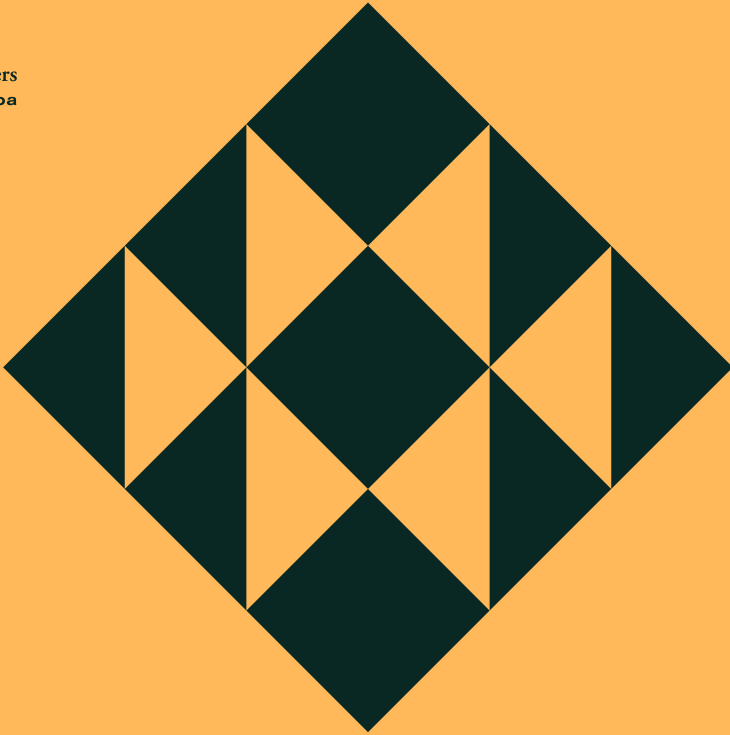


# At the Heart of Support

Annual Report  
2023



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa





**The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa**

New Zealand members of the British College of General Practitioners established a local Council in 1955.

In 1974, it became a separate entity, and in 1979, it was granted provision to use “royal”, becoming The Royal New Zealand College of General Practitioners.

This annual report 2023 relates to the year ending 31 March 2023. Any numbers provided as 2022 comparatives are for the year ending 31 March 2023.

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*Throughout this annual report, I hope you can be proud of the successes that have been achieved by you and your peers.*

*Ko taku tūmanako ka poho kererū koutou i ngā angitu kua whakatutukihia e koutou ko ō koutou hoamahi, ā, ka kitea puta noa i tēnei pūrongo ā-tau.*

Dr Lily Fraser works with Māori patients at Turaki Healthcare, "I have a passion for supporting our people to have good health."





*You are making  
a difference  
to the lives of  
New Zealanders  
daily.*

*Ka hāpai koutou  
i ngā ao  
o ngā tāngata  
o Aotearoa i ia rā.*



Dr Chan Dassanayake  
talks to a patient about  
a healthy diet.





From the Chief Executive's Report – pg 17

*We will continue to highlight the skills, expertise, and compassion that you show every day as you work on the frontline of healthcare in this country.*

*Ka miramira tonu mātou i ngā pūkenga, mātanga, ngākau aroha hoki e whakaatuhia ana e koutou i ia rā ina mahi ana koutou ki te mura o te ahi o te tiaki hauora i roto i tēnei motu.*



Dr Melissa-Jane Austen enjoys helping young people better understand their health.



# He Mihi

## Greetings

Tēnei te tuku atu nei  
i te pūrongo-ā-tau

Ki ngā mema me  
ngā kaihautū o

Te Whare Tohu Rata  
o Aotearoa.

Nō reira, e ngā mana,  
e ngā reo, e rau rangatira mā,

Tēnā koutou, i runga i te āhukatanga  
o tēnei pūrongo.

Kei roto i ngā whārangi  
nei ka kitea, ka rangona

Ngā mahinga i tutuki ai hei  
whakapakari i te kaupapa

Mana hauora taurite  
me te whakapiki i te oranga  
o te tangata

ahakoa ko wai,  
ahakoa nō whea.

Haere ngā mihi,  
haere ngā mate,  
haere ngā kōrero.

Turuturu te kawa

Whakamana te kawa

Ko te kawa ora

Ko te kawa nā wai?

Ko te kawa nā Tangaroa!

Ka pipī ake i raro  
i ōna taranga ...

Eke panuku,  
eke Tangaroa,

Haramai te toki!

Haumia e, hui e ...

*Taiki e!*



## Roles

### Board

Governs the College and sets the direction with Te Rautaki, the Statement of Strategic Intent 2019 – 2024.

**Dr Samantha Murton**  
President and Chair

**Dr Kiriana Bird**  
Te Akoranga a Māui representative

**Dr Joanna Blakey**  
Elected member

**Dr Greg Judkins**  
Elected member  
July 2019 - July 2022

**Dr Karl Cole**  
Elected member  
July 2022 – Current

**Dr Daniel McIntosh**  
Elected member

**Ms Susan Huria**  
Independent Director

**Dr Aniva Lawrence**  
Ex officio — National Advisory Council Chair  
May 2019 – June 2022

**Dr Stephan Lombard**  
Ex officio — National Advisory Council Chair  
June 2022 – Current

**Dr Andrew Morgan**  
Ex officio — Division of Rural Hospital Medicine Chapter Council Chair

**Dr Kerryn Lum**  
Ex officio — Censor in Chief

**Dr Rachel Mackie**  
Ex officio — Board Apprentice  
July 2021 – July 2022

**Dr Geraldine Wilson**  
Ex officio — Board Apprentice  
July 2022 – Current

*Ex officio directors attend Board meetings but do not have any voting rights.  
2022 meetings held in April, May, June, July, September, October, December  
2023 meeting held in February, March*

### Medical Director

Provides clinical advice and guidance on policy and medicolegal issues, and College spokesperson for clinical matters.

**Dr Bryan Betty**  
September 2019 – March 2023

**Dr Luke Bradford**  
April 2023 – Current

### Audit and Risk Committee

Manages organisational risk and monitors the College's financial performance.

**Dr Daniel McIntosh**  
Chair

**Dr Samantha Murton**  
**Dr Joanna Blakey**  
**Ms Susan Huria**

*2022 meetings held in June, September, December | 2023 meeting held in February*

### Remuneration Committee

Sets the remuneration policy and monitors the Chief Executive's key performance indicators.

**Ms Susan Huria**  
Chair

**Dr Samantha Murton**  
**Dr Joanna Blakey**

*2022 meetings held in May, December*

### Research and Education Committee

Considers funding requests for research and education that is of benefit to general practice or rural hospital medicine.

**Dr Nina Bevin**  
Chair  
October 2022 – Current

**Dr Greg Judkins**  
Chair  
September 2020 – July 2022

*2022 meetings held in July, October. | 2023 meeting held in April.*

### Censor in Chief

Awards general practice Fellowship and provides academic governance and Māori and health equity knowledge to the education, training, and assessment areas.

**Dr Kerryn Lum**

### Te Akoranga a Māui — Te Tokowhā

The executive committee of Te Akoranga a Māui, the College's Māori representative group.

**Dr Rachel Mackie**  
Kaihutū | Chair

**Dr Lily Fraser**  
Hekeretari, Kaitiaki Putea |  
Secretary and Treasurer  
May 2015 to May 2022

**Dr Jason Tuho**  
Kaihutū Tuarua |  
Deputy Chair

**Dr Kiriana Bird**  
College Board representative

**Dr Amber-Lea**  
Hekeretari, Kaitiaki Putea |  
Secretary and Treasurer  
May 2022 – Current

---

## General Practice Education Programme (GPEP) Board of Studies

Set national standards for general practice vocational education.

**Dr David Henry**  
Chair

---

## Division of Rural Hospital Medicine Council

The representative governance body for the vocational scope of rural hospital medicine.

**Dr Andrew Morgan**  
Chair

*2022 meetings held in July, November*

---

## Division of Rural Hospital Medicine Board of Studies

Sets national standards for rural hospital doctors' vocational education.

**Dr Munanga (Muna) Mwandila**  
Chair  
*April 2023 – Current*

**Dr Jennifer James**  
Chair  
*July 2021 – April 2023*

*2022 meetings held in September, November*

---

## National Advisory Council

Member representation from each Chapter, Faculty, and Te Akoranga a Māui. The NAC meets quarterly to kōrero local and national member issues, with significant concerns taken to the College Board for consideration. The Board may request their local members to provide input to specific matters under consideration.

**Dr Stephan Lombard**  
Chair, Manawatū Faculty  
*June 2022 – Current*

**Dr Phil Weeks**  
Taranaki Faculty

**Dr Moira Chamberlain**  
Northland Faculty

**Dr Matthew White**  
Hawke's Bay Faculty

**Dr Susan Tutty**  
Auckland Faculty

**Vacant**  
Whanganui Faculty  
*June 2023 – Current*

**Dr Liza Lack**  
Waikato/BoP Faculty  
*September 2022 – Current*

**Dr Sally Talbot**  
Wellington Faculty  
*November 2022 – Current*

---

## National Advisory Council (cont'd)

**Dr Kirsten Tucker**  
Nelson/Marlborough Faculty

**Dr Maree Owen**  
Te Akoranga a Māui  
*March 2022 – April 2022*

**Dr Dermot Coffey**  
Canterbury Faculty  
*June 2023 – Current*

**Dr Tangimoana Habib**  
Waikato/BoP Faculty  
*August 2017 – June 2022*

**Dr Peter Gent**  
Otago Faculty

**Dr David (Buzz) Boothman-Burrell**  
Rural GPs' Chapter  
*November 2019 – June 2022*

**Dr Dayna More**  
Southland Faculty

**Dr Vanisi Prescott**  
Pasifika Chapter  
*June 2023 – Current*

**Dr Stephen Ram**  
DRHM  
*September 2020 – June 2022*

**Dr Sophie Sharpe**  
Registrars' Chapter

**Dr Corinne Glenn**  
Wellington Faculty  
*November 2021 – September 2022*

**Dr Mark Smith**  
Rural GPs' Chapter  
*September 2022 – current*

**Dr Jess Blackwood**  
Te Akoranga a Māui  
*December 2017 – November 2022*

**Dr Alice Tait-Jamieson**  
Te Akoranga a Māui  
*January 2023 – Current*

**Dr Shelley Louw**  
Canterbury  
*August 2019 – 9 March 2023*

**Dr Jordan Gibbs**  
Te Akoranga a Māui  
*June 2023 – Current*

**Dr Aniva Lawrence**  
Chair  
*30 May 2019 – 3 June 2022*

**Vacant**  
DRHM  
*June 2022 – Current*

Pasifika Chapter  
*March 2018 – March 2023*

**Dr Karl Cole**  
Board representative  
*September 2022 – Current*

**Dr Lachlan Smith**  
Whanganui Faculty  
*January 2018 – March 2023*

**Dr Geraldine Wilson**  
Board apprentice  
*November 2022 – Current*

**Dr Daniel McIntosh**  
Board representative  
*September 2021 – June 2022*

**Dr Kiriana Bird**  
Board representative  
*September 2021 – June 2022*

*2022 meetings held in April, June, September, November | 2023 meeting held in March*

---

## Journal of Primary Health Care

The College's peer-reviewed academic journal with research relevant to general practice.

**Prof Felicity Goodyear-Smith**  
Co-editor

**Prof Timothy Stokes**  
Co-editor

Ō tātou  
mēma

## Our members at a glance

**5,862**  
Total members

### Our chapters



**681**  
Rural GPs'  
Chapter

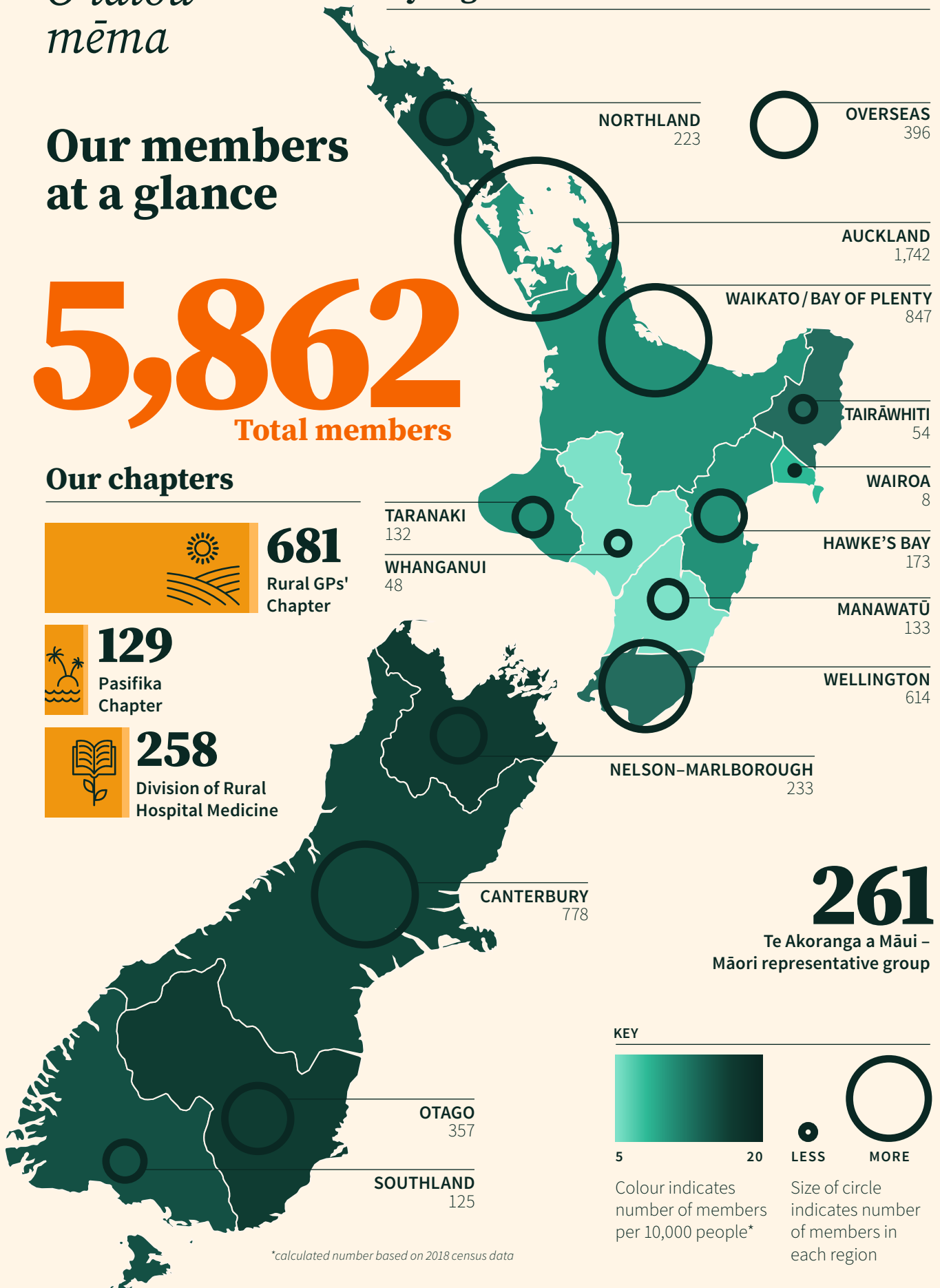


**129**  
Pasifika  
Chapter



**258**  
Division of Rural  
Hospital Medicine

### By region



\*calculated number based on 2018 census data

**261**  
Te Akoranga a Māui –  
Māori representative group

#### KEY



5

20



LESS

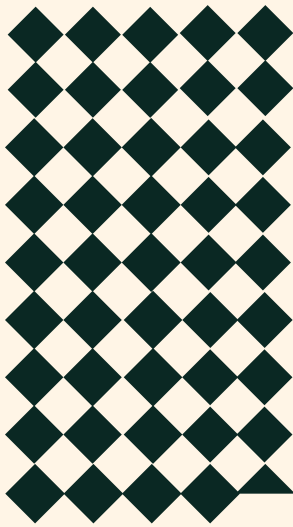
MORE

Colour indicates  
number of members  
per 10,000 people\*

Size of circle  
indicates number  
of members in  
each region



## By gender



Female

**3,118**



Male

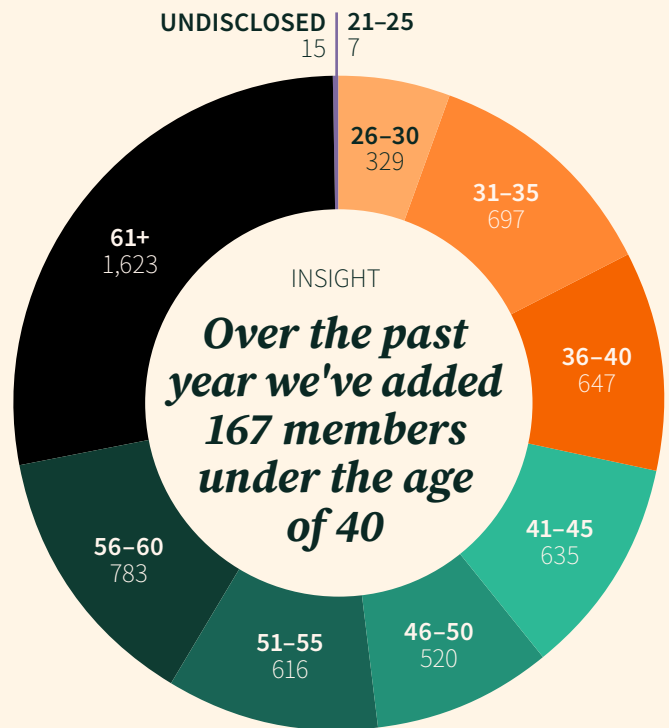
**2,742**



Gender diverse

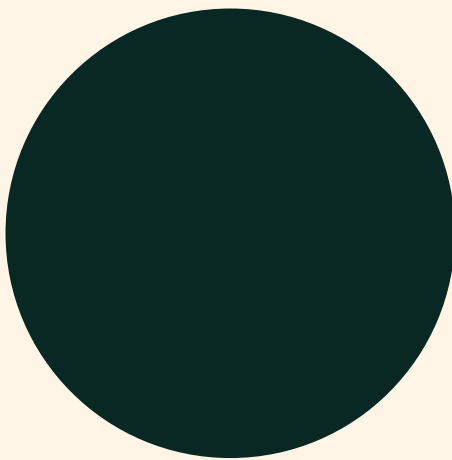
**2**

## By age

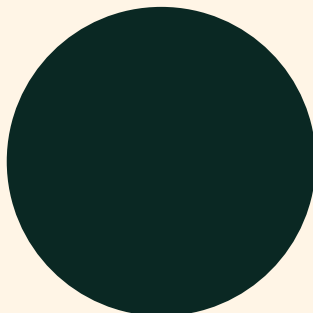


## By ethnicity\*

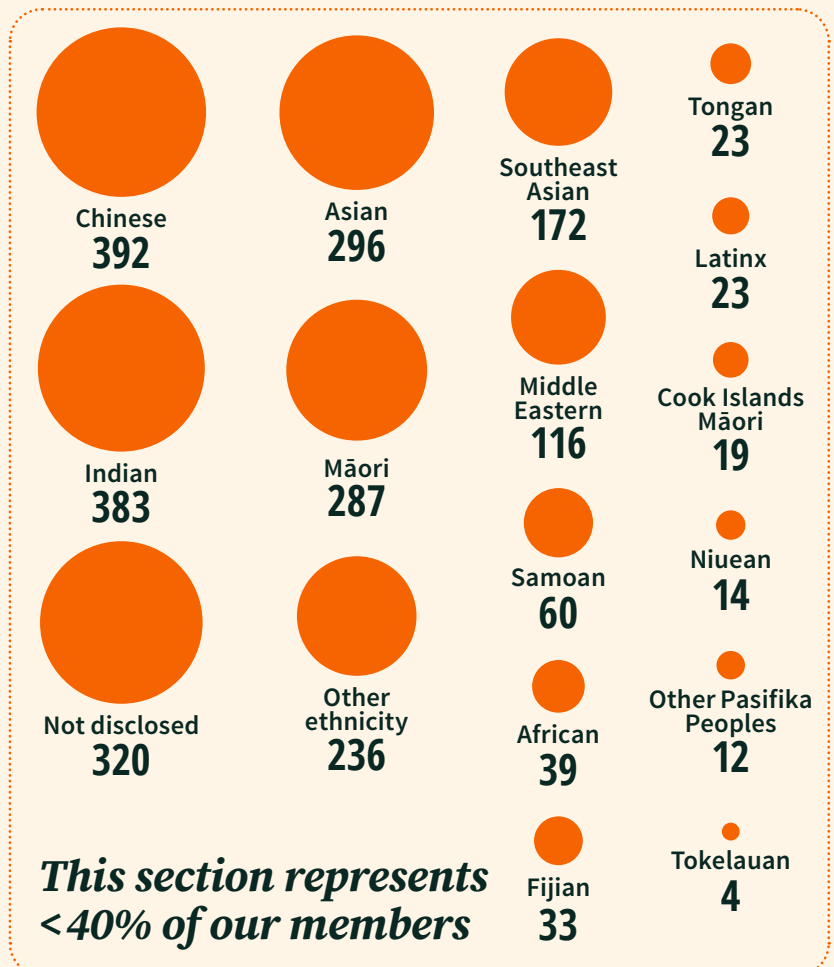
\* Ethnicity sums to more than 100% as members are able to select more than one ethnicity.



NZ European  
**2,619**



European  
**1,116**



# Te Rautaki

## Statement of Strategic Intent

The College's Te Rautaki (*Statement of Strategic Intent*) clarifies our purpose, values and the priority work areas 2019 – 2024.

### Te Kaupapa What we do

We set and maintain education and quality standards and support our members to provide competent, equitable care to their patients.

### Te Aronga Why we do it

To improve health outcomes and reduce health inequities.

### Ngā hua What we're working on



Photo above:  
Delegates at GP22: the  
Conference for General Practice.

#### SUPPORTING OUR MEMBERS

The College represents New Zealand's general practice and rural hospital medicine workforce within our health sector and, internationally, within our professions. We provide a voice for our members, and we enable their views to be shared on issues that matter to them. We will collaborate with similar organisations to share knowledge and innovation.

#### IMPROVING HEALTH EQUITY IN NEW ZEALAND

We're committed to improving training and professional development programmes to ensure that GPs have the capacity and capability to improve Māori health. We are committed to addressing health inequities in all communities and advocating to improve social determinants of health. We are influential in ensuring all our rural members (GPs and rural hospital doctors) can deliver quality primary health care for rural communities.

#### EDUCATION EXCELLENCE

We'll provide world-class vocational training and continuing medical education activities. We are committed to developing a general practice and rural hospital medicine workforce that is agile and future focused.

#### QUALITY GENERAL PRACTICES

It's important for the College to set quality assurance standards for general practice, which includes developing and administering programmes to improve their workplace and clinical systems for the benefit of practices and patients.

#### BECOMING A CONTEMPORARY AND SUSTAINABLE ORGANISATION

We operate in a way that enables staff and members to remain current and adapt to a rapidly changing population and health system.

*Te pūrongo  
o te Tumu  
Whakarae*

## **President's Report**



We have seen a sea change, moving from COVID-19 dominating our lives to the equally dominating change in our health system. Through all this, specialists in general practice and rural hospital medicine have carried an enormous workload. Supporting members in these extraordinary times has also been relentless for the College.

*Kua kitea e mātou kua tino huri te ao mai i te KOWHEORI-19 i tino whakaaweawe ai i ō mātou ao ki te panoni nui taioreore i roto i te pūnaha hauora. I taua wā, i te amo ngā mātanga i roto i te mahi arowhānui me te rongoā hōhipera taiwhenua i te mahi nui rawa atu. Kua kore e oti te whakapaunga kaha a te Kāreti ki te tautoko i ēnei mema i tēnei wā haraki.*

The implementation of the new health reforms came into effect on 1 July 2022, with Te Whatu Ora — Health New Zealand and Te Aka Whai Ora — Māori Health Authority and a legislated focus on primary and community care. Bringing the voice of those providing medical care in the community to the attention of the new entities has been challenging but also enabled by the many colleagues we now have working in these entities.

While we wait for the realisation of localities, regions, and national programmes we have continued to progress issues that are significant to our workforce. The medical director, CEO and I have had an extraordinary number of meetings over the year, on a variety of topics and influenced many decisions.

Three noteworthy successes were:

- a significant uplift in teaching hours for our practice supervisors from one and a half to four hours a week
- pay parity for registrars entering general practice vocational training
- payment for hosting PGY1 and PGY2 trainees in practice.

Although these changes may seem small, and as stated at the time “are just the beginning”, they are some of the more significant investments in the vocation of general practice we have seen in many years.

Our workforce survey once again highlighted the many struggles that we face and the survey’s results have been presented to the Minister of Health and many others. With Minister Verrall taking on the role in February we have had several opportunities to meet and discuss solutions for the difficulties we all face and the looming workforce crisis.

Telehealth emerged as a solution to maintaining patient care as part of our COVID-19 response and is now an established part of community medicine. The College issued a position statement on specialist GP telehealth consultations that included analysis of the benefits for Māori patients, whānau, and specialist GPs. This type of analysis is typical of the College’s policy and advocacy work, considering how initiatives impact on equitable outcomes for Māori and contribute towards meeting Te Tiriti o Waitangi commitments.

*Ka whakamanahia te whakatinanatanga o ngā whakahou hauora hou i te 1 o Hūrae 2022, arā, ko Te Whatu Ora — Health New Zealand me Te Aka Whai Ora — Māori Health Authority me tētahi arotahi ā-ture ki te tiaki mātāmua, hāpori hoki. He tino wero te hari i ngā reo o te hunga e whakarato ana i te tiaki rongoā i roto i te hāpori ki ngā hinonga hou, engari kua whakamanahia e ngā hoamahi maha e mahi ana i roto i aua hinonga i tēnei wā.*

*I a mātou e tatari ana mō te putanga mai o ngā hōtaka ā-wāhi, ā-rohe, ā-motu hoki kua whakawhanake tonu i ngā take e hira ana ki tō mātou rāngaimahi. He maha rawa atu ngā hui i waenganui i a mātou ko te kaiwhakahaere rongoā me te CEO i roto i te tau mō te huhua o ngā kaupapa me te whakaaweawe i ngā whakataunga maha.*

*E toru ngā angitu hira:*

*He pikinga nui o ngā hāora whakaako mō ngā kaitiro mahi, mai i te hāora kotahi me te hāwhe ki ngā hāora e whā i ia wiki*

*He ōritetanga utu whiwhinga mō ngā rēhita e uru ana ki te whakangungu ringarehe mahi arowhānui*

*He utu ki te manaaki i ngā pia PGY1 me PGY2 i roto i te mahi.*

*Ahako he iti ēnei panoni, ā, pērā i te kōrero i taua wā “he tīmatanga noa”, koinā ētahi o ngā whakangao hira i roto i te ringarehe o te mahi arowhānui kua kitea e mātou mō ngā tau maha.*

*I miramira anō tā mātou uiuinga rāngaimahi i ngā taumahatanga maha kei mua i te aroaro, ā, kua tukuna ngā hua o te uiuinga ki te Minita Hauora me te maha noa atu o ētahi atu tāngata. I te kopoutanga o Minita Verrall ki te tūnga i Pēpuere kua whai wā mātou ki te tūtaki atu me te kōrerorero mō ngā whakatikatika mō ngā uauatanga kei mua i te aroaro me te mōrearea rāngaimahi e heke mai ana.*

*Ka puta hei whakatikatika ko te toronga ā-waea (telehealth) kia haere tonu te tiaki tūroro hei wāhanga o tā matou urupare Kowheori-19, ā, ināianei he mea pūmau i roto i te rongoā ā-hāpori. I tuku te Kāreti i te tauākī whakapae mō ngā toronga ā-waea GP mātanga, kei roto ko te tātari i ngā painga mō ngā tūroro Māori, mō ngā whānau me ngā GP mātanga. He māori tonu te momo tātari nei i roto i te mahi kaupapahere, mahi kōkiri hoki a te Kāreti, e whakaaro ana he pēhea e whakaaweawe ai ngā kaupapa ki ngā putanga matatika mō ngāi Māori me te tautoko kia ea ngā herenga o Te Tiriti o Waitangi.*

Our Board has continued to work well together. Susan Huria accepted a further three-year term as our independent director, Dr Karl Cole from Auckland was elected as a member, and Dr Geraldine Wilson from Christchurch became our newest Board Apprentice. I would like to thank Dr Greg Judkins for his term on the Board, which ended in July 2022.

The team working behind the scenes, the College staff, has once again shown their dedication to our members. They support us all in one way or another and I thank them for the work that they do to keep us informed and connected.

Finally, a thank you to you. It has been another busy year with not a lot of reward. While we did have some positive news with the announcement of more funding going into GP training, which is fantastic, it is only the beginning.

Your dedication to your patients, communities, peers, and our workforce is appreciated by the 4.9 million New Zealanders who are enrolled with a general practice. With 90 percent of health needs being addressed first in primary care, our knowledge, expertise, and the level of care we provide makes a difference every day to the lives of New Zealanders.

Kia kaha,

**Dr Samantha Murton**

MNZM, FRNZCGP (Dist.),  
PGDipGP, FAcadMEd, MBChB

President | *Te Tumu Whakarae* ◆

*He pai tonu te mahi tahi a tō mātou Poari. I whakaae a Susan Huria i te wā toru tau anō hei kaiwhakahaere motuhake, ka pōtitia a Dr Karl Cole nō Tāmākimakaurau hei mema, ā, ka kopoua a Dr Geraldine Wilson nō Ōtautahi hei Pia Poari hou rawa atu. Kei te hiahia au ki te mihi ki a Dr Greg Judkins mō te wā i noho ia ki te Poari, i oti ai i te Hūrae 2022.*

*Kua whakaatu anō te tira e mahi ana ki muri, arā ngā kaimahi a te Kāreti, i tōna manawanui ki ō mātou mema. He huhua ngā ara e tautoko ai rātou i a mātou, ā, ka mihi au ki a rātou mō ā rātou mahi kia whaimōhiotia, kia tūhonoa hoki mātou.*

*Ka mutu, he mihi nui ki a koutou. He tau whakapau kaha engari he iti te momoho. Ahakoa he rongō kōrero pai i te whakapuakitanga ka nui ake te pūtea e tukuna ana kia whakangungu GP, he whakamīharo tērā, engari he tīmatanga noa iho.*

*E whakamaiohatia tō koutou manawanui ki ō koutou tūroro, ō koutou hapori, ō koutou hoamahi, me tō mātou rāngaimahi e ngā 4.9 miriona tāngata nō Aotearoa kua whakaurua ki tētahi whare haumanu arowhānui. E 90 ōrau ngā matea hauora e uruparetia tuatahitia ana i roto i te tiaki mātāmua, nā reira, ā, me te aha, i ia rā ko ō mātou mātauranga, ō mātou pūkenga, me te taumata tiaki e whakaratoa nei e tātou he painga mō ngā ao o ngā tāngata o Aotearoa.*

Kia kaha,



*Te Pūrongo o  
Te Tumuaki  
Whakahaere*

## **Chief Executive's Report**



Over the past year there has, rightly so, been considerable concern raised about and many discussions had on the challenging state of the specialist GP and rural hospital workforce. Pleasingly we have had some wins that are worth celebrating and it is important that we do so.

*I roto i te tau kua pahure, kua whakarewahia, ā, e tika ana, he āwangawanga nui mō te āhua o te rāngaimahi mātanga GP me te hōhipera taiwhenua, ā, kua tino kōrerorerotia. Ko te mea pai kua wikitōria mātou i ētahi wā, ā, e tika ana kia whakanuitia, ā, he mea nui kia pērā tātou.*

We have spent a lot of time advocating on your behalf. We took three ‘ready to implement’ solutions to then Health Minister Andrew Little that would reduce the registrar pay gap, as well as relieve a little of the monetary pressures on practices and those teaching our GP registrars. We were delighted to have these initiatives accepted and introduced for our 2023 cohort.

I acknowledge that there is still a long way to go. We continue to offer practical solutions that are a mix of short-, medium-, and long-term initiatives that will significantly and positively impact your daily work, as well as encourage the next generation of GPs and rural hospital doctors into the workforce.

Improving health equity flows through all the College’s work and our He Rautaki Māori. This year we increased culturally safe practice and cultural capability of our medical educator and assessor workforce by collaborating with the University of Otago, Department of Māori Indigenous Health Innovation Canterbury team to create a bespoke ‘MIHI500’ certification course.

178 new GPEP registrars were welcomed onto the programme in February 2023 at a two-day Te Ahunga held across the motu at 13 different marae. This was the third year we’ve run Te Ahunga in this format, and it’s been great to see it evolve and improve each year.

Our He Rautaki Māori aims to increase the number of Māori Fellows in education roles. This year I was delighted to see further appointments made of Māori Fellows into key roles of Chief Clinical Examiner, Censor, Assessor, as well as increasing the number of Māori Medical Educators.

Within the College, we have delivered significant projects that will enable more effective and efficient engagement when it comes to meeting College and Medical Council of New Zealand requirements.

Te Whanake, the refreshed Continuing Professional Development programme, was launched in October 2022 and is more intuitive and easier to navigate. Enabling access via your phone or tablet ensures progress can be tracked and activities added on-the-go.

*Kua tino whakapau wā mātou hei kōkiri mā koutou. I haria mai e mātou ko ngā whakatikatika ‘kua rite kia whakatinanatia’ ki te Minita Hauora o taua wā, ko Andrew Little e whakaiti ai i te āputa utu ā-rēhita, e āhua whakamāmā ai hoki i ngā pēhanga moni ki runga i ngā whare haumanu, ki runga hoki i ērā e whakaako ana i ā mātou rēhita GP. Harikoa ana mātou i te whakaaetanga o ēnei kaupapa me te whakaurunga hoki mō tō mātou rōpū o 2023.*

*E whakaae ana au he roa rawa te haere e toe ana. E tāpae tonu ana mātou i ngā whakatika whitake; he ranunga kaupapa wā poto, wā waenga, wā roa hoki e nui ai, e pai ai hoki te pānga o ō koutou mahi o ia rā, tae atu ki te whakatenatena i te whakatipuranga hou o ngā GP me ngā rata hōhipera taiwhenua ki roto ki te rāngaimahi.*

*Te whakapiki i ngā rerenga matatika hauora puta noa i ngā mahi katoa a te Kāreti me tō tātou Rautaki Māori. I tēnei tau i whakapiki mātou i ngā tikanga haumarū ahurea me te āhei ahurea o tō mātou rāngaimahi whakaako me te aromatawai rongoā mā te mahi tahi me te tīma Aronga Hou Hauora Taketake Māori o Waitaha i te Whare Wānanga o Ōtākou ki te waihanga i tētahi akoranga motuhake whai tiwhikete ‘MIHI500’.*

*179 ngā rēhita hou i whakatauhia ki te hōtaka i te Pēpuere o 2023 i tētahi hui e kiia nei ko Te Ahunga e rua rā tōna roanga, ā, i whakahaerehia ai puta noa i te motu ki ngā marae rerekē 13. Koinei te tau tuatoru kua whakahaerehia pēneitia Te Ahunga, ā, he rawe kia kite i tōna kunenga me tōna whakapikinga i ia tau.*

*Ko te whāinga o tā mātou Rautaki Māori ko te whakapiki i te tokomaha o ngā Autaia Māori i roto i ngā tūnga akoranga. Hīkaka ana au i tēnei tau kia kite i ngā kopoutanga anō o ngā Autaia Māori ki ngā tūnga matua pērā i te Kaiwhakamātautau Haumanu Matua, i te Kairāhui, i te Kaiaromatawai, i te tokomaha ake hoki o ngā Kaiwhakaako Rongoā Māori.*

*I roto i te Kāreti, kua whakarato mātou i ngā kaupapa hira e āhei ai i te whai wāhitanga whitake me te whāomo nui ake e pā ana ki te ea o ngā herenga a te Kāreti me te Kaunihera Rata o Aotearoa.*

*I whakarewahia e Te Whanake te hōtaka Ako Ngaiotanga e Haere Tonu Ana (Continuing Professional Development programme), i te Ōketopa 2022, ā, he mārāma ake, he ngāwari ake hoki te whakaterere. Nā te whakahohe i te uru atu mā tō waea, tō papahiko rānei e whakatūturu nei ka taea te haurapa te kauneke, ka taea hoki te tāpiri atu ngā ngohe i te wā mataora.*

The launch of our new-look website puts all the essential information about the College at the fingertips of our members and the public. Those wanting to join as a registrar can more clearly see what it means to study with us, which is one way to encourage more admissions into our specialist GP and rural hospital doctor training programmes.

Our 2022 conference in Ōtautahi Christchurch demonstrated how much dedication and commitment there is amongst our members to improving health outcomes for New Zealanders. The workshops, discussions, debates, and networking that came from the comprehensive and focused programme once again showed why this event is a highlight of the year.

Behind the scenes, the College team of around 70 people has worked incredibly hard to support you all through whichever stage in your journey you are at — new applicant, registrar, Fellow, and beyond. We are all keenly aware of the pressures you are under, and our priority is ensuring we are available to provide relevant, timely, and efficient support and guidance.

Throughout this annual report, I hope you can be proud of the successes that have been achieved by you and your peers. You are making a difference to the lives of New Zealanders daily. We will continue to highlight the skills, expertise, and compassion that you show every day as you work on the frontline of healthcare in this country.

## Lynne Hayman

CA, B.BUS

Chief Executive | *Tumu Whakahaere* ♦

*Mā te whakarewa o tā mātou pae tukutuku hou te āhua e tata ai ngā mōhihio waiwai katoa mō te Kāreti ki ngā matimati o ā mātou mema me te hunga tūmatanui. Ka mārama ake ki te hunga e hiahia ana ki te tūhono hei rēhita he aha te tikanga o te ako i tō mātou taha. Koinā tētahi ara ki te whakatenatena i ngā urunga anō ki ā mātou hōtaka whakangungu GP mātanga me ngā rata hōhipera taiwhenua.*

*I whakaatu tā mātou hui i Ōtautahi i te ngākau titikaha me te manawanui o ā mātou mema ki te whakapiki i ngā hua hauora mō ngā tāngata o Aotearoa. I whakaatu anō ngā awheawhe, ngā kōrerorero, ngā taupatupatu, me te tūhonotanga i puta mai i te hōtaka whānui, arotahi hoki, te take e noho ana tēnei hei kaupapa hira mō te tau.*

*I whakapau kaha te hāpai o ki muri, te tira Kāreti o ngā tāngata āhua 70, ki te tautoko i a koutou katoa ahakoa kei tēhea wāhanga o tō haerenga koe — kaitono hou, rēhita, Autaia, ā, ki tua atu rānei. E tino mōhio ana mātou katoa ki ngā pēhanga kei runga i a koutou, ā, ko tā mātou tino whāinga kia tukuna ki a koutou, i te wā tika, he tautoko me te ārahi whāomo, e hāngai ana hoki.*

*Ko taku tūmanako ka poho kererū koutou i ngā angitu kua whakatutukihia e koutou ko o koutou hoamahi, ā, ka kitea puta noa i tēnei pūrongo ā-tau. Ka hāpai koutou i ngā ao o ngā tāngata o Aotearoa i ia rā. Ka miramira tonu mātou i ngā pūkenga, mātanga, ngākau aroha hoki e whakaatuhia ana e koutou i ia rā ina mahi ana koutou ki te mura o te ahi o te tiaki hauora i roto i tēnei motu.*

# Hei Manaaki Rata

## Supporting our members

The College represents New Zealand's general practice and rural hospital medical workforce within our health sector and, internationally, within our professions.

We provide a voice for our members, and we enable their views to be shared on issues that matter to them. We collaborate with similar organisations to share knowledge and innovation.

### WE NEED ACTION: SPECIALIST GPs ARE WORTH THE INVESTMENT

When the College asked members to tell us about themselves for the 2022 Workforce Survey, 3,488 answered the call, a 70 percent survey response rate. Our biennial survey gathers data and trend information on retirement, income, employment status, working hours, and demographics.

Results of the 2022 Workforce Survey were sobering, highlighting a workforce that feels more burnt-out, overworked, under pressure, and under-valued than ever before.

### Our members\* told us:



~1/3

Nearly **one third** of GPs would **not** recommend general practice as a career



64%

64% of specialist GPs intend to **retire** by 2032



79% SOME BURNOUT  
48% HIGH BURNOUT

79% reported **some level of burnout** with 48% reporting **high levels** (up from 31 percent in the 2020 Workforce Survey)

**The most significant barriers to recruitment and retention relate to the current working conditions that lead to burnout.**

\*respondents to the survey

*Results of the 2022 Workforce Survey were sobering, highlighting a workforce that feels more burnt-out, overworked, under pressure, and under-valued than ever before.*

The College President Dr Samantha Murton fronted the survey results to the media saying, “we are at a tipping point, and it is every New Zealander who suffers when there are fewer GPs and rural hospital doctors due to low numbers being trained as specialist GPs, and more leaving the profession due to retirement and burnout.”

“While we were pleased to see positive progress last year with an increase in funding for GP training, we need to see more tangible actions in this year’s Budget as well as urgent action to support and value the GP workforce.”

Photo right:  
Dr Chan Dassanayake and  
Dr Alvin Mitikulena.





## EXTRA FUNDING A HUGE WIN FOR STRETCHED GP WORKFORCE

We are unashamedly a membership organisation. Advocating for our members is a big part of what we're here for, whether that be for more resources or support to train more GPs.

The College has long been advocating for solutions to mitigate the specialist GP workforce shortage. In October 2022 we were delighted the Government agreed to fund three initiatives developed by the College.

Dr Murton said the extra funding recognises the hard work that goes into training our next generation of specialist GPs.

“Growing our general practitioner workforce is essential to providing complex medical care in the community and needs to happen to ease the pressure on our current specialist GPs.”

“These positive steps provide some immediate support to the sector but there is more that needs to be done. In New Zealand, 90 percent of medical care happens in the community and if that workforce is not strengthened, we will continue to see other parts of the health system overwhelmed at much higher cost,” Dr Murton said.

## BURNOUT: LET'S UNDERSTAND IT AND FIND SOLUTIONS

To further understand the causes of burnout and how it might be addressed, the College facilitated an online discussion with members. We used Polis, a digital tool designed to gather open-ended feedback from large groups.

Over 600 members engaged with Polis over a period of four weeks, at a time when workloads were peaking.

By allowing participants to add their own statements about an issue for others to ‘vote’ on (agree, disagree or pass), it combined qualitative and quantitative methodologies, and is well suited to finding areas of common ground while also identifying differences of opinion.

The findings provided a depth and breadth of data and information about GP burnout and generated tangible solutions, which have already informed health sector reforms and College advocacy.

### Three initiatives to alleviate a stretched GP workforce

FROM JANUARY 2023:

- 1** First-year College-employed GP registrars will **receive increased salaries** to bring them more into alignment with what other specialist registrars get paid.
- 2** Specialist GPs undertaking on-the-job training of registrars will **receive more funded teaching time** to dedicate to first-year registrars.
- 3** General practices hosting post-graduate doctors undertaking community-based attachments will **receive a weekly hosting fee**.

BELOW ARE TWO HIGHLY AGREED ON STATEMENTS WITH SOLUTIONS FOR BURNOUT:



“To reduce burnout, we need to **allocate real time** for all the jobs done in a day: inboxes, tasks, phone calls, claiming, emails, portals, CME, service improvement, etc.”



“Good colleagues and a good **practice culture** help to protect us from burnout.”



### **CORONER'S REPORTS – GP EFFORT NOW BEING PAID**

Over many years, the College has worked with other sector colleagues to highlight the unfairness in legislation that saw general practitioners not being paid for producing coroner's reports. As a result of relentless and co-operative advocacy from 1 July 2022, GPs in private practice began being paid for writing coroners reports.

### **WAIKATO PILOT FOR NZREX DOCTORS**

The College was happy to participate in the planning phases of a pilot currently underway in the Waikato region for NZREX doctors. The selected doctors on the pilot are spending 50 percent of their 24 months of PGY1 and PGY2 years working in general practice. At the conclusion of the pilot the College will be very keen to see these doctors apply for the GPEP vocational training programme.

### **WE SUPPORTED OUR MEMBERS THROUGH CYCLONE GABRIELLE**

In February 2023, Cyclone Gabrielle caused extensive damage to Aotearoa's North Island. Members working in affected areas had challenging times trying to juggle looking after their own families, while continuing to provide care to their communities.

To help give members in these areas a break, the College called on members around the motu who would be willing to temporarily relocate and lend a helping hand. The number of responses was heart-warming. The College partnered with NZ Locums, a division of Hauora Taiwhenua, to help coordinate support on behalf of Te Whatu Ora and Te Aka Whai Ora to help rural hospitals and practices.

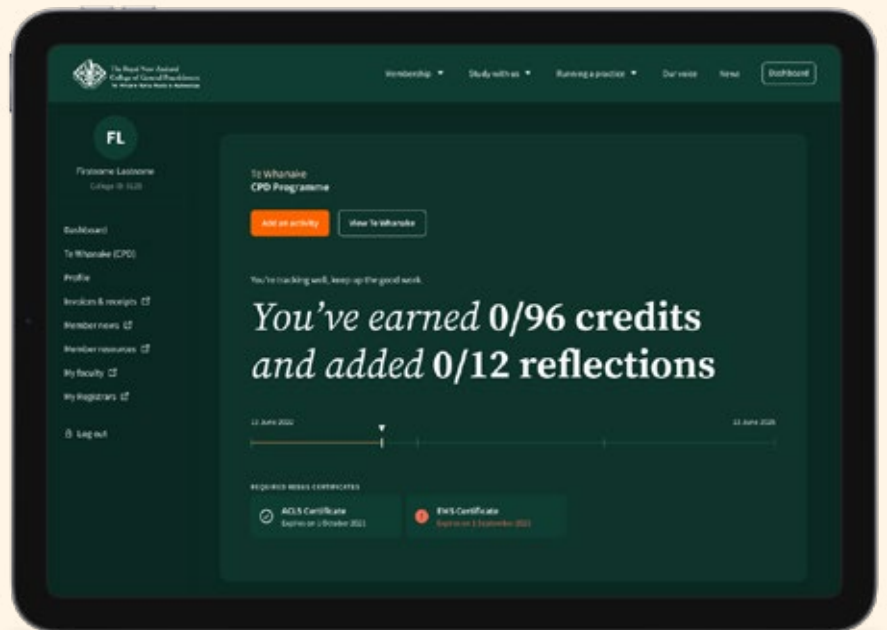
Photo above:  
Cyclone Gabrielle caused extensive damage to Aotearoa's north island in February 2023. Crown Copyright 2023, New Zealand Defence Force. Licenced under Creative Commons BY 4.0.

*“The new format of Te Whanake is so straightforward and streamlined.”*

— Fellow, Northland

*“Te Whanake is easy to use, much better than the previous recording process. Congratulations and well done.”*

— Fellow, Auckland



## A NEW WAY FOR MEMBERS TO RECORD CONTINUING PROFESSIONAL DEVELOPMENT

October 2022 saw the launch of Te Whanake, the College's refreshed Continuing Professional Development (CPD) programme and learning platform designed to help members keep their professional development goals on track, no matter where or how they choose to learn.

As the Medical Council of New Zealand had updated their recertification requirements, we took this opportunity to launch our new CPD programme. We wanted to support our time-poor members with a relevant, efficient, and flexible platform to record their CPD activities. This is a compulsory requirement for members so we wanted it to be a positive experience.

The College worked with interested members throughout the project, getting valuable feedback to make sure that the changes were fit for purpose.

Te Whanake is:

- easier to navigate
- accessible via a phone at any time — members can record things where and when they need to rather than waiting until they're at a desktop
- clear and easy to follow, with greater transparency for due dates of activities.



### FAREWELL AND THANK YOU TO COLLEGE MEDICAL DIRECTOR DR BRYAN BETTY

Dr Bryan Betty took on the College's medical director role in August 2019, just a few months shy of COVID-19 hitting the shores of Aotearoa. During his three and half years in the role, Dr Betty fronted the media for many interviews on a range of topics including rheumatic fever, type 2 diabetes, and COVID-19. In June 2022, Bryan was appointed an Officer of the New Zealand Order of Merit (ONZM) in the 2022 Queen's Birthday and Platinum Jubilee Honours List. Bryan finished in the Medical Director's role in March 2023.

### WELCOME TO NEW MEDICAL DIRECTOR DR LUKE BRADFORD

We were delighted to welcome Dr Luke Bradford of Tauranga who commenced as our new Medical Director from April 2023.

*“Bryan has worked tirelessly, and his work has not gone unnoticed. I'm very grateful for him to have had the strength and the courage to stand up and do this very difficult and often thankless job.”*

— Fellow, Lower Hutt

## College mentions in the media

2022		1,988
2023		<b>1,544</b>

WE DEVELOPED  
THREE POSITION  
STATEMENTS:

**Gender pay equity**

**Specialist GP telehealth consultations**

**Nurse practitioners' contribution to general practice teams**

## We collaborate with sector organisations to advocate for better outcomes for our members

GP Leaders Forum  
(includes GPNZ, GenPro, Hauroa Taiwhenua, Primary Care nurses, PMAANZ)

Primary Care Caucus (includes GenPro, Hauroa Taiwhenua), to appoint the PSAAP negotiators on behalf of general practice

Council of Medical Colleges  
(17 New Zealand and Australasian medical Colleges)

## Your voice contributed to

# 55

SUBMISSIONS

made to government, agencies and decision makers

### MEMBER BENEFITS

#### — ACCESS TO MCGRAW HILL MEDICAL

In June 2022, the College purchased a subscription to McGraw Hill Medical (an online learning resource of medical articles) for members to access current and useful resources. This is in addition to the discount app. Usage of the discount app suggests our members enjoy getting discounts on home improvement supplies, appliances, and stationery.

#### WE AWARDED \$59,700 TO RESEARCH PROJECTS THAT BENEFITTED GENERAL PRACTICE

Each year the College's Research and Education Committee (REC) receives applications for funding towards research and education that benefits general practitioners and rural hospital doctors. During 2022 there were four successful applicants.

Dr Rory Miller was awarded \$13,000 for research to determine whether there are differences in the access to quality care (investigations and treatment) or outcomes for patients that present with ACS and live in rural or remote areas, compared to those that live in urban centres of New Zealand.

Dr Jeremy Baker was awarded \$11,450 for his research titled Community Response to Trauma in the 21st Century. This PhD research focusses on what community responses might contribute to improved individual and collective recoveries in current and future circumstances.

Dr Lynn McBain was awarded \$6,250 for a project investigating the introduction of HPV testing for cervical cancer.

Dr Katie McMenamin was awarded \$29,000 for a sector analysis of the needs of transgender adults, youth and parents of transgender children within primary healthcare services.

#### WE HOSTED OUR ANNUAL CONFERENCE

In July 2022, over 600 GPs, rural hospital doctors, and other health professionals headed to Christchurch to the College's annual conference at the newly opened Te Pae Convention Centre. Highlights from GP22: The Conference for General Practice included keynote speaker John Campbell, who captured the audience with his talk on the art of unravelling stories without unravelling yourself; Sir Ashley Bloomfield being recognised as an Honorary College Fellow; and, of course, the Fellowship and Awards Ceremony.

*He Whakapiki  
i te Mana  
Hauora Taurite*

## **Improving health equity in New Zealand**

We are committed to improving training and professional development programmes to ensure that members have the capacity and capability to improve Māori health. We're committed to addressing health inequities in all communities and advocating to improve social determinants of health. We're influential in ensuring all our rural members (GPs and rural hospital doctors) can deliver quality primary health care for rural communities.

Equity is central to what we do: setting and maintaining education and quality standards and support so our members can provide clinically competent, culturally safe equitable care. Improving health equity is at the heart of our strategy, and the priority focus that informs all our work.

We've highlighted four projects here that are central to this commitment.

Photo next page: At the start of each year, the College welcomes its new GPEP registrars onto the programme through a two-day Te Ahunga held at a marae. The event gives registrars an understanding of the importance of indigenous health and equity, and the positive effect a GP can have on the health transformation of their community.



2023 Participants' comments included:

*I found the welcome, collegiality and sense of open learning created a real sense of arohanui. Well done all involved, and I'm very grateful for the opportunity.*

*Very helpful for greater understanding of the concepts introduced in the Meihana model.*

*Good content. Bringing an actor in and stopping intermittently to discuss was excellent and great to have a practice example. The other facilitators writing on the white board at the same time was great too.*



## INCREASING CULTURALLY SAFE PRACTICE AND AND CULTURAL CAPABILITY

The College has invested in training to increase the cultural safety and capability of our medical educator and assessor workforces through the ongoing delivery of MIHI 501 and Te Whakapūmau which is funded by Te Whatu Ora.

The MIHI team at The University of Otago (Christchurch) are award-winning medical educators who teach Hauora Māori to both undergraduate medical students, and more recently to post graduate students. The MIHI team have developed and now deliver MIHI 501, a postgraduate course to a range of medical professionals.

In collaboration with the MIHI team, our Hauora Māori Medical Educator and Pou Whirinaki, Dr Maia Melbourne-Wilcox, has led the development and implementation of a training programme that is focused on general practice and practitioners. Dr Melbourne-Wilcox also worked on the 2021 curriculum review for GPEP and has an integral role with the content and delivery of Te Ahunga, our Hauora Māori training for GPEP year 1 registrars.

The College has combined the online modules of MIHI 501 with Te Whakapūmau, a purpose-built Wānanga (in-person training day) that is specific to GPs and the primary care setting.

Te Whakapūmau was created with the support of MIHI and complements the online modules. We launched this training programme in October 2022 with the first Te Whakapūmau held in January 2023. Two of the College's senior Hauora Māori Medical Educators, Dr Kiriana Bird and Dr Katrina Kirikino-Cox, delivered the inaugural Te Whakapūmau sessions with Dr Maia Melbourne-Wilcox.

Te Whakapūmau covers aspects of the history of Aotearoa and the role that colonisation plays with regards to Māori health outcomes. It also explores the Hui Process (way of connecting and engaging with Māori patients) and the Meihana Model (way to take a clinical history that builds on Sir Mason Durie's Whare Tapa Whā and includes exploring important determinants of health).

Given the limited capacity and logistics of running a face-to-face session, the course was initially offered to particular groups within the College. These included Te Akoranga a Māui members, Fellowship assessors and censors, and those involved in teaching GPEP registrars (Medical Educators and Lead Medical Educators).

The first programme was a great success, and subsequent courses are scheduled for 2023.



### DEVELOPING OUR PASIFIKA STRATEGY

Members of the Pasifika Chapter came together in May 2022 to develop a strategy that reflected their vision for improving health equity for Pacific people and communities. The vision is for equitable outcomes, healthy communities, increased representation within the GP workforce, and resilient communities.

The vision is grounded in Pasifika values, identified through discussion and validated across the wider membership using a sentiment analysis survey. They are: community, family, trust empowerment, and well-being.

Goals and actions that spring from the strategy include formalising the Ta'okete model for mentoring; a mentor/mentee model designed to bring values of community and trust to life.

Working on the strategy created the opportunity to develop a visual roadmap for the Pasifika Chapter that reflects its identity within the College.

Photo above: Porirua Union and Community Health Centre in Cannon's Creek serves a diverse population, including over 3,000 Pasifika patients.





## MORE MĀORI FELLOWS IN EDUCATION ROLES

Our Rautaki Māori, He Ihu Waka, He Ihu Whenua, He Ihu Tangata has an outcome goal to increase the number of Māori Fellows in College Education Roles. In the year to March 2023, we were pleased to appoint Māori Fellows into three key education roles:

Dr Jethro Le Roy was appointed to the chief clinical examiner role to lead the management and delivery of the annual GPEP clinical examinations

Dr Rachel Thomson was appointed to the censor role to review Fellowship assessment documents and provide decisions

Dr Jason Tuhoe was appointed to the assessor role to run Fellowship assessment visits

We also increased the number of Māori Fellows in several other College education roles:

Dr Maira Patu, Dr Claire Coddington, and Dr Wiki Gillespie joined the team of medical educators delivering Te Ahunga to registrars

Dr Lily Fraser became a MIHI500 Hauora Māori Medical Educator

Dr Maia Melbourne-Wilcox, Dr Nina Bevin, and Dr Alison Tait-Jamieson joined the team of examiners

## TE AHUNGA WELCOMES GPEP REGISTRARS FOR THE THIRD YEAR RUNNING

We welcomed 178 new GPEP registrars onto the programme in February 2023 with our two-day Te Ahunga held at 13 Marae across Aotearoa. Te Ahunga ensures that doctors starting on their careers in general practice understand the importance of indigenous health and equity from the outset.

Speakers from local Marae and Māori communities share the historical significance of the area, with Fellows of the College delivering education on the Meihana Model and the Hui process in the general practice environment. This enables registrars to become grounded at the beginning of the programme and helps them to connect with their communities and medical educators.

Photo below:  
GPEP registrars during  
a two-day Te Ahunga.





### Written exam

**193**

candidates participated in the GPEP year 1 written examinations



**91.7%**  
written exam pass rate

### Clinical exam

**245**

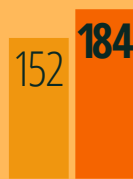
candidates participated in the GPEP year 1 clinical examinations



**83.3%**  
written exam pass rate

### New Fellows

GPs



2022 2023

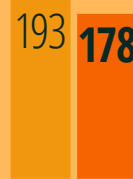
Rural Hospital Doctors



2022 2023

### New Registrars

GPs



2022 2023

Division of Rural Hospital Medicine



2022 2023

## He Hiranga Mātauranga

Photo above:  
GPEP registrars being welcomed to the programme during a two-day Te Ahunga.

## Education Excellence

We provide world-class vocational training and continuing medical education activities. We are committed to developing a general practice and rural hospital medicine workforce that is agile and future focused.

## WE SUPPORTED REGISTRARS IN NEED

The College provided additional support to GPEP registrars who had been unsuccessful in their summative exams. Registrars were provided with a range of support depending on their individual needs — such as regular reflective dialogue with an experienced medical educator, and additional remote learning groups focusing specifically on key areas.

Twenty-two registrars engaged with the additional support, with 19 successfully passing their exams leading to an 86 percent success rate.

## TE ARA'S MAKEOVER ACHIEVED

The College's online learning platform, Te Ara, underwent an update this year to align it with the College's refreshed brand. We also upgraded to the latest version of the software providing scope to develop more online resources in the coming years.

## HANDY ORIENTATION REFERENCE BOOKLET FOR REGISTRARS

We welcomed 178 GPEP registrars onto the programme in February 2023 at a two-day Te Ahunga held across the motu at 13 different marae. They were the first to receive the newly developed orientation booklet. The booklet is designed as a quick reference for all things GPEP related, including registrar support, medical educator contacts, and information of programme requirements and formative and summative assessments, augmenting the information available on Te Ara.

The College's Senior Support Advisor says the new orientation booklet has assisted registrars to manage some pastoral matters and simple queries themselves.

## WE SET A RECORD

Fellowship was awarded to 184 GPs this year — a record high for a 12-month period. With the deepening workforce crisis, this was a pleasing achievement.

*"I watch people who arrive tentatively into GPEP year 1 but develop confidence and a sense of belonging. Many of them have decades of experience in another speciality, but they embrace the new version of doctor required in general practice. And yes, they do well in the exams despite the multiple challenges."*

— Dr Lucy O'Hagan, Lead Medical Educator

## WHAKATIPU GROUP: SUPPORTING GPEP YEAR 1 REGISTRARS FROM CULTURALLY DIVERSE BACKGROUNDS

In 2022 the College formed the Whakatipu group to support GPEP year 1 registrars from culturally diverse backgrounds. These registrars had either come through the NZREX programme or had English as their second language. The support for this group was run via Zoom, where they received extra teaching including communication skills, role plays, and exam preparation.

*"The orientation booklet has been a great success and very informative for our registrars and lead medical educators."*

Lead Medical Educator, Dr Lucy O'Hagan was delighted the College formed this group, saying, "I watch people who arrive tentatively into GPEP year 1 but develop confidence and a sense of belonging. Many of them have decades of experience in another speciality, but they embrace the new version of doctor required in general practice. And yes, they do well in the exams despite the multiple challenges."

## BUILDING OUR TE ARA RESOURCE LIBRARY

We continued to build on the resources available in Te Ara (the College's online learning platform) for registrars and education staff. This year we added:

Communication skills resources: we published three new resources covering an introduction, reflective practice, and core communication skills. These innovative, evidence-based resources provide MEs, teachers, registrars, and examiners with an understanding of the philosophical position of general practice, the complex task of the GP consultation and the skills required to be effective.

Exam role plays: we published 12 exam role plays for medical educators and registrars to use for exam practice.

Meihana Model role play: we published a role play and demonstration of the Meihana Model.

Group exercises: We published 15 new group exercises that can be used for teaching small groups in the seminar programme.





## DIVISION OF RURAL HOSPITAL MEDICINE FELLOWS

It was a bumper year for Division Fellows with nine new doctors receiving their Division Fellowship in the 2022 year. Of those nine, it was great to have five of them at the 2022 Fellowship and Awards Ceremony in Christchurch to receive their Fellowship in person.

Dr David Short who received his Fellowship at the ceremony, said rural medicine appealed to him because of the variety and breadth of the medicine he gets to practice.

“I like knowing that if I’m the first on the scene to an emergency, I can offer a lot, because by its very nature rural medicine requires you to maintain a full range of skills.”

## WORK COMMENCES TO ADD NEW ZEALAND CONTEXT TO RURAL STAMPS EXAM

Each year, DRHM registrars complete the Structured Assessment using Multiple Patient Scenarios exam (StAMPS) run by the Australian College of Rural and Remote Medicine (ACRRM). As StAMPS is an Australian exam, we were delighted to reach an agreement with ACRRM to be able to adapt aspects of their examination to accommodate the New Zealand context including a hauora Māori focus.

With the Division Council approving the project funding in February, work commenced to contract Fellows to write questions and become examiners. It is anticipated that the changes will be embedded for RHM registrars undertaking StAMPS from 2024.

Photo above from left to right:  
 Dr Marcus Walker, Dr Sophie Parnham,  
 Dr Andrew Morgan (Division Chair),  
 Dr Jeremy Webber (Division Distinguished Fellow),  
 Dr Marek Lang, Dr David Short,  
 Dr Rebecca McKenzie.

# *He Whare Haumanu*

## **Quality general practices**

The College sets quality assurance standards for general practice, which includes developing and administering programmes to improve their workplace and clinical systems for the benefit of practices and patients.

### **PRACTICE ASSESSMENTS**

Practices that engage with the Foundation Standard or Cornerstone modules work to assess themselves against defined criteria. Once self-assessment is complete, they work with an endorsed assessor who reviews their evidence and recommends certification/accreditation of the practice to the College.

### **TRAINING AND BUILDING THE ASSESSOR WORKFORCE**

When the College launched the new Quality programmes in 2020, the assessor model provided endorsement for a two-year period.

In 2022, we re-endorsed the first Foundation Standard and Cornerstone Continuous Quality Improvement assessors to ensure the ongoing integrity of the assessment process.

We grew the Foundation Standard assessor workforce in 2022 by 23 to 67 to give practices more options when booking an assessment.

### **ASSESSOR MODERATION**

To ensure fairness and consistency across all assessors, the Quality Programmes team launched a new moderation process for the Foundation Standard, and the two Cornerstone modules — CQI and Equity.

Each assessor is moderated at least once per year per standard or module they assess (Foundation Standard, CQI and Equity). Following moderation, the assessor receives a feedback report, and in some cases additional support and/or training.

The moderation committee met in February, identifying and discussing common issues and solutions. This new process will continue to improve our endorsed assessor workforce and increase consistency.



## COMMUNICATING WITH PRACTICES AND ASSESSORS

We increased the frequency of newsletters provided to practices and assessors. These groups now receive a monthly newsletter with helpful reminders, answers to frequent questions, and updates to the Foundation Standard and Cornerstone modules. We know that people like to refer back to these newsletters, so we also started including links in the assessor and practice online portals.

## THE IMPORTANCE OF BEING FLEXIBLE DURING DIFFICULT TIMES

The COVID-19 pandemic affected many practices who wanted to host GPEP registrars but had not completed Cornerstone accreditation due to workforce shortages, burnout, and fatigue.

The team developed an alternate plan that provided flexibility but still ensured practices were actively working towards Cornerstone and had achieved a minimum requirement.

In February 2023, as noted elsewhere in this report, Cyclone Gabrielle caused extensive damage to Aotearoa's North Island. The team responded by using their exemption process for practices affected by the cyclone. This included exemptions for Foundation Standard site visits or for criteria practices couldn't complete due to the effects of the cyclone.

# 1,045

**PRACTICES**

registered for the Foundation Standard programme\*

# 564

**PRACTICES**

practices awarded Foundation Standard certification\*

\*since its launch in 2020

# 59

Foundation Standard assessor re-endorsements

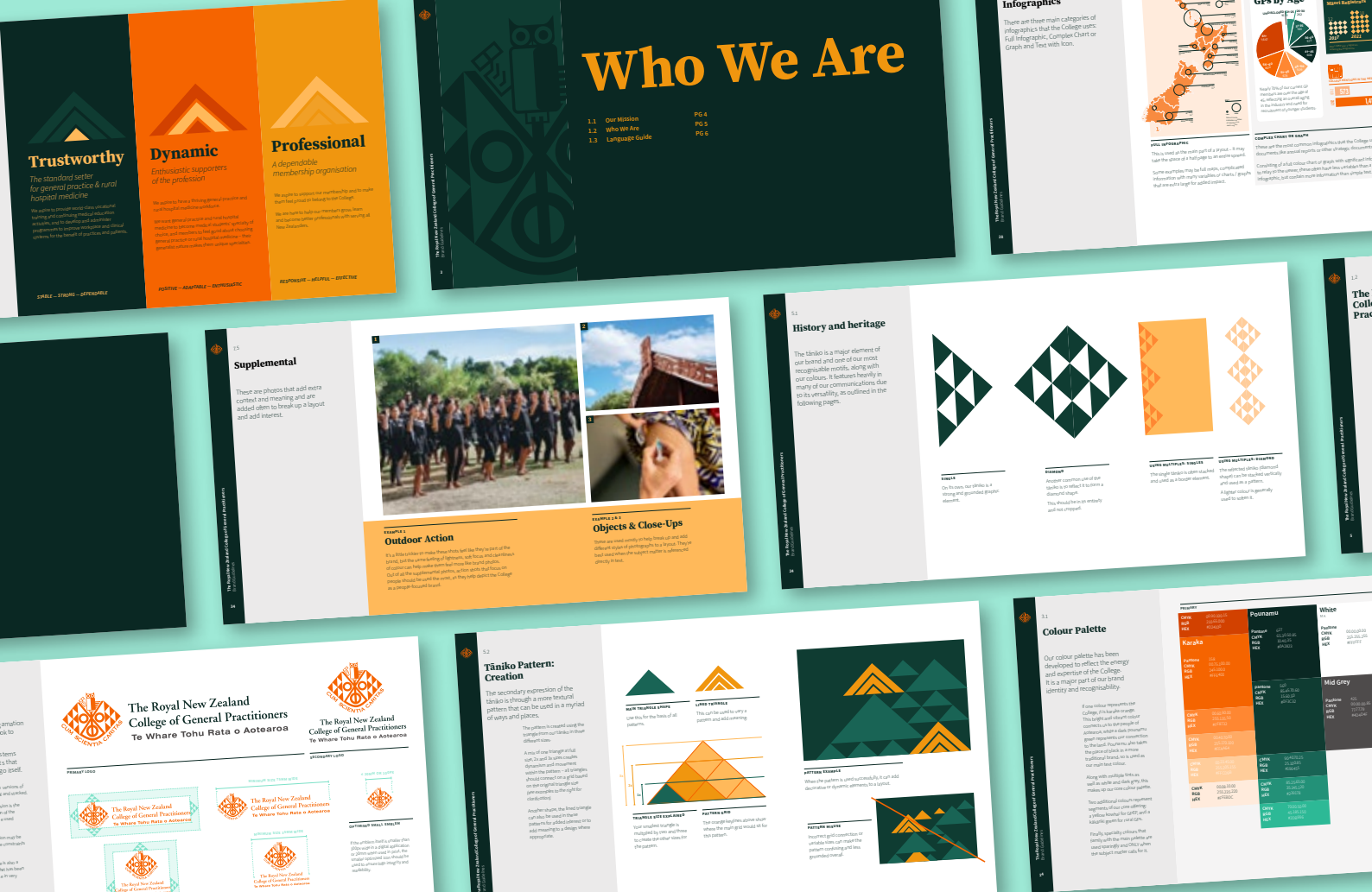
# 23

New Foundation Standard assessors

# 24

CQI assessor re-endorsements

Photo above  
Dr Caitlin Northern  
discusses some lifestyle  
changes with a patient.



# Te Kāreti o Nāianeī

## Becoming a contemporary organisation

We operate in a way that enables staff and members to remain current and adapt to a rapidly changing population and health system.



## A REFRESHED BRAND FOR OUR COLLEGE

The College delivered some major projects in the 2022 year including Te Whanake (refreshed CPD programme), and a new website, with a new College brand to help present these projects in a modern and exciting way.

We seized the opportunity to revisit our brand guidelines including tone of voice, use of photos, fonts and, most notably, the colour palette. Our new colour palette has been developed to reflect the energy and expertise of the College, a major part of our brand identity. If one colour represents the College, it is karaka orange. This bright and vibrant colour connects us to the people of Aotearoa, while a dark pounamu green represents our connection to the land.

## WE LAUNCHED A NEW WEBSITE

In December 2022, we launched our new website.

The new website is everything we envisioned — modern, streamlined, clear, and logical. This is thanks to a group of members who volunteered to test the staging website, helping us to understand what members were looking for, where they would look and page titles they didn't understand.

The website is also the 'shop-front' for registrars wanting to apply to our education programmes, representing the College in a more modern and friendly way.

## IMPROVED INTERNAL SYSTEM HELPS THE COLLEGE FUNCTION

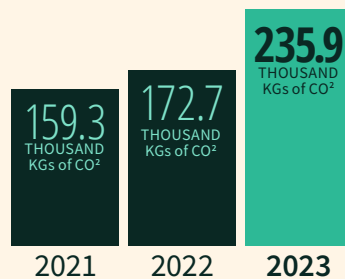
The College's ICT team rolled out SharePoint, a modern filing system that helps us to work in a more collaborative way, and multi-factor authentication to improve our ICT security.

College documents are now kept in SharePoint, a web-based workspace, where staff can work on the same document simultaneously, improving productivity. SharePoint also offers a great search function, which saves time for staff sourcing documents.

## College Finances



## College Carbon Emissions\*



\*Our carbon emissions for 2021 and 2022 were previously calculated using the wrong multiplier. These are the correct figures. During 2021 and 2022, COVID restrictions resulted in reduced travel for delivery of registrar training



*He Ihu Waka,  
He Ihu Whenua,  
He Ihu Tangata,  
He Rautaki Māori*

## **Māori Strategy**



This rautaki sets out to:

increase the number of Māori Fellows in College education roles

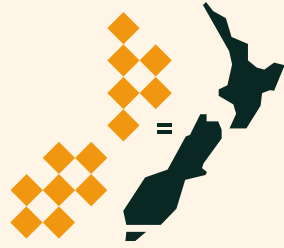
ensure the GP workforce is pro-equity, Te Tiriti compliant, culturally safe, and anti-racist

advocate for, and influence, equitable health outcomes for Māori.

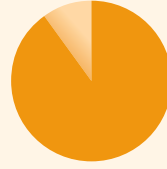


## Increase the number of Māori Fellows in College education roles

Progress is being made when:



the annual intake of Māori registrars is greater than the population



at least 90 percent of all Māori registrars gain Fellowship within five years

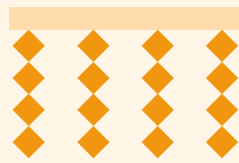


at least 20 percent of College medical education roles are held by Māori Fellows.

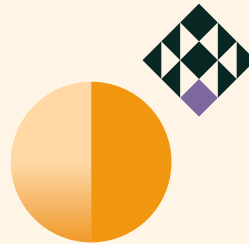


## Ensure the GP workforce is pro-equity, Te Tiriti compliant, culturally safe, and anti-racist

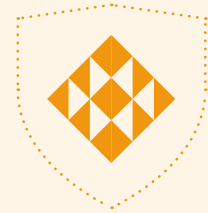
Progress is being made when:



the revised curriculum domains of Equity and Te Tiriti prepare registrars for Fellowship



50 percent of practices have achieved the Cornerstone Equity module



Fellows completing Continuing Professional Development (CPD) include goals on cultural safety.



## Advocate for and influence equitable health outcomes for Māori

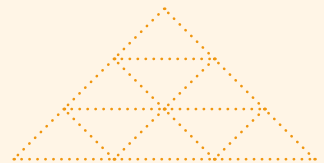
Progress is being made when we've:



designed a framework to provide input to influence health advocacy and policy



commissioned evidence-based Māori research to improve equitable health outcomes



developed Te Whāriki Taurite me ōna Mātāpono (an equity framework) and implemented it throughout the College structure.



## *Ngā mahi whakahirahira a Te Akoranga a Māui*

### **Te Akoranga a Māui continued its critical mahi**

Te Akoranga a Māui, the College's Māori representative group, continued advocating for education pathways to consider Te Ao Māori perspectives for a culturally safe experience for our Registrars and for Māori communities.

One of the many impactful projects Te Akoranga a Māui undertakes is supporting Māori and Pacific registrars at the mock exams.

Dr Jaqueline Allan and her team created this event and ran it for many years, and it was important to uphold the mana of this mahi. As one of the founding members of Te Akoranga a Māui, Dr Allan's mahi has meant a huge number of Māori and Pacific registrars have been well prepared for and successful in GPEP clinical examinations at the end of each year.

*We acknowledge your advocacy and mahi over these years whaea. What is not surprising is that we needed a lot of helpers for this event that you and Meriana had previously organised. This included a wide team to develop new cases, to organise the day and multiple volunteer examiners all supported by the Equity team at the College. Our registrars were amazing and gave us positive feedback along with great success in their examinations. The future is bright!*

— Te Akoranga a Māui acknowledging Dr Jaqueline Allan

The mahi of Te Akoranga a Māui embraced whānaungatanga with Māori GPEP year 1 registrars at the start of their specialised training and extended to working with the Pasifika Chapter on the topic of governance from a Māori/Pacific GP perspective.

The Pacific Region Indigenous Doctors Congress (PRIDoC) is an indigenous-led space for indigenous physicians, residents and medical students, health researchers, health professionals and allies. The 2022 PRIDoC was hosted by the Indigenous Physicians Association of Canada. Drs Rachel Mackie and Maia Melbourne-Wilcox travelled to Vancouver, British Columbia to take part. Our delegates were able to meet with other indigenous doctors and discuss the impact and effects of colonisation in a supportive collegial space.

Te Akoranga a Māui were involved in developing the Cultural Safety Training Plan for Vocational Medicine in Aotearoa. This world-leading plan is a joint initiative of Te Ohu Rata O Aotearoa (Te ORA) and the Council of Medical Colleges. Integrating cultural safety into the curricula of medical colleges' training is a significant step towards achieving more equitable outcomes for Māori health, one of the goals of the College's He Rautaki Māori.

## **Our Chapters**

Each Chapter is led by an executive team of volunteer members. They co-ordinate activities such as educational events and social meetings and use their knowledge and experience to help guide the College.

### **The Pasifika Chapter**

The most significant initiative in the year was the Pasifika Strategy. Increased awareness of the need for Pacific representation in roles at the College resulted in a Pasifika Pou Whirinaki being appointed to provide pastoral support to Pasifika registrars. It formalised its support of Fellowship graduation, the GPEP year 1 dinner, and the mock exams.

It maintained the mental health support Fatu o le Ola and supported other Pacific health organisations. The Chapter hosted multiple fora and made time to celebrate with each other at their Fellows' Dinner.

### **The Rural GPs' Chapter**

A key project was member involvement in the Rural Training Advisory Group — a College exploratory initiative to offer a post-GPEP year 1 pathway to prepare and better equip GPs for rural practice; the Chapter is excited to see this work progressing.

The Chapter Executive implemented a system to connect with rural-based GPs including rural GPs working in urban areas, to offer support, listen to triumphs and the struggles, to embed and celebrate those things going well, and bring about positive change where it's needed.

The Chapter Executive sought to enhance options for CME specific to rural GPs and to help provide funding for these events.

The formation of Hauora Taiwhenua Rural Health Network, which saw numerous rural partners combine into a collective organisation, was welcomed. The College and Rural Chapter continue to work closely with Hauora Taiwhenua to support a united voice to advocate on behalf of rural members.



## The Registrar's Chapter

The Chapter continued to develop its collegial working relationship with College staff through monthly meetings to feedback on and consider solutions for registrar issues. The Chapter attends the National Advisory Council, and the REC meetings that provide the Chapter with the opportunity to input feedback from the registrars' perspective.

## The Division of Rural Hospital Medicine

Rural hospital doctors have to be ready for anything. Each year Division registrars complete the Structured Assessment using Multiple Patient Scenarios exam (StAMPS) run by the Australian College of Rural and Remote Medicine. In 2022, the Division approved funding for Fellows to create questions that reflect the context of Aotearoa New Zealand.

The Division continued to engage with their registrars. This year, they hosted a registrar day as part of the National Rural Health Conference in Christchurch. The day gave registrars the opportunity to connect with colleagues and peers, and to hear from clinical advisors about updates to the Division of Hospital Rural Medicine Training Programme.

Photo above:: Division of Rural Hospital Medicine Chair Dr Andrew Morgan, Te Akoranga a Māui Chair Dr Rachel Mackie, and Te Akoranga a Māui representative on the College Board Dr Kiriana Bird at GP22: the Conference for General Practice.



# *Te mahi a o tātou wāhanga i ngā hapori*

## **Our Faculties continued to support members at a local level**

All College members belong to one of 14 regional faculties offering social and learning events and providing peer support.

Each faculty is unique because it is run by members within the region and responds to the localised needs and reality of that area. These are snapshots of the range of activities our faculties offered during the year.

### **NORTHLAND FACULTY**

Continuing its commitment to nurturing registrars and new Fellows with awahi, the faculty has developed the Kapa Kaiaka programme to create a warm and responsive environment where members can widen their skills in clinical and nonclinical topics and feel supported. GPEP year 1 registrars started the year with a sailing trip to enjoy the natural beauty of the region.

### **AUCKLAND FACULTY**

Clinical and collegial events were part of the mix with two educational events held with the assistance of the Goodfellow Unit, one on women's health, and one on specialties. The faculty sponsored podcasts developed by the Goodfellow Unit. Members participated in Auckland Round the Bays dressed in bright blue College t-shirts and caps to promote general practice. An end of year function included a speech from retired GP and poet Dr Greg Judkins. The faculty continued to support registrars and medical students with invitations to events, sponsorship, and prizes for academic achievement.



Photo above: Auckland Faculty Round the Bays.

## TARANAKI FACULTY

Reconnection, leadership, representation, and advocacy were the priorities, along with recruiting more doctors to general practice. The faculty financially supported GP registrars and new Fellows to attend GP22. The annual meeting was followed by a social event that led to more members joining the faculty.

## WHANGANUI FACULTY

Members participated in a study testing an enhanced alcohol screening tool designed to help health professionals identify and manage older adults at risk of alcohol-related harm, and whether an improved alcohol screening tool for older adults could be integrated in primary health care settings. This research was produced by the University of Auckland and Massey University in association with a Research Collaborative, which included the region's general practices. The full report was published by Te Whatu Ora in March 2023.

## WAIKATO FACULTY

They held their biannual conference in Papamoa. The new Fellows' lunch in November was a chance to celebrate success, meet other faculty members, and have photos in academic gown with whānau. The Ka Hono mentorship programme is popular with 15 mentees taking the opportunity throughout the year. Members continue to nominate their peers for the 'Good sorts' morning tea shout.

## TAIRĀWHITI FACULTY

Pizza and online quizzes proved a winning combination as the faculty reinvigorated itself post-pandemic. With the members back together, the faculty focused on communication with hospital departments to smooth the transition from primary to secondary care. The weather events in January and February slowed progress, but not before the faculty hosted events with paediatrics and a visiting neurologist.

## HAWKE'S BAY

In collaboration with local PHO Te Oranga o Te Matau-a-Māui Health Hawke's Bay, they ran the Primary Care Awards in September, recognising some of the excellent work done in primary care over. Awards were given to a range of recipients, from individual practice nurses and GPs who have demonstrated a commitment to patient care or education, to practices striving for equity in immunisations or rest home nursing teams going above and beyond, to the coffee shop owner who valiantly kept the practice caffeinated through the pandemic lockdowns. The Faculty also hosted a dinner for members in November alongside their annual meeting, and continues to work on building relationships between GPs and hospital doctors through social events

## MANAWATŪ FACULTY

The annual meeting focused on acknowledging the contributions of members and those retiring, with local PHO GP Dr Paul Cooper as the guest speaker. The faculty's conference combined clinical information and a chance to network and reflect on the GP environment post COVID-19. The faculty continued to welcome new members and funded registrars to attend GP22.

## WELLINGTON FACULTY

While the pandemic continued to restrict events, they turned their attention to supporting emerging practitioners. The faculty funded a dinner for registrars and prizes for medical students and the top performing secondary school science student at He Hauraki Tamariki-Secondary School for Teen parents. They supported attendance at GP22 and were well represented in the speaker line up. 'Weaving together — supporting each other with knowledge and connections' was the theme of the faculty's annual meeting. The faculty and whānau had a big team in the Wellington Round the Bays 2023.

## NELSON/MARLBOROUGH FACULTY

Over the Christmas/New Year period the faculty ran a successful peer group social catch up including a meal out. They subsidised some small group teaching across the region. They funded new Fellows to attend the College conference to receive their Fellowship and supported faculty members to attend the conference at a reduced rate. GPEP year 2 and GPEP year 3 registrars are supported by an enthusiastic and experienced registrar training programme across Nelson and Marlborough.



Photo above: Northland Faculty's first teaching session of 2023

## CANTERBURY FACULTY

Canterbury were the local hosts for GP22: the Conference for General Practice and supported the College in planning, assessing abstracts and presentations, with members introducing and moderating some events, and running an exhibition stall. The faculty held a dinner alongside their annual meeting at Ilex in the Botanic Gardens. They were delighted to re-start the annual information and social evening for medical students and PGY1 and PGY2 doctors in March 2023.

## OTAGO FACULTY

They facilitated a series of monthly 'Zoom' continuing medical education (CME) sessions for members, including the Southland Faculty. A 'gold' themed mini conference was held over two days in Naseby, which included CME sessions and a Saturday evening 'Gold' themed social. The weekend offered an opportunity for members to reconnect with one another with time for curling, walking and mountain biking.

## SOUTHLAND FACULTY

The faculty provided financial assistance for members by subsidising the cost to attend the Wellsouth CME weekend held in Te Anau. They supported 23 GPs with a part-subsidy and eight GPEP registrars with a full subsidy. This was a great weekend and provides both CME and collegial opportunities for members to catch up with one another.

## Celebrating our College award winners

These awards were presented at GP22: the Conference for General Practice in Christchurch.

### Distinguished Fellowship

**Dr Kiriana Bird**  
Hawke's Bay

**Dr Lauren McGifford**  
Christchurch

**Dr Janine Bycroft**  
Auckland

**Dr Peter Moodie**  
Wellington

**Dr Sean Hanna**  
Wellington

### President's Service Medal

**Dr Joan Allardyce**  
Christchurch

**Dr Rachel Thomson**  
Tairāwhiti

**Dr David Broad**  
Fielding

**Dr Martin Wilson**  
Christchurch

**Dr Vicki Macfarlane**  
Auckland

### Eric Elder Medal

**Dr Nina Stupples**  
Westport

### Dr Amjad Hamid Medal

**Dr Ruonamakin Rui Mafi**

### Peter Anyon Medal

**Dr Suzy Cheng**  
Westport

### Community Service Medal

**Dr Chris Fawcett**  
Wellington

**Dr Jessica Sterenberg**  
Picton

**Dr Matire Harwood**  
Auckland

**Dr David Werry**  
Wellington

**Dr Gayle O'Duffy**  
Methven

**Dr Fiona Whitworth**  
Tauranga

### Honorary Fellowship of the College

**Sir Ashley Bloomfield**  
Wellington

### Distinguished Fellowship of the Division of Rural Hospital Medicine

**Dr Jeremy Webber**  
Taupō

### Honorary Fellowship of the Division of Rural Hospital Medicine

**Marara Rogers-Koroheke**  
Hokianga

**Hone Taimona**  
Hokianga



# *Pūrongo ahumoni take whānui*

## **General purpose financial report**

Audit Report	49	Statement of Comprehensive Revenue & Expenses	51	Statement of Changes in Net Assets/Equity	52
Statement of Financial Position	53	Statement of Cash Flows	54	Statement of Accounting Policies	55
Notes to the Financial Statements	59				
Statement of Service Performance	73				

# Independent Auditor's Report



## To the Members of The Royal New Zealand College of General Practitioners

### OPINION

We have audited the general purpose financial report of The Royal New Zealand College of General Practitioners (the “College”), which comprise the financial statements on pages 1 to 18, and the service performance information on page 19. The complete set of financial statements comprise the statement of financial position as at 31 March 2023 the statement of comprehensive revenue and expense, statement of changes in net assets/equity, statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion the accompanying general purpose financial report presents fairly, in all material respects:

the financial position of the College as at 31 March 2023 and (of) its financial performance, and its cash flows for the year then ended; and

the service performance for the year ended 31 March 2023 in accordance with the entity's service performance criteria, in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

### BASIS FOR OPINION

We conducted our audit of the financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the service performance information in accordance with the ISAs and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the General Purpose Financial Report section of our report. We are independent of the College in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the College.

## THE BOARD'S RESPONSIBILITIES FOR THE GENERAL PURPOSE FINANCIAL REPORT

Those charged with governance are responsible on behalf of the College for:

- a) the preparation and fair presentation of the financial statements and service performance information in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board;
- b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards; and
- c) such internal control as those charged with governance determine is necessary to enable the preparation of the financial statements and service performance information that are free from material misstatement, whether due to fraud or error.

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

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE GENERAL PURPOSE FINANCIAL REPORT

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole, and the service performance information are 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 ISAs (NZ) and NZ AS 1 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 or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at: <https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/auditreport-14/>

## WHO WE REPORT TO

This report is made solely to the College's members, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the College and the College's members, as a body, for our audit work, for this report or for the opinions we have formed.

*BDO Wellington Audit Limited*

**BDO WELLINGTON AUDIT LIMITED**

**Wellington**

New Zealand

21 June 2023

The Royal New Zealand College of General Practitioners  
Statement of Comprehensive Revenue & Expenses for the year ended 31 March 2023.

	NOTES	2023 (\$000)	2022 (\$000)
<b>REVENUE</b>			
GPEP Contract revenue		21,598	23,026
Membership subscriptions		5,178	5,016
Learning Programme Fees		4,019	3,127
Finance revenue	1	226	497
Faculties' and Chapters' revenue	2	477	430
Other revenue	3	630	962
<b>Total revenue</b>		<b>32,128</b>	<b>33,058</b>
<b>EXPENSES</b>			
Employment expenses – Registrars	4	12,716	14,488
Employment expenses – College Staff	4	7,208	7,232
Educators and other contractors		6,499	5,579
ICT costs		700	705
Travel and accommodation		775	332
Occupancy		705	673
Faculties' and Chapters' expenses	2	580	512
Other operating expenses	5	2,830	2,613
<b>Total expenses</b>		<b>32,012</b>	<b>32,134</b>
<b>Surplus or deficit for the period</b>		<b>116</b>	<b>924</b>

The accompanying notes on pages 59 to 72 are to be read in conjunction with these financial statements.



The Royal New Zealand College of General Practitioners  
Statement of changes in net assets/equity for the year ended 31 March 2023.

	<b>COLLEGE (\$000)</b>	<b>FACULTIES' &amp; CHAPTERS' (\$000)</b>	<b>TOTAL (\$000)</b>
Opening balance at 1 April 2021	7,273	2,100	9,373
Total Comprehensive revenue and expenses	921	3	924
<b>Members' funds at 31 March 2022</b>	<b>8,194</b>	<b>2,103</b>	<b>10,297</b>
<hr/>			
Total Comprehensive revenue and expenses	134	(18)	116
<b>Members' funds at 31 March 2023</b>	<b>8,328</b>	<b>2,085</b>	<b>10,413</b>

The accompanying notes on pages 59 to 72 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners  
Statement of Financial Position as at 31 March 2023.

	NOTES	2023 (\$000)	2022 (\$000)
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	8	6,220	9,469
Short term deposits	9	3,624	669
Managed funds	10	7,240	7,222
Receivables		6,536	5,772
Prepayments		349	250
		<b>23,969</b>	<b>23,382</b>
<b>NON CURRENT ASSETS</b>			
Plant and equipment	6	118	152
Intangible assets	7	797	642
		<b>915</b>	<b>794</b>
<b>Total assets</b>		<b>24,884</b>	<b>24,176</b>
<b>CURRENT LIABILITIES</b>			
Payables		784	947
Employee entitlements		715	707
Other creditors – GPEP Contract		1,499	1,765
Revenue in advance	12	10,699	9,733
Goods and services tax		749	727
		<b>14,446</b>	<b>13,879</b>
<b>NON CURRENT LIABILITIES</b>			
Revenue in advance	12	25	-
<b>Total liabilities</b>		<b>14,471</b>	<b>13,879</b>
<b>Net assets</b>		<b>10,413</b>	<b>10,297</b>
<b>MEMBERS' FUNDS</b>			
College accumulated funds		8,328	8,194
Faculties' & Chapters' accumulated funds	11	2,085	2,103
<b>Total Members' funds</b>		<b>10,413</b>	<b>10,297</b>

These financial statements were approved for issue by the Board on 21 June 2023



**Dr Samantha Murton**  
President



**Dr Daniel McIntosh**  
Chair – Audit and Risk Committee

The accompanying notes on pages 59 to 72 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners  
Statement of Cash Flows for the year ended 31 March 2023.

	NOTES	2023 (\$000)	2022 (\$000)
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
GPEP Contract revenue		21,777	22,261
Finance revenue		153	41
Other revenue		4,801	4,791
Membership subscriptions		5,314	4,996
Payments to suppliers and employees		(31,826)	(31,585)
<b>Net cash flows (used in)/from operating activities</b>	<i>17</i>	<b>219</b>	<b>504</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment		(40)	(56)
Purchase of intangible assets		(473)	(281)
Deposits of funds into term deposits		(2,955)	3,452
Withdrawal of cash from managed funds		-	-
<b>Net cash flows used in investing activities</b>		<b>(3,468)</b>	<b>3,115</b>
<b>NET DECREASE IN CASH AND CASH EQUIVALENTS</b>		<b>(3,249)</b>	<b>3,619</b>
Cash and cash equivalents at beginning of year		9,469	5,850
<b>Cash and cash equivalents at end of year</b>		<b>6,220</b>	<b>9,469</b>

The accompanying notes on pages 59 to 72 are to be read in conjunction with these financial statements.

# The Royal New Zealand College of General Practitioners

## Statement of Accounting Policies for the year ended 31 March 2023.

### REPORTING ENTITIES

The financial statements presented are those of The Royal New Zealand College of General Practitioners (the College).

The College is incorporated as a Charitable Trust registered under the Charitable Trusts Act 1957 and is a Registered Charity under the Charities Act 2005.

The overall goal of the College is to improve the health of all New Zealanders through high quality general practice care.

### STATEMENT OF COMPLIANCE

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with Public Benefit Entity Standards (PBE standards) that have been authorised for use by the External Reporting Board for Tier 1 not-for-profit entities. The College is deemed a public benefit entity for financial reporting purposes and has been established to achieve its overall goal rather than a financial return.

For the purposes of complying with NZ GAAP, the College is a public benefit not-for-profit entity and is applying Tier 1 not-for-profit PBE Standards on the basis that it is considered large. The financial statements have been prepared in accordance with Tier 1 not-for-profit PBE Standards.

These financial statements have been prepared on a historical cost basis, with the exception of certain financial instruments which are measured at fair value. The financial statements are presented in New Zealand dollars which is the College's functional presentation currency, rounded to the nearest thousand.

The financial statements were authorised for issue by the Board on 21 June 2023.

### CHANGES IN ACCOUNTING POLICY

#### PBE IPSAS 41 Financial Instruments

PBE IPSAS 41 Financial Instruments is effective from 1 January 2022 and was adopted by the College on that date. PBE IPSAS 41 has not had a material impact on the College's measurement and recognition of financial instruments.

#### PBE FRS 48 Service Performance Reporting

PBE FRS 48 Service Performance Reporting is effective for periods from 1 January 2022 and was adopted by the College on that date. PBE FRS 48 requires specific disclosures for the reporting of service performance information which have been provided in the Statement of Service Performance.

For the year ended 31 March 2023, there have been no other changes to accounting policies.



The following specific accounting policies which materially affect the measurement of financial performance and financial position have been applied:

### A. BASIS OF PREPARATION

The financial statements have been prepared on a going concern basis and the accounting policies of the College have been applied consistently throughout the year.

### B. FINANCE INCOME

Finance income comprises interest income on financial assets at amortised cost, foreign exchange gains and losses and fair value gains on financial assets at fair value through surplus or deficit. Interest income is recognised as it accrues in surplus or deficit, using the effective interest method.

Foreign currency gains and losses are reported on a net basis as either finance income or finance cost depending on whether the foreign currency movements are in a net gain or net loss position.

### C. FINANCIAL INSTRUMENTS

Financial assets and liabilities are recognised on the College's Statement of Financial Position when the College becomes a party to the contractual provisions of the instrument. The College shall offset financial assets and financial liabilities if the College has a legally enforceable right to set off recognised amounts and interest and intend to settle on a net basis.

Financial assets are classed as either amortised cost or financial assets at fair value through surplus or deficit.

#### (i) Managed funds

Managed funds are recognised at fair value on the College's Statement of Financial Position, with any gains/losses recognised through surplus and deficit.

#### (ii) Receivables

Receivables that have fixed or determinable payments and that are not quoted in an active market are classified as amortised cost. Receivables are measured at amortised cost using the effective interest rate method, less any impairment. Interest income is recognised by applying the effective interest rate.

The College recognises loss allowances for expected credit losses (ECLs) on financial assets measured at amortised cost. Loss allowances for receivables are always measured at an amount equal to lifetime ECLs. When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the College considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the College's historical experience and informed credit assessment and including forward-looking information.

#### (iii) Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position comprise cash at bank and short term deposits with an original maturity of less than three months that are readily converted to known amounts of cash and which are subject to an insignificant risk of changes in value.

For the purposes of the Statement of Cash Flows, cash and cash equivalents consist of cash at bank and short term deposits with an original maturity of less than 3 months.

#### (iv) Short Term deposits

For the purposes of the Statement of Cash Flows, funds invested longer than three months are classed as short term investments and are measured at amortised cost.

#### (v) Accounts payable

Trade and other payables represent the 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 within 30 days, are non-interest bearing and are initially recognised at their fair value and subsequently at amortised cost.

#### (vi) Fair value of financial instruments

The recognition and measurement of the College's financial instruments require management estimation and judgement.

Financial instruments that are measured subsequent to the initial recognition at fair value, are grouped into Levels 1 to 3 based on the degree to which the fair value is observable. The fair value hierarchy is:

**Level 1 inputs:** Derived from quoted prices in active markets for identical assets or liabilities.

**Level 2 inputs:** Either directly (i.e. as prices) or indirectly (i.e. derived from prices) observable inputs other than quoted prices included in Level 1.

**Level 3 inputs:** Inputs for the asset or liability that are not based on observable market data (unobservable inputs).

All financial instruments recognised on the College's Statement of Financial Position at fair value are within Level 2 of the valuation methodology hierarchy on the basis that the fair value is determined with reference to prices which are observable, but not directly quoted given the fund is unitised. There have been no transfers between Level 1 and Level 2 of the fair value hierarchy during the year ended 31 March 2023 (2022: Nil).

#### D. PLANT AND EQUIPMENT

All items of plant and equipment are shown at cost less accumulated depreciation and impairment to date. Cost includes the value of consideration exchanged, or fair value in the case of donated or subsidised assets, and the costs directly attributable to bringing the item to working condition for its intended use.

Subsequent expenditure relating to an item of plant and equipment is capitalised to the initial costs of the item when the expenditure increases the economic life of the item or where expenditure was necessarily incurred to enable future economic benefits to be obtained. All other subsequent expenditure is expensed in the period in which it is incurred.

#### E. DEPRECIATION

The annual rates of depreciation is charged on a straight line based on the estimated useful lives as follows:

Office Equipment	4 - 10 years
Furniture & Fittings	2 - 4 years
Computer Equipment	5 - 10 years

Depreciation methods, useful lives, and residual values are reviewed at reporting date and adjusted if appropriate.

#### F. INTANGIBLE ASSETS

Software are finite life intangibles and are recorded at cost less accumulated amortisation and impairment. Amortisation is charged on a straight line basis over their estimated useful lives of 2-4 years. The estimated useful lives are reviewed at the end of each reporting period.

#### G. IMPAIRMENT

We review the carrying values of plant and equipment and intangible assets for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. Impairment losses are recognised as expenditure through surplus and deficit.

#### H. TAXATION

The College is a registered Charity and is therefore exempt from income taxation.

#### I. GOODS AND SERVICES TAX (GST)

These financial statements have been prepared on a GST exclusive basis except accounts receivable, accounts payable and accrued expenses where applicable include GST.

#### J. LEASES

There are no assets acquired via finance leases. The College leases buildings. Operating lease payments, where the lessors effectively retain all the risks and benefits of ownership of the leased items, are included through surplus and deficit in equal instalments over the lease term.

#### K. EMPLOYEE ENTITLEMENTS

All employee benefits of the College that are expected to be settled within 12 months of reporting date are measured at nominal values based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to reporting date, plus annual leave earned and accrued to, but not taken at reporting date.

## L. REVENUE RECOGNITION

Revenue is considered to be exchange revenue in accordance with PBE IPSAS 9 – Revenue from Exchange Transactions. There is no non-exchange revenue.

Revenue is recognised on the following bases:

### (i) Members' subscriptions

Revenue received from members' subscriptions is allocated proportionally over the period to which they relate. Amounts owed that are due to the College for past years' memberships are shown under current assets net of expected credit losses. Membership fees invoiced in advance of the membership period are deferred and recorded as Revenue in Advance.

### (ii) Contract and other revenue

Contract revenue, including General Practice Education Programme (GPEP) revenue, is recognised by reference to the stage of completion of service by the College. Amounts received in advance of the service being provided are deferred and recognised as Revenue in Advance.

Where any amount is repayable under the terms of the GPEP contract at balance date, it is recognised as a liability "Other Creditors - GPEP contract."

### (iii) Fee revenue

**Cornerstone programme** fees are recognised in full on the date of purchase of each module.

**Fellowship** fee revenue is recognised when costs are incurred. As such, revenue is recognised when a Fellowship visit is arranged and also upon the completion of the assessment.

**Foundation Standard** fees are recognised over the life of the programme in proportion to programme costs being incurred.

**Examination fee** revenue is recognised upon completion of the examinations.

**GPEP2/3 training** fee revenue is recognised on a straight line basis over the training period.

### (iv) Interest income

Interest income is recognised in the period in which the interest is earned.

## M. CASH FLOWS

The Statement of Cash Flows is prepared exclusive of GST, which is consistent with the method used in the Statement of Comprehensive Revenue & Expenses. The following are the definitions of the terms used in the cash flow statement:

### (i) Operating activities

Operating activities include all transactions and other events that are not investing or financing activities.

### (ii) Investing activities

Investing activities are those activities relating to the acquisition and disposal of current and non-current investments and any other non-current assets.

### (iii) Cash and cash equivalents

Cash includes cash at bank, demand deposits and other highly liquid investments readily convertible into cash and includes all call investments as used by the College as part of their day-to-day cash management.

## N. SIGNIFICANT JUDGEMENT AND ESTIMATES

In applying the College's accounting policies, management continually evaluates judgments, estimates and assumptions based on historical experience and other factors, including expectations of future events that may have an impact on the College. All judgments, estimates and assumptions made are believed to be reasonable based on the most current set of circumstances available to management. Actual results may differ under different conditions from when the judgments, estimates and assumptions were made. Significant judgments, estimates and assumptions made by management in the preparation of this financial report are described below:

Revenue in advance - Detailed disclosure is included in accounting policies above.

## O. STANDARDS ISSUED NOT YET EFFECTIVE

There are no standards that are issued not yet effective that will have a material impact on the College's financial statements. All standards will be applied when they are effective.

# The Royal New Zealand College of General Practitioners

## Notes to the Financial Statements

for the year ended 31 March 2023

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## 1. Finance Revenue

	<b>2023</b>	<b>2022</b>
	<b>(\$000)</b>	<b>(\$000)</b>
Interest	153	41
Gain/(Loss) on managed funds held at fair value	73	456
<b>Total finance revenue</b>	<b>226</b>	<b>497</b>

## 2. Faculties' and Chapters' Revenue and Expenses

The College's Faculties are set up to work locally to further the College's charitable purpose. This is done by planning and carrying out educational and other membership support activities and by each Faculty having a representative serve on the National Advisory Council. Revenue is generated as a portion of members annual subscription fees.

The College's Chapters are set up to represent major national areas of practice and to further the College's charitable purpose. This is done by planning and carrying out educational and other membership support activities and representation on the National Advisory Council and College Board. Revenue is generated as a portion of members' annual subscription fees.

The College's Faculties and Chapters are divisions of the single legal entity.

	<b>2023</b>	<b>2022</b>
	<b>(\$000)</b>	<b>(\$000)</b>
Membership levies	401	400
Interest income	50	12
Sundry income	26	18
<b>Total Faculties' and Chapters' revenue</b>	<b>477</b>	<b>430</b>

## 2. Faculties' and Chapters' Revenue and Expenses (cont'd)

Faculties' and Chapters' revenue and expenses are analysed as below:

	2023			2022		
	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	119	155	(36)	114	102	12
Northland Faculty	25	27	(2)	28	27	1
Wellington Faculty	42	47	(5)	39	59	(20)
Hawkes Bay Faculty	19	15	4	12	20	(8)
Nelson Faculty	14	3	11	13	19	(6)
Whanganui Faculty	4	3	1	3	3	-
Taranaki Faculty	10	9	1	8	10	(2)
Manawatū Faculty	10	8	2	9	14	(5)
Canterbury Faculty	48	58	(10)	47	60	(13)
Waikato Faculty	62	71	(9)	54	51	3
Tairāwhiti Faculty	4	4	-	3	1	2
Otago Faculty	22	27	(5)	21	23	(2)
Southland Faculty	8	9	1	8	-	8
Te Akoranga a Māui	43	56	(13)	43	36	7
Pasifika Chapter	18	11	7	12	10	2
Rural General Practitioners' Chapter	20	8	12	18	8	10
Rural Hospital Generalists' Chapter	81	34	47	70	30	40
The Registrars' Chapter	13	35	(22)	13	39	(26)
<b>Total including College Contribution</b>	<b>562</b>	<b>580</b>	<b>(18)</b>	<b>515</b>	<b>512</b>	<b>3</b>
Less College contributions	(85)	-	(85)	(85)	-	(85)
<b>Net Revenue and Expenses</b>	<b>477</b>	<b>580</b>	<b>(103)</b>	<b>430</b>	<b>512</b>	<b>(82)</b>

### 3. Other Revenue

	2023 (\$000)	2022 (\$000)
Rental income	-	12
Event and other income	630	950
<b>Total other revenue</b>	<b>630</b>	<b>962</b>

### 4. Employment Expenses

<b>Registrars</b>	2023 (\$000)	2022 (\$000)
Salaries and wages	10,937	12,390
Contribution to superannuation schemes	531	575
Other employment related expenses	1,248	1,523
<b>Total employment expenses – Registrars</b>	<b>12,716</b>	<b>14,488</b>
<b>College staff</b>		
Salaries and wages	6,781	6,781
Contribution to superannuation schemes	175	181
Other employment related expenses	252	270
<b>Total employment expenses – College staff</b>	<b>7,208</b>	<b>7,232</b>

### 5. Other Operating Expenses

	NOTES	2023 (\$000)	2022 (\$000)
Depreciation of plant and equipment	6	74	89
Amortisation of intangibles	7	308	194
Directors' fees	18	250	257
Audit fees - external		40	35
Audit fees - internal		21	18
Accounting, taxation and legal		212	295
Conferences and seminars		760	799
Information delivery		189	131
Loss on asset disposal		-	-
Grants		56	30
Other committee fees		110	80
Sundry operating expenses		810	685
<b>Total other operating expenses</b>		<b>2,830</b>	<b>2,613</b>

## 6. Plant and Equipment

Movements for plant and equipment are as follows:

2023	OFFICE EQUIPMENT (\$000)	FURNITURE AND FITTINGS (\$000)	COMPUTER EQUIPMENT (\$000)	TOTAL (\$000)
<b>COST OR VALUATION</b>				
Balance at 1 April 2022	91	583	630	1,304
Additions	8	-	32	40
<b>Balance at 31 March 2023</b>	<b>99</b>	<b>583</b>	<b>662</b>	<b>1,344</b>
<b>ACCUMULATED DEPRECIATION</b>				
Balance at 1 April 2022	73	530	549	1,152
Depreciation expense	7	17	50	74
<b>Balance at 31 March 2023</b>	<b>80</b>	<b>547</b>	<b>599</b>	<b>1,226</b>
<b>Net Book Value at 31 March 2023</b>	<b>19</b>	<b>36</b>	<b>63</b>	<b>118</b>

2022	OFFICE EQUIPMENT (\$000)	FURNITURE AND FITTINGS (\$000)	COMPUTER EQUIPMENT (\$000)	TOTAL (\$000)
<b>COST OR VALUATION</b>				
Balance at 1 April 2021	88	582	578	1,248
Additions	3	1	52	56
<b>Balance at 31 March 2022</b>	<b>91</b>	<b>583</b>	<b>630</b>	<b>1,304</b>
<b>ACCUMULATED DEPRECIATION</b>				
Balance at 1 April 2021	63	497	503	1,063
Depreciation expense	10	33	46	89
<b>Balance at 31 March 2022</b>	<b>73</b>	<b>530</b>	<b>549</b>	<b>1152</b>
<b>Net Book Value at 31 March 2022</b>	<b>18</b>	<b>53</b>	<b>81</b>	<b>152</b>

There are no restrictions on title of Plant and Equipment, nor are there any contractual commitments for the acquisition for such assets.

## 7. Intangible Assets

Movements for intangible assets are as follows:

2023	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	TOTAL (\$000)
<b>COST OR VALUATION</b>			
Balance at 1 April 2022	281	1,265	1,546
Additions	473	-	473
Transfer	(754)	754	-
Disposals	-	(478)	(478)
<b>Balance at 31 March 2023</b>	<b>-</b>	<b>1,541</b>	<b>1,541</b>
<b>ACCUMULATED AMORTISATION</b>			
Balance at 1 April 2022	-	904	904
Amortisation expense	-	308	308
Disposals	-	(468)	(468)
<b>Balance at 31 March 2023</b>	<b>-</b>	<b>744</b>	<b>744</b>
<b>Net Book Value at 31 March 2023</b>	<b>-</b>	<b>797</b>	<b>797</b>
<b>2022</b>			
	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	TOTAL (\$000)
<b>COST OR VALUATION</b>			
Balance at 1 April 2021	-	1,352	1,352
Additions	281	-	281
Disposals	-	(87)	(87)
<b>Balance at 31 March 2022</b>	<b>281</b>	<b>1,265</b>	<b>1,546</b>
<b>ACCUMULATED AMORTISATION</b>			
Balance at 1 April 2021	-	797	797
Amortisation expense	-	194	194
Disposals	-	(87)	(87)
<b>Balance at 31 March 2022</b>	<b>-</b>	<b>904</b>	<b>904</b>
<b>Net Book Value at 31 March 2022</b>	<b>281</b>	<b>361</b>	<b>642</b>

There are no restrictions on title of Intangible Assets, nor are there any contractual commitments for the acquisition for such assets.



## 8. Cash and Cash Equivalents

	2023 (\$000)	2022 (\$000)
Cash at bank and in hand	3,720	9,469
Short-term deposits <i>(with an original maturity of less than 3 months)</i>	2,500	-
<b>Total cash and cash equivalents</b>	<b>6,220</b>	<b>9,469</b>

The carrying value of cash and cash equivalents approximate their fair value.

## 9. Short Term Deposits

	2023 (\$000)	2022 (\$000)
Short-term deposits <i>(with an original maturity of more than 3 months)</i>	3,624	669
<b>Total short term deposits</b>	<b>3,624</b>	<b>669</b>

The carrying value of short term deposits approximate their fair value.

Deposits are with Registered Banks for terms between 150 and 366 days, at interest rates between 3.5% and 5.68%.

## 10. Managed Funds

	2023 (\$000)	2022 (\$000)
<b>SECURITIES</b>		
Debt – New Zealand	528	435
Debt – Overseas	1,940	1,717
Property – New Zealand	305	499
Equity – New Zealand	586	661
Equity – Overseas	2,134	2,086
Cash and cash equivalents <i>(assets)</i>	1,749	1,824
<b>Total managed funds</b>	<b>7,240</b>	<b>7,222</b>

The College holds units in an investment fund managed by a fund manager.

The carrying value of the Managed Fund represents the fair value the units the College holds in that fund.

## 11. Faculties' and Chapters' Accumulated Funds

	2023		2022	
	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	416	(36)	449	12
Northland Faculty	92	(2)	94	1
Waikato Faculty	302	(9)	312	3
Tairāwhiti Faculty	17	-	17	2
Wellington Faculty	198	(5)	204	(20)
Hawkes Bay Faculty	57	4	53	(8)
Nelson Faculty	38	11	27	(6)
Taranaki Faculty	97	1	96	(2)
Whanganui Faculty	37	1	36	-
Manawatū Faculty	80	2	78	(5)
Canterbury Faculty	104	(10)	114	(13)
Otago Faculty	110	(5)	115	(2)
Southland Faculty	52	(1)	53	8
Pasifika Chapter	25	7	18	2
Te Akoranga a Māui	35	(13)	48	7
Rural General Practitioners' Chapter	76	12	65	10
Rural Hospital Generalists' Chapter	329	47	282	40
The Registrars' Chapter	20	(22)	42	(26)
	<b>2,085</b>	<b>(18)</b>	<b>2,103</b>	<b>3</b>

## 12. Revenue in Advance

	2023 (\$000)	2022 (\$000)
Ministry of Health contract revenue	3,455	3,010
Cornerstone fees	-	23
Fellowship assessments fees	151	178
GPEP2/3 programme	739	-
Membership Fees in advance	6,062	5,733
Other fees in advance	317	789
<b>Total revenue in advance</b>	<b>10,724</b>	<b>9,733</b>

Current	10,699	9,733
Non-Current	25	-
<b>Total revenue in advance</b>	<b>10,724</b>	<b>9,733</b>

The Ministry of Health contract revenue in advance has been reclassified between current and non-current to better reflect the position.

## 13. Operating Lease Commitments

Non-cancellable operating lease rentals are payable as follows:

	2023 (\$000)	2022 (\$000)
No later than one year	567	567
More than one year, less than five years	283	850
More than five years	-	-

The College leases premises under operating leases. The premises' leases are for up to nine years. No leases contain contingent rental payments. The College has a right to renewal in September 2024.

## 14. Financial Instruments

The College holds a number of financial instruments in the course of its normal activities.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, in respect of each class of financial asset and financial liability are disclosed in the accounting policies.

All of the College's financial instruments are unhedged.

The College manages its exposure to key financial risks in accordance with its policies, the objective of which is to support the delivery of the College's financial targets while protecting future financial security. The main risks arising from the College's financial instruments are interest rate risk, currency risk and market risk on equities.

The Board approves policies including risk management and investment policies that set appropriate principles to guide the College's management in carrying out financial risk management activities.

### **FAIR VALUE**

The carrying amount of financial assets and financial liabilities recorded in the financial statements represents their respective fair values, determined in accordance with the College's accounting policies.

### **LIQUIDITY RISK**

Liquidity risk is the risk that, at any time, the College may not have sufficient funds to settle a liability on the due date. The College manages liquidity risk by maintaining adequate cash reserves and by continuously monitoring forecast and actual cash flows; matching the maturity profiles of financial assets and liabilities.

### **CREDIT RISK**

Credit risk is the risk that a third party will default on its obligation to the College, causing the College to incur a loss. As over 70% of the College funding is received from the Ministry of Health, we deem our credit risk to be very low. Due to the timing of its cash inflows and outflows, the College invests surplus cash into term deposits, which gives rise to credit risk. The College also minimises credit risk by limiting these investments to registered banks with a Standard and Poor's credit rating no less than AA-. The College has no collateral or other credit enhancements for financial instruments that give rise to credit risk.

### **INTEREST RATE RISK**

Interest rate risk is the risk that movements in variable interest rates will affect financial performance by increasing interest or reducing interest income. Financial instruments which potentially subject the College to interest rate risk consist of bank balances and short term bank deposits. Interest rate risk is managed by investing funds in term deposits for periods where these funds are not required for liquidity purposes.

### **EQUITY PRICE RISK**

Equity price risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market prices. The main component of equity price risk to the College is its investment in managed funds. The College manages equity price risk through the use of a professional fund manager that has significant experience and regularly monitors movements in both local and overseas markets.

## 14. Financial Instruments (cont'd)

### CURRENCY RISK

This is the risk that the fair value of a financial instrument will fluctuate because of changes in exchange rates. The College holds a number of financial instruments in overseas currencies through its managed fund. The College manages currency risk through the use of a professional fund manager that has significant experience and regularly monitors movements in overseas markets.

### SENSITIVITY ANALYSIS

The table below illustrates, the potential impact on surplus/ (deficit) for reasonably possible market movements, with all other variables held constant, based on College's financial instruments at the balance date. The impact on Equity is the same as, the surplus/(deficit) impact below. The sensitivity analysis is based on a deviation in either the interest rate by +/- 50 basis points, the exchange rate by +/- 5% or the total value of the managed fund by +/- 10%.

	Interest Rate		Exchange Rate		Market Rate				
	SENSITIVITY	2023 (\$000)	2022 (\$000)	SENSITIVITY	2023 (\$000)	2022 (\$000)	SENSITIVITY	2023 (\$000)	2022 (\$000)
Impact on profit	+/- 50bps	31	47	+/- 5%	204	190	+/- 10%	724	722

The sensitivity analysis is prepared assuming the amount recorded at balance date was outstanding for the whole year.

### EXPLANATION OF SENSITIVITY ANALYSIS - INTEREST RATES

The College held assets with exposure to interest rate risk in cash. A movement in interest rates of plus or minus 50bps would result in a movement of \$31,000 (2022: \$47,000). Term deposits and debt securities have not been included in this analysis as they are all held at fixed interest rates.

### EXPLANATION OF SENSITIVITY ANALYSIS - FOREIGN EXCHANGE RATES

The College held assets with exposure to currency risk in investments held in international equities and debt. A movement in all exchange rates of plus or minus 5% would result in a movement of \$204,000 (2022: \$190,000).

### EXPLANATION OF SENSITIVITY ANALYSIS - MARKET RATES

The College held assets with exposure to equity price risk in investments held in its managed fund. A movement in the value of the managed fund of plus or minus 10% would result in a movement of \$724,000 (2022: \$722,000).



## 14. Financial Instruments (cont'd)

The table below shows the carrying amount of the College's financial assets and financial liabilities.

### 2023

Carrying Amount (\$000)	Financial Assets		Financial Liabilities	TOTAL AS AT 31 MARCH 2023	LEVEL OF FAIR VALUE HIERARCHY
	FAIR VALUE	LOANS AND RECEIVABLES	AMORTISED COST		
<b>Subsequently measured at fair value</b>					
<b>SECURITIES</b>					
Managed Fund	7,240	-	-	<b>7,240</b>	2
<b>Subsequently not measured at fair value</b>					
Cash and cash equivalents ( <i>assets</i> )	-	6,220	-	<b>6,220</b>	
Short Term Deposits	-	3,624	-	<b>3,624</b>	
Receivables	-	6,536	-	<b>6,536</b>	
Payables	-	-	(784)	<b>(784)</b>	
	<b>7,240</b>	<b>16,380</b>	<b>(784)</b>	<b>22,836</b>	

### 2022

Carrying Amount (\$000)	Financial Assets		Financial Liabilities	TOTAL AS AT 31 MARCH 2022	LEVEL OF FAIR VALUE HIERARCHY
	FAIR VALUE	LOANS AND RECEIVABLES	AMORTISED COST		
<b>Subsequently measured at fair value</b>					
<b>SECURITIES</b>					
Managed Fund	7,222	-	-	<b>7,222</b>	2
<b>Subsequently not measured at fair value</b>					
Cash and cash equivalents ( <i>assets</i> )	-	9,469	-	<b>9,469</b>	
Short Term Deposits	-	669	-	<b>669</b>	
Receivables	-	5,772	-	<b>5,772</b>	
Payables	-	-	(947)	<b>(947)</b>	
	<b>7,222</b>	<b>15,910</b>	<b>(947)</b>	<b>22,185</b>	

## 15. Capital Management

The College's capital is its equity (or members' funds), which comprise accumulated funds and reserves. Equity is represented by net assets.

The College manages its revenues, expenses, assets, liabilities, investments and general financial dealings prudently and in a manner that promotes the current and future interests of its members.

## 16. Related Party Transactions

The College has a related party relationship with its Members of the Board, Executive management and partly through the year with the Trust.

### KEY MANAGEMENT PERSONNEL REMUNERATION

The College classifies its key management as:

- Members of the Board; and
- Executive management team, including Chief Executive Officer

Members of the Board are paid Board fees and, where applicable, representation fees. The Executive management team is employed by the College on standard employment terms.

The aggregate level of honoraria and remuneration paid and number of individuals in each class of key management personnel is presented below:

	2023			2022		
	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)
Dr Samantha Murton	60	48	-	58	47	-
Dr Lauren McGifford	-	-	-	9	-	47
Dr Joanna Blakey	30	-	-	29	-	1
Dr Gregory Judkins	8	-	2	29	-	23
Ms Susan Huria	30	-	-	29	-	-
Dr Daniel McIntosh	30	-	-	29	-	1
Dr Kiriana Bird	30	-	124	29	-	58
Dr Karl Cole	20	-	-	-	-	-
	<b>208</b>	<b>48</b>	<b>126</b>	<b>212</b>	<b>47</b>	<b>130</b>

### OTHER FEES

The College has contracts with many of its members including Members of the Board. Principally, fees earned by Members of the Board are for the delivery of educational services to support GPEP or are for executive roles associated with College Faculties and Chapters.

Educational service contracts vary annually due to regional registrar volumes; in 2023 Dr Bird provided contracted educational services within her region.

All contracts are conducted on normal commercial arms' length terms.

	2023		2022	
	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS
Executive Management	1,177	6	1,064	5

17. Reconciliation of the Surplus for the Period  
with Net Cash Flows from Operating Activities

	<b>2023</b>	<b>2022</b>
	<b>(\$000)</b>	<b>(\$000)</b>
<b>Comprehensive revenue and expenses for the year</b>	<b>116</b>	<b>924</b>
<b>ADD NON-CASH ITEMS</b>		
Amortisation	318	194
Depreciation	74	89
Loss on disposal	-	-
Net (gains)/loss on investments	(18)	(394)
<b>MOVEMENTS IN WORKING CAPITAL</b>		
Accounts receivable	(764)	(384)
Prepayments	(99)	116
Accounts payable	(163)	(15)
Provisions	-	-
Employee entitlements	8	96
GST payable	22	35
Income in advance	725	(157)
<b>Net cash (outflow)/inflow from operating activities</b>	<b>219</b>	<b>504</b>

18. Contingencies and Capital Commitments

The College has no contingent liabilities or capital commitments as at 31 March 2023 (2022: nil)

19. Subsequent Events

There were no material subsequent events after the balance date.

# Tauākī Whakamaunga Atu

## Statement of Service Performance

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**Goal 1** We provide a voice for our members and enable their views to be shared on issues that matter to them.

We highlighted member concerns through 55 submissions to government and related agencies (2022: 65).\*

100 percent of position statements and submissions included considerations to achieve equity and improve health outcomes for Māori (2022: 100 percent).

The College's name (and variations of it) – were mentioned in 1,544 media stories – stories online and in print (2022: 1,988).\*

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**Goal 2** We are committed to addressing health inequities in all communities and advocating to improve social determinants of health.

The College aims to have the representation of Māori and Pasifika equal to or greater than the proportional percentage of the population.

In 2018, 16.5 percent of the population identified as Māori and 8 percent as Pasifika (Stats NZ Census data).

177 Māori Fellows, 4 percent of 4,629 Fellows (2022: 171, 4 percent of 4,536).\*

98 Pasifika Fellows, 2 percent of 4,629 Fellows (2022: 92, 2 percent of 4,536).\*

7 percent of the annual intake of 178 were Māori registrars (2022: 11 percent of 196)

10 percent of 363 College medical education contracted roles were held by Māori (2022: 8 percent of 343).

As a registered charity, we are required to report back on some non-financial KPIs related to Te Rautaki - our Statement of Strategic Intent.

These figures are as of 31 March 2023.

### Why the College exists

**Vision:** We set and maintain education and quality standards and support our members to provide competent, equitable care to their patients.

**Mission:** To improve health outcomes and reduce health inequities.

\*Figures in the 2022 report have been updated.

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**Goal 3** We provide world-class vocational training

We train GPs and rural hospital doctors for New Zealand conditions, drawing on international best practice to develop a highly skilled workforce.

Recognised 184 new GP Fellows (2022: 152).\*

Recognised 9 new Division of Rural Hospital Medicine Fellows (2022: 8).\*

83 percent of GPEP year 1 registrars passed the clinical exams (2022: replaced with one-off aegrotat assessment with 88 percent achieving a pass).

92 percent of GPEP year 1 registrars passed the written exams (2022: 92 percent).\*

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**Goal 4** We set and maintain quality assurance standards in general practice.

The College's Foundation standard is a prerequisite for practices to be eligible for capitation funding through Primary Health Organisations. 1,068 (2022: 1,060) practices engage with us to achieve these standards.

72 percent of practices with Foundation Standard (2022: 80 percent).

7 percent of practices have completed Cornerstone Equity module (2022: 2 percent).



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa