translated at the rate of exchange ruling at balance date. Non-monetary assets and liabilities carried at fair value that are denominated in foreign currencies are translated at the rate prevailing at the date the fair value was determined.

Exchange differences are recognised in profit and loss in the period they occur.

Foreign currency operations

The assets and liabilities of the College's New Zealand operations are translated at the exchange rates prevailing at the reporting date. Income and expense items are translated at the average exchange rate for the period. Exchange differences arising, if any, are recognised in the foreign currency translation reserve.

	2017 \$	2016 \$
Printing, publication & postage	1,801,967	1,782,607
Contract, professional and consulting fees	3,922,552	4,173,042
Bank & investment management fees	752,883	736,281
Web hosting and information technology consumables	528,861	386,430
Insurance expense	108,443	98,772
General office stationery	591,479	442,445
Telephone	215,725	294,146
Training tools, development & delivery	-	24,859
IT hardware and software maintenance and support	1,803,565	1,018,508
Hospital assessment costs (Clinical exams)	582,312	515,922
OTP interview fees paid to Fellows	136,036	144,983
Bad and doubtful debt provision	295,846	480,601
Other expenses	493,893	437,768
Total other expenditure (General fund)	17,296,614	15,815,973

5. Cash and cash equivalents

	2017 \$	2016 \$
Cash at bank and on hand	36,820,058	13,218,032
Short-term deposits with financial institutions	12,585,318	7,794,818
	49,405,376	21,012,850

Restricted funds

Cash and cash equivalents includes \$31,807,314 (2016 \$7,903,177) held by the College for distribution to third parties or for a specific purpose under contractual arrangements with government departments. These funds are not available for general working capital requirements. Unexpended funding at year-end is disclosed in Note 12.

Also included in the balance is RACP Foundation funds of \$1,219,788 (2016 \$819,069). RACP Foundation is not a separate entity but an activity of the College. RACP Foundation monies are part of the College funds. These funds have not been used for the general working capital requirements.

6. Trade and other receivables

	2017 \$	2016 \$
Trade & other debtors	3,835,155	4,779,359
Less: allowance for doubtful debts	(406,154)	(498,075)
Other accrued income	1,139,400	1,160,618
	4,568,401	5,441,902

Allowance for doubtful debts

Opening balance as at 1 January 2017	498,074
Less	
Prior year debts collected	(110,488)
Debts written off against provision	(387,586)
Add provision for 2017 outstanding debts	406,154
	406,154

7. Other current assets

	2017 \$	2016 \$
Prepaid expenses	1,137,973	1,383,130

8. Other financial assets

	2017 \$	2016 \$
Current		
Bank bills & term investments	2,052,489	2,659,048
Available-for-sale financial assets	9,490,645	7,208,483
	11,543,134	9,867,531
Non-current		
Bank bills & term investments	165,951	36,617
Available-for-sale financial assets	76,364,527	76,629,783
	76,530,478	76,666,400

Restricted funds

Bank bills and term investments include \$68,237.65 (2016 \$72,136) for the RACP Foundation. These funds are not available for general working capital requirements.

The current available-for-sale financial assets includes funds for RACP Foundation \$4,494,892 (2016 \$6,108,746) and is not available for general working requirements.

The non-current available-for-sale financial assets also includes funds for RACP Foundation \$42,448,241 (2016 \$41,554,713).

RACP Foundation is not a separate entity but an activity of the College. RACP Foundation financial assets are part of the College funds. These funds have not been used for the general working capital requirements.

9. Property, plant and equipment

Cost	Land & Building \$	Leasehold Improvements \$	Furniture, Fixtures & Fittings \$	Plant & Equipment \$	IT Hardware \$	Total \$
Balance at 31 December 2016	5,632,949	3,633,964	2,241,580	1,183,503	3,977,632	16,669,628
Additions	-	288,411	171,300	107,829	63,058	630,598
Disposals	-	-	-	-	(368,813)	(368,813)
Balance at 31 December 2017	5,632,949	3,922,375	2,412,880	1,291,332	3,671,877	16,931,413

Accumulated depreciation

Balance at 31 December 2016	2,746,794	2,405,477	1,245,419	798,427	3,491,152	10,687,269
Depreciation expense	119,788	640,162	201,003	81,417	289,390	1,331,760
Disposals	-	-	-	-	(368,813)	(368,813)
Forex translation	34,133	-	24,098	2,292	2,337	62,860
Balance at 31 December 2017	2,900,715	3,045,639	1,470,520	882,136	3,414,066	11,713,076

Net carrying amount

at 31 December 2016	2,886,155	1,228,487	996,161	385,076	486,480	5,982,359
2016 Fixed Assets under construction						36,762
						6,019,121
at 31 December 2017	2,732,234	876,736	942,360	409,196	257,811	5,218,337
2017 Fixed Assets under construction						147,623
						5,365,960

10. Intangibles

	2017 \$	2016 \$
Software (Intangibles)	2,843,797	3,835,782
Balance at the beginning of the year	3,835,782	2,232,611
Acquisition		2,223,848
Amortisation	(991,985)	(620,677)
Balance at the end of the year	2,843,797	3,835,782

11. Other non-current assets

	2017 \$	2016 \$
Library		
At cost	1,079,712	1,085,782
Paintings, antiques and historical objects		
At cost	364,072	364,072
Total other non-current assets	1,443,784	1,449,854

12. Trade and other payables

	2017 \$	2016 \$
Trade creditors & other payables	2,712,550	1,658,627
Accruals	5,447,647	5,396,192
Income received in advance for subscriptions and exam fees	14,386,966	12,674,052
Unexpended funds	31,951,765	9,042,877
	54,498,928	28,771,748

13. Provisions

	2017 \$	2016 \$
Current		
Employee entitlements	1,967,629	1,919,348
Total current provisions	1,967,629	1,919,348
Non-current		
Employee entitlements	901,029	716,629
Total non-current provisions	901,029	716,629
	2,868,658	2,635,977

14. Reconciliation of cash

	2017 \$	2016 \$
Net surplus for the year	1,419,150	328,003
Add/(subtract) non-cash items		
Depreciation of property, plant & equipment	2,323,746	2,056,215
Add/(subtract) investing activities		
(Profit)/loss on sale of investments	(201,424)	227,122
Investment distributions re-invested	(3,565,750)	(4,016,251)
Changes in assets and liabilities		
(Increase)/decrease in trade & other debtors	1,085,449	(2,595,450)
Increase/(decrease) in trade & other creditors and accruals	25,843,150	6,587,801
Increase/(decrease) in provisions	237,419	400,965
Net cash provided by operating activities	27,141,740	2,988,405

15. Commitments and contingencies**a. Operating leases**

The College has entered into commercial leases of buildings and office equipment. These leases have an average life of between three and five years with some having a renewal option included in the contracts. There are no restrictions placed upon the lessee upon entering into these leases. The College has provided financial guarantees in respect of leased premises secured by lease deposits.

	2017 \$	2016 \$
Lease expenditure commitments		
Operating leases (non-cancellable)		
Not later than one (1) year	2,552,907	1,813,888
Later than one (1) year & not later than two (2) years	1,938,106	1,099,167
Later than two (2) years & not later than five (5) years	4,657,597	732,120
	9,148,610	3,645,175

b. Capital expenditure commitments

There is no known capital commitment.

c. Contingencies

There are no known contingencies.

d. Events after the Balance Date

There have been no significant events after balance date.

16. Related parties and related party transactions

a. Directors

Directors of the College in office during the year are disclosed in the Corporate information that accompanies these financial statements.

b. Directors' compensation

The Directors act in an honorary capacity and receive no compensation for their services as Directors. During the year travel expenses incurred by the Directors in fulfilling their role were reimbursed to the Directors if not paid directly by the College.

c. Related party transactions

The College provides services and accommodation to a number of Specialty Societies and some provide services back to the College and members of the College may be members of these Societies. During the year the College received \$203,199 (2016 \$176,998) for rent and outgoings from the Specialty Societies.

Members of the Board are Fellows of the College and may be members of Specialty Societies. All transactions of Board members as individual Fellows are on terms applicable to all members of the College. Transactions with Specialty Societies are referred to above.

In-kind services and contributions provided by all members and Specialty Societies, including Board members, are not brought to account in the financial statements as the fair value of such contributions could not be reliably measured.

d. Key management personnel compensation

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the College, directly or indirectly, including any Director of the College.

The aggregate compensation made to key personnel is set out below.

	2017 \$	2016 \$
Total compensation	2,962,122	2,739,606

17. Details of funds

General funds

The amounts held in the general funds are used to finance the operations of the College.

	2017 \$	2016 \$
Balance, 1 January	45,263,502	45,429,257
General fund surplus	623,425	(165,755)
Balance, 31 December	45,886,927	45,263,502

RACP Foundation funds

The amounts held in the RACP Foundation funds reserve are intended for the use of the College in financing awards and grants for research activities in Australia and New Zealand.

	2017 \$	2016 \$
Balance, 1 January	44,316,676	43,822,918
RACP Foundation Fund surplus	795,725	493,758
Balance, 31 December	45,112,401	44,316,676

Reserves

The amounts in the reserves represent the unrealised gains resulting from movements in the fair value of the investment portfolio accounted for as General funds and RACP Foundation funds, and movements in exchange rates.

RACP Foundation is not a separate entity but an activity of the College. Funds accounted for in the RACP Foundation funds reserve are part of the College funds.

18. Limitation of Fellows' liability

The College is a company limited by guarantee; in accordance with the Constitution, the liability of each Fellow in the event of the College being wound up would not exceed \$50.

19. Fundraising

The College holds an authority to fundraise under the *Charitable Fundraising Act 1991* (NSW). The College has disclosed the fundraising income statement below in respect of fundraising activity conducted with non-members. Proceeds from members are not considered to be fundraising activity in accordance with the *Charitable Fundraising Act 1991* (NSW) and therefore not included in the information below.

a. Details of aggregate fundraising income and expense from fundraising appeals (from non-members)

	2017 \$	2016 \$
External sponsorship income	330,180	191,200
Cost of fundraising	(301)	(12,404)
Funds expended for awards	(331,027)	(266,000)
Net Deficit	(1,148)	(87,204)

b. Accounting principles and methods adopted in fundraising accounts

The fundraising financial statements have been prepared on an accrual basis and in accordance with Australian Accounting Standards as per Note 2.

c. Information on fundraising activities

The College has included in the total cost of fundraising the administration expenses of the Fundraising department. The fundraising income only includes contributions made by non-members and hence the expense is prorated between the contributions made by members and non-members.

20. Other information

The registered office and principal place of business is:

145 Macquarie Street
Sydney NSW 2000

Responsible Entities' Declaration

The Responsible Entities of The Royal Australasian College of Physicians declare that:

- 1) The financial statements and notes of the College are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* including;
 - a. giving a true and fair view of its financial position as at 31 December 2017 and of its performance for the financial year ended on that date;
 - b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
- 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.

Signed in accordance with the resolution of the Board of The Royal Australasian College of Physicians.

For and on behalf of the Board.



Catherine Yelland

Director

15 March 2018



Charles Steadman

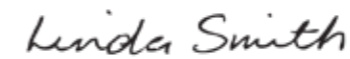
Director

15 March 2018

Declaration by Responsible Member of the Governing Body

I, Linda Smith, the Chief Executive Officer of The Royal Australasian College of Physicians (the College) declare that in my opinion:

- a) The financial statements and notes thereto for the year ended 31 December 2017 give a true and fair view of all income and expenditure of the College with respect to fundraising appeals;
- b) The Statement of Financial Position as at 31 December 2017 gives a true and fair view of the state of affairs with respect to fundraising appeals;
- c) The provisions of the *Charitable Fundraising Act 1991* and the regulations under that Act and the conditions attached to the authority have been complied with; and
- d) The internal controls exercised by the College are appropriate and effective in accounting for all income received.



Sydney, 15 day of March 2018



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Independent Auditor's Report To the Members of The Royal Australasian College of Physicians

Report on the audit of the financial report

Opinion

We have audited the financial report of The Royal Australasian College of Physicians (the "registered entity"), which comprises the statement of financial position as at 31 December 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Responsible Entities' declaration.

In our opinion, the accompanying financial report of The Royal Australasian College of Physicians is in accordance with the requirements of Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 ("ACNC Act"), including:

- a) Giving a true and fair view of the registered entity's financial position as at 31 December 2017 and of its performance for the year ended on that date;
- b) Complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013, and
- c) The financial report gives a true and fair view of the financial result of fundraising appeals of The Royal Australasian College of Physicians for the year ended 31 December 2017, in accordance with the requirements of the Charitable Fundraising Act 1991;
- d) The financial statements and associated records of The Royal Australasian College of Physicians have been properly kept during the year, in all material respects, in accordance with the Charitable Fundraising Act 1991 and its Regulations;
- e) Money received by The Royal Australasian College of Physicians, as a result of fundraising appeals conducted during the year ended 31 December 2017, have been accounted for and applied, in all material aspects, in accordance with the Charitable Fundraising Act 1991 and its Regulations; and
- f) There are reasonable grounds to believe that The Royal Australasian College of Physicians is able to pay its debts as and when they fall due.

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 registered entity in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (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 the Responsible Entities' for the Financial Report

The Responsible Entities of the registered entity 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, the Charitable Fundraising Act 1991 and the Charitable Fundraising Regulation 2015. The Responsible Entities' responsibility also includes such internal control as the Responsible Entities 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 Responsible Entities are responsible for assessing the Registered Entity'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 Responsible Entities either intend to liquidate the Registered Entity or to cease operations, or they have no realistic alternative but to do so.

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 the 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 this 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Responsible Entities.
- Conclude on the appropriateness of the Responsible Entities' 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 registered entity'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 registered entity 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.

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

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance


Sydney, 15 March 2018



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Specialists. Together
EDUCATE ADVOCATE INNOVATE

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