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# Annual Report 2025

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





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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 2025 relates to the year ending 31 March 2025. Any numbers provided as 2024 comparatives are for the year ending 31 March 2024.

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# 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  
āhuatanga 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, ahakoanō 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!

“The College team  
**works diligently behind  
the scenes to keep us  
informed and support  
all of us** through training,  
Fellowship, Quality,  
Continuing Professional  
Development (CPD),  
advocacy – and organising  
our annual conference,  
which is no small feat.”



Photo above:  
College staff.

# Ngā tūranga

## Roles

### Board

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

<b>Dr Samantha Murton</b> President and Chair	<b>Dr Stephan Lombard</b> Ex officio – National Advisory Council Chair <i>June 2022 – June 2024</i>
<b>Dr Kiriana Bird</b> Te Akoranga a Māui representative	<b>Dr Sophie Ball</b> Ex officio – National Advisory Council Chair <i>July 2024 – current</i>
<b>Dr Melanie (Mel) Wi Repa</b> Te Akoranga a Māui representative <i>February 2025 – current</i>	<b>Dr Andrew Morgan</b> Ex officio – Division of Rural Hospital Medicine Chapter Council Chair <i>April 2021 – June 2024</i>
<b>Dr Caroline Christie</b> Elected member	<b>Dr Andrew Laurenson</b> Ex officio – Division of Rural Hospital Medicine Chapter Council Chair <i>July 2024 – current</i>
<b>Dr Karl Cole</b> Elected member	<b>Dr Kerryn Lum</b> Ex officio – Censor in Chief
<b>Dr Daniel McIntosh</b> Elected member <i>July 2021 – July 2024</i>	<b>Dr Phillipa Sleigh</b> Ex officio – Board Associate <i>July 2023 – September 2024</i>
<b>Dr Jason Tuhoe</b> Elected member <i>July 2024 – current</i>	<b>Dr Manasi Deshpande</b> Ex officio – Board Associate <i>July 2024 – current</i>
<b>Ms Susan Huria</b> Independent Director	
<b>Mr Michael Crawford</b> Independent Director <i>October 2024 – current</i>	

*Ex officio directors attend Board meetings but do not have any voting rights.*

*2024 meetings held in May, June, July, September, October, December*

*2025 meeting held in February, March*

### Senior Leadership Team

<b>Toby Beaglehole</b> Chief Executive <i>June 2024 – current</i>	<b>David Wyles-Jones</b> Head of Corporate Services <i>April 2024 – current</i>
<b>Victoria Harrison</b> Head of Learning <i>November 2022 – current</i>	<b>Sarah Herbert</b> Tumuaki Māori and Head of Equity <i>November 2024 – current</i>
<b>Rachael Dippie</b> Head of Membership Services <i>November 2023 – current</i>	

### National Advisory Council

Member representation from each Chapter, Faculty and Te Akoranga a Māui. The NAC meets quarterly to kōrero local and national issues with significant concerns taken to the College Board for consideration.

<b>Dr Stephan Lombard</b> Chair Manawatu Faculty <i>July 2020 – July 2024</i>	<b>Dr Dermot Coffey</b> Canterbury Faculty
<b>Dr Sophie Ball</b> Chair Auckland Faculty <i>September 2023 – current</i>	<b>Dr Craig Pelvin</b> Otago Faculty
<b>Dr Moira Chamberlain</b> Northland Faculty	<b>Dr Dayna More</b> Southland Faculty <i>November 2019 – November 2024</i>
<b>Dr Liza Lack</b> Waikato/Bay of Plenty Faculty	<b>Dr Kirsten Taplin</b> Southland Faculty <i>November 2024 – current</i>
<b>Dr Patrick McHugh</b> Tairāwhiti Faculty	<b>Dr Vanisi Prescott</b> Pasifika Chapter
<b>Dr Philippe (Phil) Weeks</b> Taranaki Faculty	<b>Dr James (Hemi) Enright</b> Registrars’ Chapter <i>September 2023 – July 2024</i>
<b>Dr Louise Haywood</b> Hawke’s Bay Faculty	<b>Dr Darren O’Gorman</b> Registrars’ Chapter <i>September 2024 – current</i>
<b>Paul Nealis</b> Whanganui Faculty	<b>Dr Mark Smith</b> Rural General Practitioners’ Chapter
<b>Dr Jane Laver</b> Manawatu <i>November 2024 – current</i>	<b>Dr Andrew Laurenson</b> Division of Rural Hospital Medicine <i>September 2023 – October 2024</i>
<b>Dr Sally Talbot</b> Wellington Faculty	<b>Dr Sara Gordon</b> Division of Rural Hospital Medicine <i>October 2024 – current</i>
<b>Dr Kirsten Tucker</b> Nelson/Marlborough Faculty <i>August 2019 – March 2024</i>	<b>Dr Melanie (Mel) Wi Repa</b> Te Akoranga a Māui <i>January 2024 – January 2025</i>
<b>Dr Rosland (Ros) Gellatly and Dr Robert (Rob) Hayes</b> Nelson/Marlborough Faculty <i>2024 – current</i>	<b>Dr Jordan Bailey Gibbs</b> Te Akoranga a Māui
<b>Dr Jason Tuhoe</b> Board representative <i>February 2025 – current</i>	<b>Dr Caroline Christie</b> Board representative <i>September 2023 – November 2024</i>  <i>2024 meetings held in July, November</i>
<b>Toby Beaglehole</b> Ex officio – Chief Executive <i>June 2024 – current</i>	



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## Audit and Risk Committee

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

**Dr Daniel McIntosh**  
Chair

*October 2018 – December 2024*

**Mr Michael Crawford**  
Chair

*December 2024 – current*

**Dr Samantha Murton**

**Ms Susan Huria**

**Dr Karl Cole**

**Dr Phillipa Sleigh**  
Observer

*July 2023 – September 2024*

**Dr Manashi Deshpande**  
Observer

*July 2024 – current*

*2024 meetings held in June, September, December*

*2025 meeting held in February*

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## Remuneration Committee

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

**Ms Susan Huria**  
Chair

**Dr Karl Cole**

**Dr Caroline Christie**

*July 2023 – current*

**Dr Samantha Murton**

*2024 meetings held in May, December*

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## Research and Education Committee

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

**Dr Stephan Lombard**  
Chair

*October 2023 – April 2024*

**Dr James (Hemi) Enright**  
Chair

*August 2024 – current*

*2024 meetings held in April, August, November*

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## 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**

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## Journal of Primary Health Care

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

**Prof Felicity Goodyear-Smith**  
and **Prof Timothy Stokes**

Co-editors

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## Te Akoranga a Māui – Tokorima

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

**Dr Jason Tuhoē**  
Kaihutū | Chair

**Dr Kiriana Bird**  
College Board  
representative

**Dr Nina Bevin**  
Kaihutū Tuarua | Deputy  
Chair

**Dr Melanie (Mel) Wi Repa**  
College Board  
representative

*February 2025 – current*

**Dr Amber-Lea Rerekura**  
Hekeretari, Kaitiaki Putea |  
Secretary and Treasurer

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

Set national standards for general practice vocational education.

**Dr David Henry**  
Chair

*2024 meetings held in June, September*

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## Division of Rural Hospital Medicine Council

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

**Dr Andrew Morgan**  
Chair

*April 2021 – July 2025*

**Dr Andrew Laurenson**  
Chair

*July 2025 – current*

*2024 meetings held in July, October*

*2025 meetings held in March*

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## Division of Rural Hospital Medicine Board of Studies

Sets national standards for rural hospital doctors' vocational education.

**Dr Munanga (Muna) Mwandila**  
Chair

*2024 meetings held in July, October*

*2025 meeting held in March*

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## Medical Director

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

**Dr Luke Bradford**

Ō tātou mēma

## Our members at a glance

5,927

Total members

## Our chapters



670

Rural GPs'  
Chapter



1,080

Registrars'  
Chapter



268

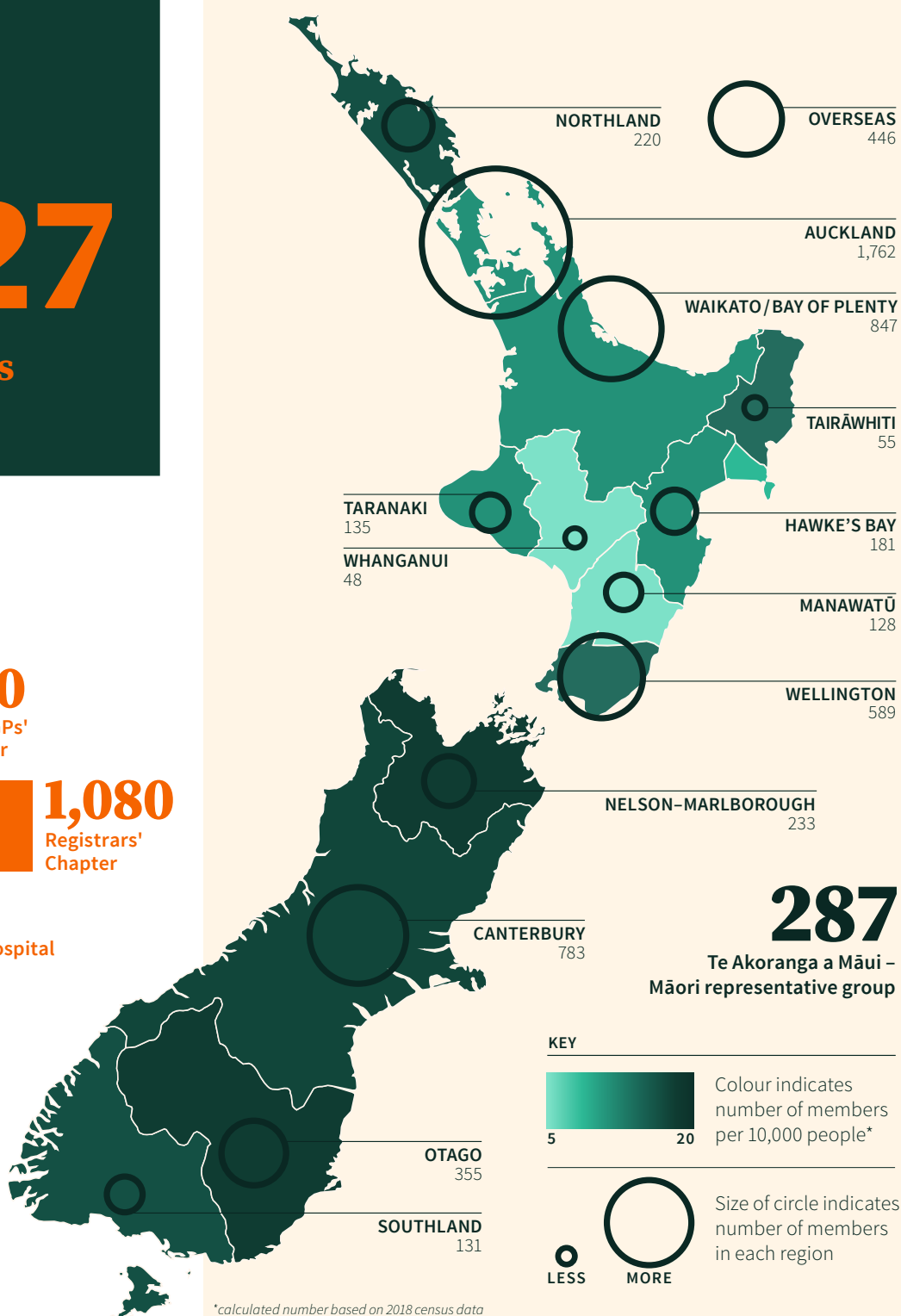
Division of Rural Hospital  
Medicine Chapter



165

Pacific  
Chapter

## By region

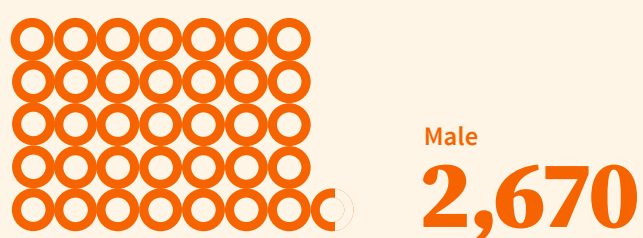


287

Te Akoranga a Māui –  
Māori representative group

\*calculated number based on 2018 census data

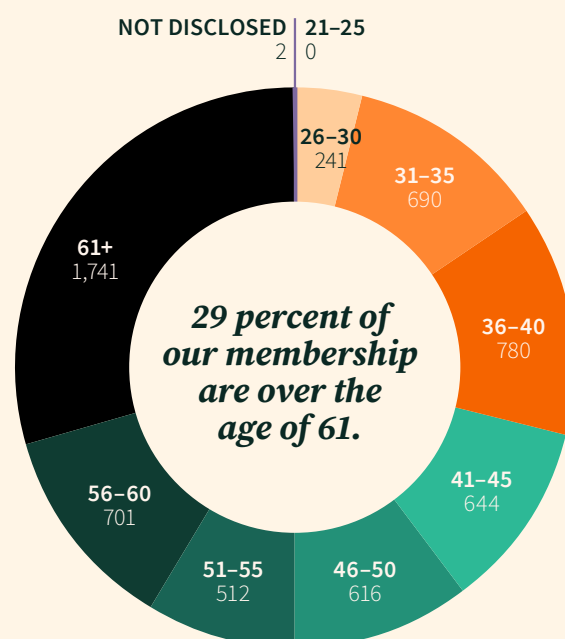
## By gender



Undisclosed  
**3**

Gender diverse  
**2**

## By age



## By ethnicity\*



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



## 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



#### SUPPORTING OUR MEMBERS

Our members are at the heart of what we do. The College represents approximately 6,000 general practitioners and rural hospital doctors across Aotearoa New Zealand. We train them and support their ongoing knowledge throughout their working life. We are also their voice – enabling their views to be shared across issues that matter to them.



#### IMPROVING HEALTH EQUITY IN NEW ZEALAND

We're committed to improving our training and professional development programmes to ensure that GPs have the capacity and capability to improve Māori health within their communities. We acknowledge the health inequities that impact our communities, and we advocate to improve social determinants of health in Aotearoa. We're influential in ensuring all our rural members (GPs and rural hospital doctors) can deliver quality health care for rural communities.



#### EDUCATION EXCELLENCE

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



#### QUALITY GENERAL PRACTICES

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



#### BECOMING A CONTEMPORARY AND SUSTAINABLE ORGANISATION

The College operates in a way that enables staff and members to grow and adapt to a rapidly changing population and health system.



*Te pūrongo  
o te Tumu  
Whakarae*

## President's Report

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As I write this message for the Annual Report, I not only reflect on a year of College activity but six years and eight months of being in this role. I began on 19 November 2018 with my first Board meeting in early December.

*Tēnei au ka tuhi i te kupu nei mō te Pūrongo ā-Tau, ka whai whakaaro ki ngā mahi a te Kāreti kua mō te tau anake engari mō te ono tau me te waru marama kua noho au ki tēnei tūranga. I tīmata au i te 19 o Whiringa-ā-Rangi 2018 me te hui Poari tuatahi i te tōmuatanga o te Hakihea.*

The support I had from the membership voting me in and my fellow Board members was invaluable. It has certainly been a wild ride with two elections, six Ministers of Health, a sector that is being eroded, a pandemic where our members saved countless lives by their selfless actions and hard work, and constant changes within the health system.

I have always believed that expert general practice is pivotal to optimising care for our patients as it adapts to stay at the forefront of healthcare in New Zealand.

*He tino kāmeheameha tonu te tautoko mai a ngā mema i pōti mai i au me āku hoa Poari hoki. Arā rā ngā piki me ngā heke, arā e rua ngā pōtitanga, tokoono ngā Minita Hauora, he rāngai e ngāhorohoro ana, he mate urutā i mahi ai ā tātau mema ki te whakaora i te hia mano tāngata nā runga i ā rātau hohenga me te pukumahi, me te rite tonu o ngā panonitanga ki roto i te pūnaha hauora.*

*Kua pūmau tōku whakapono ko te mahi rata whānui e mātanga ana te kauhuritanga hei whakapiki i te kumanutanga ka whakawhiwhia ki ā tātau tūroro i a tātau e*

Six years on and we are even more crucial to a successful health reform. We just need to convince everyone else that this is the case. I hope that the College, the incoming President, the Board, the National Advisory Council (NAC), Chapters, Faculties and members all continue to champion and lead the change that our nation needs in health care.

Over the past 12 months we have collated a lot of data and feedback from across the College membership in the form of the Your Work Counts project, the Workforce Survey, the membership survey and regular calls for contributions to College policy submissions and consultation documents.

Having large volumes of information means we can back up our requests and calls for action with robust data when we are advocating for change. Our advocacy takes on many forms, some more visible and newsworthy than others but all important, nonetheless.

Thank you to everyone who continues to take the time to contribute to our advocacy requests. Your feedback is important and really does help us to affect change in the short-, medium- and long-term. It also puts the College at the forefront of requests for information and advice. We have become the 'go to' place for many agencies and stakeholders to collaborate on changes to services.

In the last 12 months we have worked constantly on new things while continuing our business-as-usual activities and running a well organised College. We have put into effect the changes to the rules voted in at the last Annual General Meeting (AGM). Recognising our commitment to Te Tiriti o Waitangi in the Board representation, the advocacy we make and the support to members is a significant step.

Thank you to the Board for their expertise and perspectives, their engagement and discussions as we worked through solutions that will improve operational processes and the current state of the workforce.

*urutau ana kia noho tōmua tonu ki roto i ngā mahi hauora i Aotearoa. Kua huri te ono tau, ka nui kē atu te wāhi ki a tātau ki roto i ngā panonitanga whai take ki te rāngai hauora. Heoi anō te mahi he whakapakepake i te katoa koia nei te āhuatanga. E tūmanako ana ahau ka pūmau tonu te akiaki me te ārahi a te Kāreti, te Tumu Whakarae hou, te Poari, te National Advisory Council (NAC), ngā Wāhanga, ngā Manga me ngā mema i te panonitanga e hiahiaatia ana e tō tātau motu mō te tiaki hauora te take.*

*I te 12 marama kua hori, kua kohikohi mātau i te nui noa atu o te raraunga me ngā whakahokinga kōrero i ngā mema o te Kāreti mā te kaupapa Your Work Counts, te Rangahau Kapamahi (Workforce Survey), te rangahau mema me ngā tono auau hoki kia whai wāhi ki ngā tāpaetanga kaupapahere, whakawhiti korero a te Kāreti.*

*Mā te whai i te nui mōhiohio nei, ka taea e tātau te whakataunaki i ā tātau tono, karanga mahi hoki me ngā raraunga e whai kaha ana ina e akiaki ana tātau i te panonitanga. He nui ngā āhuatanga o ā tātau mahi akiaki nei, ko ētahi e kaha ake ana te kitea i ngā karere i ētahi atu, engari he whai take te katoa.*

*Tēnei ka whakawhetai ki ngā tāngata katoa ka whai wā ki te whai wāhi mai ki ā tātau tono akiaki. He mea nui tonu ō whakahokinga kōrero, ka tino āwhina i a tātau ki te hanga panonitanga i te pae poto, i te pae waenga, i te pae roa anō hoki. Ka whakanoho hoki tēnei i te Kāreti ki te tōmuatanga o ngā tono mōhiohio, tohutohu hoki. Kua noho tātau hei 'tino' wāhi mō ngā tari me ngā tāngata whai pānga maha kia mahi tahi i ngā panonitanga ki ngā ratonga.*

*I te 12 marama kua hori nei, kua rite tonu ā tātau whai i ngā kaupapa hou me te kōkiri tonu i ngā mahi o ia rā, te whakahaere hoki i tētahi Kāreti e rite ana mō āna mahi. Kua whakatinana tātau i ngā panonitanga ki ngā ture i pōtitia i te Hui-ā-Tau o mua. He hātepe nui te whakamana i tō tātau manawanui ki Te Tiriti o Waitangi i te mematanga o te Poari, te mahi akiaki ka kōkiritia me te tautoko hoki ka whakawhiwhia atu ki ngā mema.*



We have undertaken a governance review, which has and will continue to focus our attention on further embedding Te Tiriti o Waitangi; strengthening the role of the National Advisory Council and the connections between the Board and members in faculties and chapters; evolving the membership model and engagement for future sustainability; and optimising the composition of the Board complying with ever evolving legislation and regulations.

Three member-focused activities this year that I am particularly proud of and feel reflect our efforts to listen to members' needs are initiating the rural pathway training plan, specific interest groups, and getting closer to a funded three-year training programme for our General Practice Education Programme (GPEP) registrars. I look forward to seeing how these projects progress over the coming year.

The College team also plays a vital part in this and works diligently behind the scenes to keep us informed and support all of us through training, Fellowship, Quality, Continuing Professional Development (CPD), advocacy – and organising our annual conference, which is no small feat.

Thank you again for your mahi, dedication and your unwavering commitment to your patients and communities over the past 12 months. Know that you and your teams have made a difference that is recognised and valued by our patients, communities and each other.

We are the heart of the health care sector and I have been enormously proud to represent you over the last six-plus years.

### Dr Samantha Murton

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

President ♦

*Tēnei ka whakawhetai ki te Poari mō ō rātau pūkenga, tirohanga hoki, tā rātau whai wāhi mai me ngā kōrero hoki i a mātau e whai ana i ngā urupare hei whakapai ake i ngā tukanga whakahaere me te āhua o te kapamahi.*

*Kua arotake mātau i ngā mahi hautū, me te aro nui ki ngā mahi hei whakapūmau haere i Te Tiriti o Waitangi; hei whakakaha i te wāhi ki te National Advisory Council me ngā hononga ki waenga i te Poari me ngā mema kei ngā manga me ngā wāhanga; hei whakahou haere i te āhua o te noho mema me te whai wāhi mō te anamata e toitū ana; me te whakapai hoki i te hanga o te Poari me te tautuku hoki ki ngā ture me ngā waeture e rite tonu ana te panoni haere.*

*Kei te tino poho korerū ahau i tēnei tau ki ngā kaupapa e toru e aro ana ki ngā mema, e whakaata ana i ā mātau mahi ki te whakarongo ki ngā hiahia o ngā mema koia ēnei, ko te tīmata i te mahere whakangungu tuawhenua, ko ngā rōpū whāiti, ko te whakatata haere ki te hōtaka whakangungu toru tau mō ō mātau kairēhita General Practice Education Programme (GPEP). Kei te minamina au kia kite ka pēhea te haere o ēnei kaupapa hei te tau e haere mai ana.*

*He tino nui te wāhi ki te kapamahi a te Kāreti ki roto i ngā mahi nei, ka pukumahi ki muri kia whai mōhio tātau, kia whai tautoko mā te whakangungu, te Whakawhiwhinga Tūranga, te Kōunga, te Whakangungu Ngaio e haere tonu ana (CPD), te mahi akiaki – me te whakarite i tā tātau hui ā-tau, ehara tonu i te mea iti noa nei.*

*Tēnā anō koutou i ā koutou mahi, manawanui me te pūmau tonu ki ā koutou tūrora, hāpori hoki i te 12 marama kua hori nei. Kia mōhio mai koutou, kua hanga koutou ko ā koutou kapa i te painga e kitea ana, e whakauaratia ana e ō tātau tūrora, hāpori me tātau tonu.*

*Ko tātau te pūtahi o te rāngai hauora, ā, kua tino poho korerū rawa atu au ki te whakakanohi i a koutou i te ono tau kua hori nei.*

*Te Pūrongo  
Whakahaere*

## Chief Executive's Report

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Tēnā koutou. I'd like to acknowledge the very warm welcome I've received from across the membership, Board and College since coming on board as Chief Executive in June 2024.

*Tēnā koutou. Me mihi au ka tika ki te rāhiritanga mai ki au i ngā mema, i te Poari, i te Kāreti hoki mai i tāku kuhunga mai hei Tumu Whakahere i te Pipiri o 2024.*

Like most New Zealanders, I had been aware of the manifold challenges faced by general practice and primary care. Stories of long wait times, closed books, pay parity, workforce shortages and burnout were frequent, as were the calls for action, for more primary care investment and support to grow the workforce.

Since joining the College, my understanding of and appreciation for the mahi you all do every day to improve patient outcomes has grown exponentially.

This year's Annual Report provides a timely summary of College achievements and highlights. The summary is a timely reminder of the ongoing impact of the dedication and determination of our

*Pēnei i te tokomaha tāngata o Aotearoa, kua mōhio au ki ngā wero maha i pā ki ngā mahi rata whānui me te kumanutanga paetahi. He rite tonu ngā kōrero i rangona mō te roa o te wā tatari, ngā pukapuka e kati ana, te whai kia whakaōrite utu kaimahi, ngā kōpaka kaimahi me te pongere hoki, he rite tonu hoki ngā karanga mahi, kia nui ake te tuku pūtea mō te kumanutanga paetahi, kia tautokona hoki ngā mahi whakatipu i te kapamahi.*

*Nōku ka kuhu atu ki te Kāreti, kua tipu pū tōku mārama me tōku whakaaro nui ki ngā mahi ka kōkiri koutou i ia rā ki te whakapiki huanga mō ngā tūrora.*

*Kei te Pūrongo ā-Tau mō tēnei tau tētahī whakarāpopoto ā mohoa noa nei mō ngā ekenga taumata me ngā mahi whakahirahira*

specialist GPs and rural hospital medicine doctors. The report also demonstrates the necessity of our continued efforts in advocating for a sustainable workforce providing timely and equitable care to all New Zealanders.

Our new Health Minister, Hon Simeon Brown, made his mark in the new role with a series of announcements, which included additional funding for primary care and a commitment to increase our homegrown workforce. These are important and valued steps in the right direction. The College anticipates further engagement with the Minister to progress other targeted investments and lasting solutions that will have a positive impact on patients and the workforce alike.

At our AGM in July, the College rules were updated to confirm the appointment by Te Akoranga a Māui, our Māori representative committee, of two directors to the Board. Internally, we appointed a new Head of Equity and have continued to resource up our equity team. These changes ensure the College is well positioned to support and develop our Māori and Pacific membership and observe the principles of Te Tiriti o Waitangi.

Within the College we are progressing with our Te Kapehu Whetū systems upgrade project. The project was developed to future-proof our processes, ensure your interactions with the College are as seamless as possible and provide our teams with the resources they need to do their jobs efficiently.

We ended the year by launching a new enrolment process for GPEP, the Rural Hospital Medicine Training Programme (RHMT) and Prior Specialist Pathways applicants.

*a te Kāreti. Ko te whakarāpopoto nei, he whakamaharatanga mohoa noa nei mō te whai pānga o te manawanui me te pūtohe o ō tātau rata whānui e mātanga ana me ngā rata mahi hohipera hoki. Ka whakaatu hoki te pūrongo i te whai take o ā tātau mahi e haere tonu nei hei akiaki mō tētahi kapamahi e toitū ana, māna e whakawhiwhi atu te tiakitanga i te wā tika, whai tōkeke hoki mō ngā tāngata katoa o Aotearoa.*

*I poua e tō tātau Minita Hauora hou, ko Hon Simeon Brown, tōna pou ki roto i tōna tūranga me āna tauākī, tae atu ki te whakapikinga pūtea mō te kumanutanga paetahi me te manawaū ki te whakatipu i te kapamahi nō Aotearoa tonu. He hātepe nui, whai uara ēnei i te huarahi tika. E whakaneinei ana te Kāreti kia whai wāhi anō ki te Minita, arā ki te kōkiri haere i ētahi pūtea haumi whāiti me ētahi urupare e toitū ana kia whai painga ki ngā tūroto me te kapamahi hoki.*

*I tā tātau Hui ā-Tau i te Hōngongoi, ka whakahoutia ngā ture a te Kāreti ki te whakamana i te kopoutanga o ngā kaihautū e rua ki te Poari e Te Akoranga a Māui, tā tātau komiti Māori. Mō roto nei, i kopou mātau i te Tumu Tōkeke, kua haere tonu hoki ngā mahi hei whakapakari i te kapa tōkeke. Ko ngā panonitanga nei ka āta whakanoho i te Kāreti kia rite ki te tautoko, ki te whakawhanake hoki i ā tātau mema Māori, Moana-nui-ā-Kiwa hoki me te whai whakaaro ki ngā mātāpono o Te Tiriti o Waitangi.*

*Mō roto i te Kāreti, kei te kōkiri mātau i tā mātau kaupapa whakahou pūnaha o Te Kāpehu Whetū. He mea waihanga te kaupapa nei kia rite ā tātau tukanga mō te anamata, kia maurua-kore ō whai wāhitanga mai ki te Kāreti ki tōna nui ka taea, kia whakawhiwhia hoki ā tātau kapa ki ngā rauemi e hiahiatia ana e taea ai ngā mahi te mahi.*

This upgrade, which is part of Te Kāpehu Whetū, makes enrolments more intuitive and streamlined. Work is also ongoing to implement the final phase of our new financial management system (FMIS).

In early 2025, the College began implementing the Governance Review, which assessed how the College is governed and areas in which we were strong or could improve. This is another significant piece of mahi that keeps College structures fit for purpose and focused on strategy and the future.

In the coming 12 months the College will continue to be focused on solutions, advocacy and creating opportunities for our workforce to show its full potential.

I look forward to working alongside you to achieve these, and many more, successes.

In closing, I would like to record my gratitude for the support and guidance from our outgoing President and Chair, Dr Samantha Murton. She has been patient, wise, funny, astute and always available for the infinite demands of the role. Dr Murton and Susan Huria have contributed significantly and meaningfully around the Board table in guiding the College strategically through often troubled waters in the last six years.

Mā te huruhuru ka rere ai te manu.

### Toby Beaglehole

Chief Executive ♦

*Ka mutu te tau me te whakarewatanga o te tukanga whakauru hou mō te GPEP, te Rural Hospital Medicine Training Programme (RHMTTP) me ngā kaitono Prior Specialist Pathways. Ko te whakahoutanga nei, he wāhanga nō Te Kāpehu Whetū, ka whakaihūmanea, ka whakakoutata i ngā whakaurunga. Kei te haere tonu hoki ngā mahi hei whakatinana i te wāhanga whakamutunga o tā mātau pūnaha whakahaere pūtea hou (FMIS).*

*I te tīmatanga o 2025, ka tīmata te Kāreti ki te whakatinana haere i te Governance Review (Arotake Mana Urungi), i tiroiro ai i ngā āhuetanga o te uruhanga o te Kāreti me ngā wāhi e kaha ana, e taea ana rānei te whakapaipai ake. He mahi nui anō tēnei e whakapūmau ana kei te rite ngā hanga o te Kāreti ki te whakahaere i āna mahi, kei te aro ki te rautaki me te anamata.*

*Hei te 12 marama e haere mai ana, ka aro tonu te Kāreti ki ngā urupare, ki te akiaki, ki te para huarahi mō tā tātau kapamahi kia whakaatu i ōna pito mata katoa.*

*Kei te minamina au ki te mahi tahi ki a koutou ki te whakatutuki i ēnei mahi me te nui noa atu hoki o ngā angitutanga.*

*Hei whakakapi ake, me mihi au ka tika ki te tautoko me te ārahitanga o tā tātau Tumu Whakarae e heke iho ana, ko Tākuta Samantha Murton. Kua mānawanawa mai ia, kua whai whakaaro, kua whakakatakata, kua mūrere, kua wātea hoki i ngā wā katoa ki ngā matea o te tūranga. Kua nui te whai koha mai a Tākuta Murton rāua ko Susan Huria ki te Poari hei ārahi rautaki i te Kāreti i ngā moana pukepuke i ngā tau e ono kua hori nei.*

*Mā te huruhuru ka rere ai te manu.*

*Hei  
manaaki  
rata*

## Supporting our members

Our members are at the heart of what we do. The College represents approximately 6,000 general practitioners and rural hospital doctors across Aotearoa New Zealand. We train them and support their ongoing knowledge throughout their working life. We are also their voice – enabling their views to be shared across issues that matter to them.

### MEMBER ENGAGEMENT SURVEY

In August 2024 our member engagement survey sought feedback and thoughts across our functional areas, to help us identify areas for improvement.

The survey told us that members would like to see the College promote and attract more GPs and rural hospital doctors to the profession, more facilitation with the training of GPs and rural hospital doctors and increased advocacy for better health care outcomes with Government and its agencies.

Some other key findings included:

There are time and capacity constraints for engaging with the College's communication channels.

Over a third of members have engaged in a faculty or chapter event in the past 12 months. More research is required to identify barriers for engagement.

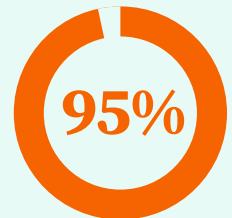
Over 80% of Fellows find our CPD programme Te Whanake easy to use.

Awareness of member benefits varied considerably. We have since relaunched the membership benefits suite.



**1,130**

members completed  
our member  
engagement survey



of delegates were  
satisfied with GP24:  
Conference for  
General Practice





Photo left:  
Dr Ros Wall checks a  
patient's blood pressure.

### GP24: CONFERENCE FOR GENERAL PRACTICE

Over 600 GPs, rural hospital doctors and other health professionals attended GP24: Conference for General Practice in Te Whanganui-a-Tara Wellington in July. It was a great three days of renowned celebrity and keynote speakers alongside a full concurrent programme of learning and networking with the College's 50th celebration theme woven in.

*“This year's conference was excellent. I have attended several others over previous years, and this was by far the best. It was positive and inspiring. It dealt with practical issues that GPs are facing all over NZ including AI, use of technology, creatively responding to staffing shortages and how to inspire and attract more GPs.”*

A specialist GP from Southland

*“It's not an easy profession but I love it and there's hope for the future. Embrace technology. We are all amazing.”*

A specialist GP from Wellington



### CELEBRATING 50 YEARS OF THE COLLEGE

We celebrated the 50th anniversary of the College at GP24: Conference for General Practice. The whole weekend celebrated 1974 from a dress up competition at the welcome function, to our 70s-inspired branding, lolly bar and lounge within our exhibition stand, culminating with our glamorous 50th celebration dinner. It was a night of glitz and glam, full of reminiscing, reflection and dancing.

To honour this anniversary the College launched a commemorative book of member interviews, photos and a detailed timeline of events that have shaped the College over the past 50 years.

## YOUR VOICE CONTRIBUTED TO CHANGE

Throughout the year, the College sought members' feedback on proposals from Government departments and other agencies. We responded to 46 consultations. While they were all important, below are some more notable ones:

Ministry of Health: Proposal to increase prescriptions from three months to 12 months

Parliament: Principles of the Treaty of Waitangi Bill

Medical Council of New Zealand: Expedited pathway for provisional vocational registration

Health and Disability Commissioner: Review of the Act and Code

Law Commission: Review of adult decision-making capacity law

Medsafe: 73rd Medical Classifications Committee Meeting

Pharmac: Proposal to change the regulatory and funding restrictions for stimulant treatments for ADHD.

## College mentions in the media

2024 1,595

2025 1,173

## Your voice contributed to

46

SUBMISSIONS

made to government, agencies and decision makers



## USING OUR VOICE TO PUSH FOR CHANGE

In October 2024, College President Dr Samantha Murton and Medical Director Dr Luke Bradford wrote an opinion editorial that was published in the NZ Herald, titled *GP shortage: New solutions needed for a sustainable, future-focused primary care workforce*.

The article highlighted the ongoing GP workforce shortages and the years of chronic under-investment in primary care, which is putting the workforce at serious risk. It also talked about the consequence of that risk to patients and the wider health system.

“Investing in primary care is the most cost-effective way to address the challenges that the health sector is facing. Investing in primary care will prevent further increases in non-urgent hospitalisations and presentations to emergency departments. For every \$1 spent in primary care, \$14 is saved further down the line in hospital care.”

Photo above:  
The College's 50th  
celebration dinner.







## YOUR WORK COUNTS

In June 2024, 303 members took part in the second ‘Your Work Counts’ diary study to definitively show the gap between what GPs do and what they are funded to do. We asked members to choose any consecutive seven days (including weekends) within a two-week period to record the time spent on five key tasks.

College Medical Director Dr Luke Bradford presented the findings at GP24: Conference for General Practice. Some of the key findings included that part-time doctors are working full-time hours to get through their workload and full-time GPs ended up working far more than their 40 paid hours.

## PRIMARY CARE FUNDING ANNOUNCEMENTS

In March 2025, the Minister of Health announced extra funding of \$95 million per year to be made available from July 2025 for general practices to improve access to their services, provide more specialist treatment to patients and increase delivery against a set of key health targets.

The College welcomed the Health Minister’s funding announcement, saying it is a big step in the right direction towards building a well-resourced and sustainable primary care workforce. Increased investment in primary care has long been at the forefront of our members’ concerns and the College’s advocacy work, particularly improving access to GP, rural hospital and primary care services and growing and retaining the workforce.

College President Dr Samantha Murton said, “the College is pleased to see our ongoing advocacy has been reflected in the Minister’s decisions and we look forward to learning the specifics of this additional funding”.

## WE AWARDED \$30,950 TO RESEARCH PROJECTS THAT BENEFIT GENERAL PRACTICE

Each year the College's Research and Education Committee receives applications for funding towards research and education that benefits general practitioners and rural hospital doctors.

For the 2024/25 year, the Research and Education Committee awarded \$30,950 for projects researching:

General practitioner and nurse practitioner perspectives on migraine management in primary care.

A long-term follow-up of usage and equity of access to isotretinoin in New Zealand by deprivation and ethnicity.

A trial of written exposure therapy in primary care.

Ten-year evaluation of the Te Tai Tokerau Rural Hospital Medicine Training Project.

## PRINCIPLES OF THE TREATY OF WAITANGI BILL

Parliament's Justice Committee called for submissions on the Principles of the Treaty of Waitangi Bill in November 2024, about which the College submitted on behalf of our members. The College is committed to honouring Te Tiriti o Waitangi and Māori health rights alongside Te Akoranga a Māui (the College's Māori representative group). This was written and voted into the College rules at the 2024 AGM.



Photo above:  
Members at the College's  
50th celebration dinner.

The College rejected the Treaty Principles Bill in its submission to the Justice Committee, asserting that meaningful dialogue with Māori must first occur and be rooted in equity, justice and fairness. It is essential to recognise that both historical and contemporary breaches of Te Tiriti o Waitangi have resulted in significant inequities for Māori. Aotearoa New Zealand must unite in prioritising and realising Māori rights and Tino Rangatiratanga.

Photo opposite:  
The 70's inspired College  
stand at GP24: Conference  
of General Practice.

*“The proposed Principles of the Treaty of Waitangi Bill is an unnecessary distraction created to actively remove pre-existing rights that were reaffirmed by Te Tiriti o Waitangi. We continue to witness the impact of a system that has historically and contemporarily failed to honour Te Tiriti o Waitangi, and now we have a proposed Bill that further seeks to marginalise and disenfranchise Māori”.*

Dr Jason Tuhoe (Hauraki, Ngā Puhi, Ngāti Pikiao),  
Chair of Te Akoranga a Māui and College Board member





*He whakapiki  
i te mana  
hauora taurite*

## Improving health equity in New Zealand

We're committed to improving our training and professional development programmes to ensure that GPs have the capacity and capability to improve Māori health within their communities. We acknowledge the health inequities that impact our communities, and we advocate to improve social determinants of health in Aotearoa. We're influential in ensuring all our rural members (GPs and rural hospital doctors) can deliver quality health care for rural communities.



### HEALTH EQUITY

#### **Medical Council of New Zealand reaccreditation report: Support for Māori and Pacific registrars**

In September 2024, the College received formal notification that the College's General Practice Education Programme and Rural Hospital Medicine Training Programme had been reaccredited by the Medical Council of New Zealand through to 2030, following an assessment in early 2024.

A highlight of this report was the commendation relating to the targeted Pou Whirinaki services offered to Māori and Pacific registrars as well as our commitment to cultural safety. The

report stated: "The College's strong commitment to equity is evident as exemplified by its support for Māori and Pacific trainees through Te Pou Whirinaki and by the cultural safety pou of the recertification programme, Te Whanake."

#### **Mihi 500 training continues**

The College continued to invest in training to increase the cultural safety and capability of our medical educator and assessor workforces through the ongoing delivery of MIHI500. Between April 2024 and April 2025, 43 medical educators attended the MIHI500 course via two cohorts in April and August 2024. Unfortunately, the MIHI500 three-year pilot funding received from Health New Zealand | Te Whatu Ora has now ended.





Photo above:  
GPEP year 1 registrars in front of the Sir Māui  
Pōmare statue at Owae Marae during their  
Te Ahunga.



## SUPPORT FOR EQUITY-FOCUSED MEMBER AND RECRUITMENT EVENTS

### Matariki dinner

The Fellowship and Awards ceremony in July 2024 saw eight Māori GPs receive their Fellowship. Te Akoranga a Māui celebrated this achievement with a Matariki-inspired celebration dinner for Māori Fellows and their whānau following the Fellowship and Awards Ceremony.

### Pacific health day

In May 2024, the College's Pacific Chapter hosted a successful Pacific Health Day at the K'aute Pasifika Fale in the heart of Kirikiriroa (Hamilton). The theme was *'Ka aalo auloa e vaka, to holo hako mo e tonu, ati hoko mafiti ke he atu moana'*

with Niue being the island theme for this event. It was a great day of collegiality and learning. This was the first year the Pacific Health Day has been held outside of Auckland. College staff provided logistical support for the event.

### Whakaharatau

Whakaharatau is a kaupapa Māori mock clinical exam offered each year to our Māori and Pacific registrars. This event was led by Te Akoranga a Māui and the Pacific Chapter, with operational support from the Hauora Māori and Equity team. We aim to provide a simulated end of year clinical exam (although slightly shorter) that is culturally responsive to Māori and Pacific registrars, with the opportunity for Māori and Pacific

registrars to engage in an exam-like environment and receive constructive feedback from Māori and Pacific Fellows who are examiners at this event.

Feedback from registrars who attended Whakaharatau in 2024 was largely positive with many sharing that Whakaharatau supported them to best prepare for the final clinical exam.

### PRIDoC 2024

In December 2024, the College provided financial support for a Māori Fellow to attend the Pacific Region Indigenous Doctors Congress (PRIDoC) in Adelaide, Australia. PRIDoC is a biennial Indigenous-led space for Indigenous physicians, residents and medical students, health researchers, health professionals and allies.

### Te Oranga and Te Ora sponsorship and events

In September, Te Oranga held their kura reo in Heretaunga Hastings, in Te Matau-ā-Māui Hawkes Bay. There were 100 participants, made up of Māori medical students and doctors. Kura Reo is a wānanga event across two days on a marae with a number of activities and sessions including te reo classes, debating, tikanga lessons, team building and guest speakers. The College sponsored the event through a koha and branded merchandise for the attendees. We had College Fellows in attendance who talked to the students about the benefits of general practice, answering their questions.

### Te Ora Hui-a-tau

Te ORA Hui-ā-Tau was held in Rotorua in September 2024. This is the biggest event of the year for Te ORA, and brings the membership together to reconnect, inspire and share collective knowledge as Māori practitioners. The College attended with a trade stand to encourage doctors into general practice and rural hospital medicine.

The expo day for high school students the day before the Hui-ā-Tau was well attended by students, and the College had a stand representing both general practice and rural hospital medicine. Dr Maia Melbourne Wilcox shared what it was like being a GP, while Dr Alex McLeod showcased some of the emergency equipment rural hospital doctors use.

### New Māori Fellows



### New Pacific Fellows



## HAUORA MĀORI

### GPEP registrars welcomed at Te Ahunga

Early in 2025, 201 GPEP year 1 registrars were officially welcomed to the College during Te Ahunga; a two-day orientation and hauora Māori educational event. Te Ahunga provides an opportunity for whakawhanaungatanga among registrars, medical educators and staff from the College. It also provides an introduction to hauora Māori, recognised as a key component of the GPEP year 1 curriculum.

This year Te Ahunga was held at eight marae across the country, including Owae Marae in Taranaki, which is the marae of Sir Māui Pōmare. He was the first Māori doctor to graduate from any medical school in Aotearoa. His work and legacy are honoured in the name Te Akoranga a Māui — the College's Māori representative group and Te Tiriti o Waitangi partner.

### Rautaki Māori targets

**He Ihu Waka, He Ihu Whenua, He Ihu Tangata 2022–24 is the College's rautaki Māori. The key aims were to:**

1. Increase the number of Māori Fellows in College medical education roles.
2. Ensure the GP workforce is pro-equity, Te Tiriti o Waitangi compliant, culturally safe and anti-racist.
3. Advocate for, and influence, equitable health outcomes for Māori.

### Measuring ourselves against the first aim within Rautaki Māori:

Attendance by Te Akoranga a Māui representatives and College staff at Te Oranga hui-a- Tau, Te Ora hui-a-Tau and other Māori medical events in 2024 occurred.

In 2025, 19% of our GPEP registrars identified as Māori, representing the first time we have achieved our Rautaki Māori target that *“the annual intake of Māori registrars is greater than the population”*.

As at April 2025, 100% of Māori registrars from the 2016 and 2018 cohorts have achieved Fellowship. A total of 88% of Māori registrars from the 2017 cohort have achieved Fellowship. For the 2019 and 2020 cohorts roughly 50% of Māori registrars have achieved Fellowship. Much work has occurred by our Pou Whirinaki Māori to support Māori registrars to achieve Fellowship and this work continues. Further work is needed to continue to improve Māori Fellowship achievement, particularly if the goal of doing so continues to be within five years.

As of April 2025, we have less than 10% Māori Fellows employed as Medical Educators by the College; thus, work must continue to ensure *“at least 20 percent of College medical education roles are held by Māori Fellows”*.



## Measuring ourselves against the second aim within Rautaki Māori:

The target of ensuring the *“revised curriculum domains of Equity, Te Tiriti o Waiangi and Hauora Māori prepare registrars for Fellowship”* was supported through integration of Te Tiriti o Waitangi, equity, and cultural safety standards into the final Fellowship Assessment in June 2023.

As of 31 March 2025, we had 562 out of 1085 practices (52%) enrolled in the Cornerstone equity module and 222 out of 562 practices (40%) accredited in the Cornerstone equity module. While clear gains have occurred since 2022 when data began to be collected, we have not yet achieved the Rautaki Māori target that *“50 percent of all practices have achieved the Cornerstone Equity module”*.

The target of ensuring *“Fellows completing Continuing Professional Development (CPD) include goals on cultural safety and health equity”* has been met with 95% of Fellows having set goals against the Cultural Safety and Equity (CSE) category of learning (80% set more than 1 goal against CSE).

## Measuring ourselves against the third aim within Rautaki Māori:

For the target of designing a response framework to provide input to influence health advocacy and policy:

Equity is now considered in all submissions and position statements

The Workforce Survey has been refined to ensure relevant information is captured from Māori GPs and practices to understand more about Hauora Māori models of care

The Policy, Advocacy and Insights team along with Hauora Māori and equity team agreed on an engagement process to ensure consideration of Te Tiriti o Waitangi, Māori health rights (and Indigenous health rights), and Māori equity across all policy, advocacy and insights work.

For the target of commissioning evidence-based Māori health research that seeks to improve equitable health outcomes:

The College’s Research and Education Fund application criteria have four domains including ‘advancing Māori health’.

Applicants must include a response to “How far does this proposal advance Māori by upholding and valuing Māori rights, worldviews, knowledge and tikanga Māori (Māori processes and protocol)?”

For the target of developing Te Whāriki Taurite me ōna Mātāpono and implementing it throughout the College structure:

This document has been updated to identify possible future initiatives and current mahi across the College towards the Outcomes in He Ihu Waka, He Ihu Whenua, He Ihu Tangata: He Rautaki Māori 2022–2024

An organisational Māori cultural capability programme is also in the process of development with the aim of lifting Māori responsiveness capacity and capability across the College.

Photo opposite:  
Dr Coll Campbell (right)  
with a patient.





# He hiranga mātauranga

## Education Excellence

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

### COLLEGE'S TRAINING PROGRAMMES REACCREDITED

In September 2024, the College received formal notification that the College's General Practice Education Programme and Rural Hospital Medicine Training Programme had been recredited by the Medical Council of New Zealand through to 2030 following an assessment in early 2024.

The report included many commendations including:

- the College embedding educational expertise in its governance and associated structures and for demonstrably drawing upon this expertise in discharging its training and education functions,
- a strong commitment to equity and the Māori strategy (He Ihu Waka, He Ihu Whenua, He Ihu Tangata 2022-2024),
- proactive strategies to increase recruitment of Māori trainees,
- a GPEP curriculum that was extensively reviewed in 2021 and presented in a comprehensive and clear curriculum document,
- the Multi-Use Educator team, which supports trainees and educators across Aotearoa.

## GPEP

## Written exam

237

Candidates  
participated  
in the GPEP  
written  
examination89.5%  
written exam  
pass rate

## GPEP

## Clinical exam

247

Candidates  
participated  
in the GPEP  
clinical  
examination86.6%  
clinical exam  
pass rateRURAL HOSPITAL  
MEDICINE TRAINING PROGRAMME

## StAMPS exam

6

rural hospital  
medicine training  
programme registrars  
participated in the  
StAMPS examination83%  
exam pass  
rate

## New Fellows

## GPs



2024

233

2025

Rural  
Hospital  
Doctors

8

2024

7

2025

## New Registrars

## GPEP



2024

201

2025

Division of  
Rural Hospital  
Medicine

8

2024

10

2025

Following the release of the report, Chief Executive Toby Beaglehole addressed members via *ePulse* saying, “the accreditation report comes with a high number of commendations of this excellent mahi and the College is very grateful for the part you play in this. I would also like to thank all of you who were involved as part of the reaccreditation process, as we couldn’t have done this without you being available for MCNZ to interview, survey or include in the focus groups”.

### LARGEST COHORT TO SIT GPEP EXAMS

At the beginning of 2024, the largest ever intake of registrars joined GPEP and began their specialist GP journey. This meant that the GPEP year 1 exams at the end of 2024 were undertaken by a record number of registrars.

Throughout November and December 2024, 247 GPEP year 1 registrars participated in the clinical examination and 237 GPEP year 1 registrars participated in the written examinations. This was the largest ever cohort to sit the exams with approximately 45 more registrars for each exam, and required an extra day compared to previous years.

## EDUCATION SUPPORT TEAM LAUNCHED

In January 2025, when the new GPEP cohort began, the College launched the Education Support Team, which evolved from the previous Multi Use Educator team. The new team has a clearer set of goals and governance structure wrapped around it.

The team is made up of medical educators who play a vital role in supporting and enhancing registrar education across four key areas:

**Whakatipu support:** Pastoral and academic support to immigrant registrars, especially those facing unique challenges.

**Professional oversight:** Oversees registrars' performance, especially those at risk, and offers individualised support and mentorship to ensure progress and development.

**Learning resource development:** Focuses on the professional growth and skill enhancement of medical educators, ensuring they have the support needed to guide registrars effectively.

**Educator development:** Develops, curates and enhances educational and academic resources to support registrar learning and training.

## RURAL REGISTRAR DAY

Almost 60 Rural Hospital Medicine Training Programme registrars and Division Fellows gathered in Wellington for the rural registrar day — a day of networking, learning about rural opportunities around Aotearoa and a hands-on workshop.

The rural registrar day is an important part of the training programme, as there are few chances for the registrars to meet other rural registrars scattered across the country.

Registrars heard from rural hospital representatives about their hospital, positions available and what kind of work-life balance they can have working at their hospital. They also attended a workshop on advanced suturing run by Division Fellow Dr Alan Furniss.



Photo right:  
Dr Alan Furniss presenting a  
workshop on advanced suturing  
at the rural registrar day.





Photo above:  
New Fellows and award  
recipients celebrate their  
success following the  
2024 Fellowship and  
Awards Ceremony.

### **NEW ZEALAND CONTEXT QUESTIONS ADDED TO STAMPS EXAM**

Our Rural Hospital Medicine Training Programme registrars complete the Structured Assessment using Multiple Patient Scenarios exam (StAMPS) run by the Australian College of Rural and Remote Medicine (ACRRM). StAMPS is an Australian exam so we were delighted

to reach an agreement with ACRRM in 2023 to be able to adapt aspects of the exam to accommodate the New Zealand context including a hauora Māori focus.

In November, three GPEP registrars were the first to work through two New Zealand context scenarios on StAMPS examined by New Zealand examiners.

# *He whare haumanu*

## Quality general practices

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



### MODULE DEVELOPMENT

#### **Continuous Quality Improvement reaccreditation module pilot and launch**

In February 2025, the College launched a new Continuous Quality Improvement (CQI) reaccreditation module for practices who wish to maintain their CQI accreditation in the College's Cornerstone programme. The module was developed and refined over several months through piloting with a selected group of practices across the motu.

### **Equity module pilot**

In January 2025, a pilot of the Equity reaccreditation module started. At the time of writing, the pilot practices are working their way through the module. Once the pilot is complete the College will use the feedback to refine the final module for practices who wish to maintain their Equity accreditation in the College's Cornerstone programme. This module will be launched in July 2025.







Photo above:  
Dr Hiria Nielsen (right)  
with a patient.

## RESOURCE DEVELOPMENT

Over the year a suite of new resources has been developed to help practices and assessors in their quality journey and to showcase some of the great work coming out of practices while completing the modules.

### Assessor handbook

The new online and interactive Assessor Handbook was launched in September 2024 and is the go-to resource for College-endorsed assessors. It includes comprehensive guidelines, insights and an operations manual with important policies and procedures.

### Equity module step by step guide for practices

The Equity module step-by-step guide was launched in October 2024 to help practices complete the module in 10 manageable steps over 10 months.

### Case studies booklet

To highlight some of the successes experienced by practices we collated Cornerstone case studies and published a booklet. The case studies booklet features stories from practices including why they completed the module(s) and what they got out of the experience.

## FOUNDATION STANDARD FACILITATOR TRAINING

Post-COVID, there have been higher levels of staff turnover in general practices resulting in large numbers of new practice managers and other staff members requiring training around how to gain Foundation Standard certification and a general understanding of our Quality programmes.

The College aims to support all practices in their quality journey. To ensure maximum flexibility, a self-directed online learning course, to be completed over four weeks, was developed. Over the year, 67 people completed this course.



# 961

Practices with  
Foundation  
Standard

# 15

Practices with CQI  
reaccreditation

# 288

Practices with CQI

# 282

Practices with  
Equity module





Photo above:  
Dr Vanisi Prescott.

## COLLABORATION WITH KEY STAKEHOLDERS

The College's Medical Director has a seat at the table at the National Quality Forum with other key agencies ensuring we have a voice in the system-wide quality and safety discussions and are included in any decisions that impact systems in general practice. This year, we provided an in-depth view into the complaints management systems and processes that general practices are assessed for through the Foundation Standard.

Our collaboration with key stakeholders, such as the Health Quality and Safety Commission | Te Tāhū Hauora and Health New Zealand | Te Whatu Ora, to ensure national policies and standards remain relevant and practical to implement in general practice continues. This year we have collaborated with the Health Quality and Safety Commission | Te Tāhū Hauora on resources that will assist in implementing the *Healing, learning and improving from harm: National adverse events policy 2023* across general practice.

The College works closely with key organisations such as the Primary Health Organisations (PHOs), Collaborative Aotearoa and the PHO Quality Improvement Network to ensure implementation of changes to the Foundation Standard guidance is pragmatic and minimises disruption to busy general practice teams.

We have supported the Council of Medical College's Cultural Safety Rōpū hui sharing our work and presenting on our equity module. We have also engaged with the Medical Forum at Green Cross Health to provide information on meeting Foundation Standard certification.

We attended and presented at the Practice Managers and Administrators Association of New Zealand Conference and attended the International Forum on Quality and Safety in Healthcare.

# *Te kāreti o nāianeī*

## Becoming a contemporary organisation

The College operates in a way that enables staff and members to grow and adapt to a rapidly changing population and health system.

### IMPROVING OUR SYSTEMS AND PROCESSES: TE KĀPEHU WHETŪ

The College is focused on a programme of work called Te Kāpehu Whetū to modernise our IT systems and current ways of working to ensure we deliver a great service to our members. The programme is a complex multi-year set of projects, which is planned to run through a phased approach until at least mid-2026.

#### **Phase one is completed: new Financial Management System**

In October 2024, the College launched a new financial management system called Business Central. This was a major milestone for the College in achieving the first phase of our Te Kāpehu Whetū Programme to improve how we deliver services to our members. The new system is a better fit and will create efficiencies to help deliver better service to our members.

#### **Phase two has started: new Student Management System**

After careful review the College decided it needed a student management system to future-proof the training programme administration. The College met with vendors and settled on a product called Tribal ebs. In March 2024, the new system was launched, taking the first cohort of GPEP applications for the 2026 cohort year. These registrars will be managed in the new system. The new system is much more intuitive and cuts down on manual administration time allowing College staff to provide better-tailored support to registrars.



Photo above:  
Dr Hiria Nielsen (right)  
with a patient.

### IMPROVING OUR SYSTEMS AND PROCESSES: HEALTH, SAFETY AND WELLBEING

The College commenced a comprehensive review of Health, Safety and Wellbeing together with a deep dive and review of Business Continuity Planning (BCP), Disaster Recovery (DR) and Emergency Planning (EP) during the past year.

We have incorporated Safe365™ Health and Safety software into BAU, completing an initial benchmark assessment of workplace safety maturity. From the initial audit, a work plan was completed, and the College will undergo an external audit in May 2025.

In the same work programme, the College has progressively been reviewing and updating its BCP, DR and ER planning.

### CLIMATE CHANGE, HEALTH, AND GENERAL PRACTICE IN AOTEAROA AND THE PACIFIC

In April 2024 the College updated its *Climate change, health and general practice in Aotearoa New Zealand and the Pacific* position statement.

The College proactively took a principled, active and practical lead on an issue that is globally the biggest health and health equity threat.

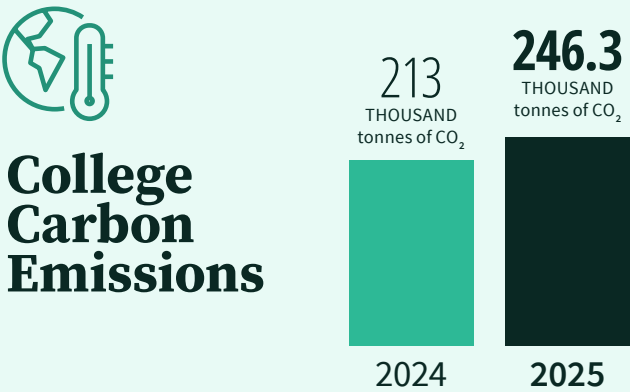
Measures to improve our housing stock (so they are warm, dry and mould free), diet, exercise, lived environment and pollution levels will improve overall community health and help address climate change. The cost of these measures will be offset by savings from reduced demand for health services and increases in productivity from a healthier population.

The College’s main position statement points were:

- Recognising that the impacts of climate change will increasingly affect the health of New Zealanders particularly the most vulnerable groups.
- Unequivocally acknowledging that anthropogenic (human-made) climate change is a threat to health and equity in Aotearoa New Zealand and the Pacific.
- Recognising that many ‘climate actions’ aimed at mitigating or adapting to climate change will also promote the health of individuals, whānau and communities.

The College is committed to helping members and general practices mitigate their climate impacts. It is also committed to mitigating its own climate impacts. Over the year, the College has highlighted climate change initiatives from members through its member magazine *GP Voice*.

Photo opposite:  
College Fellow Dr Simon  
Spenceley (right) with  
Healthcare Assistant  
Anahera Mohi.







# *O tātou pekanga*

## Our Chapters and Division

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

### Pacific Chapter

The Pacific Chapter is governed by an executive representative of Pacific GPs working throughout New Zealand. They work to support their members through Continuing Medical Education (CME) opportunities, events and offer equitable considerations to help improve outcomes for Pacific GPs in GPEP, and Pacific communities.

In May 2024, the Chapter hosted a successful Pacific Health Day at the K'aute Pasifika Fale in the heart of Kirikiriroa Hamilton. This was the first time it had been held outside of Auckland.

The Chapter welcomed Dr Alvin Mitikulena as the new Chair, taking over from Dr Moniva Liva in June 2024. Dr Mitikulena is a Pacific GP Fellow currently based in Carterton, Wairarapa. He has previously worked in Wellington and Auckland practices with large Pacific patient numbers.

In July 2024, the Chapter hosted a celebratory dinner following the College Fellowship and Awards Ceremony, which was a chance to celebrate the three new Pacific Fellows who were in attendance.

Photo opposite:  
Dr Anthony Dewan (middle)  
celebrates his Fellowship.



In October 2024, the Chapter ran (in collaboration with Te Akoranga a Maui) the annual mock clinical examinations for GPEP year 1 registrars from their respective chapters. This saw the largest attendance of Pacific Chapter members ever in this joint venture and continues to be an annual highlight in their calendars.

The Pacific Chapter would ideally like all Pacific GPs in the College to be members and has been looking at ways to increase its visibility within the College and also strengthen its relationships with other chapters and faculties.

To keep members connected the Chapter started two WhatsApp groups: one for Pacific registrars and one for other Pacific Chapter members. The Pacific Chapter looks to build on the great work started by previous members so that the Pacific GP workforce and Pacific community will thrive for many more years to come.



## Division of Rural Hospital Medicine Chapter

The Division of Rural Hospital Medicine (the Division) represents rural hospital doctors across New Zealand and is a vocational and representative governance body for the vocational scope of rural hospital medicine.

This year, the Division fostered valuable connections by actively participating in the Rural Health Conference, Rural Registrar Day and GP24: Conference for General Practice, where Dr Fiona Bolden, Prof Garry Nixon, Dr Andrew Laurenson and Dr Alex McLeod participated in a panel titled 'Rural health: The challenges of today are the opportunities for tomorrow.'

Another big win for the Division was the introduction of New Zealand context questions into the StAMPS Exams. In November, three GPEP registrars were the first to work through two New Zealand context scenarios in StAMPS examined by New Zealand examiners.

The Division also continues to work with Health New Zealand | Te Whatu Ora to streamline the registrar employment process and improve the overall training experience.

Photo below:  
Dr Fiona Bolden, Julian Wilcox,  
Dr Alex McLeod,  
Dr Andrew Laurenson and  
Prof Garry Nixon at GP24:  
Conference for General  
Practice during the panel  
discussion titled 'Rural health:  
The challenges of today and the  
opportunities for tomorrow.'



## The Registrars' Chapter

The Registrars' Chapter represents the College's registrar members undertaking GPEP or Rural Hospital Medicine training. They are proactive in their pastoral and collegial care of registrars within the College. This year's focus has been on engaging with the College about charges for the training programme. Activities this year have included regular meetings with the Head of Learning, Head of Membership and the Chief Executive to advocate for concerns.

Early in the year, an engagement survey was sent to all Chapter members to understand critical concerns. Fifty-five members responded with largely positive feedback — some areas of improvement included more social events and advocacy. Many respondents identified training fees as a significant financial burden, particularly given family circumstances and obligations.

The Chapter supported local registrars to engage with their faculties to provide social events around Christmas.

The Chapter continues to support individual registrars in engaging with the College and identifying sources of support.

## Rural GPs' Chapter

The Rural GPs' Chapter's overall goal is to improve the health and wellbeing of rural New Zealanders through the delivery and ensuring the sustainability of high quality rural general practice.

To grow the membership and reach more rural GPs, in early 2025 the Chapter reached out to all College members via communication channels to encourage them to join the Chapter for support with collegiality, peer support, and education opportunities. The Chapter was pleased with the uptake of new members.

The Chapter once again offered a partial discount to the College's annual conference GP24: Conference for General Practice. Additionally, the Chapter was involved with supporting some rural medical student club activities, a key aspect of the 'rural pipeline'. The Chapter remains excited by and committed to the project working toward an optional rural GP training pathway.





# Ngā mahi whakahirahira a Te Akoranga a Māui

## Te Akoranga a Māui continued its critical mahi

Te Akoranga a Māui is the College's Māori representative group. With more than 300 members, they are proud to be the first indigenous representative group established in any Australian or New Zealand medical college.

Te Akoranga a Māui congratulated three Te Akoranga a Māui colleagues who were presented with College Awards at GP24: Conference for General Practice in July 2024.

Dr Martin Mikaere (Ngāti Pūkenga, Ngāti Maru) was awarded a Community Service Medal for his outstanding contribution to general practice

Dr Jethro Le Roy was awarded a President's Service Medal for his outstanding contribution to the College including being a GPEP year 1 teacher and Chief Clinical Examiner

Dr Katarina Kirikino-Cox (Ngāti Porou, Te Aitanga a Mate) was awarded a President's Service Medal for her contribution to the College including GP teacher, National Advisory Council (NAC) represent and examiner.

Photo opposite:  
Dr Martin  
Mikaere (middle)  
receiving his  
Community  
Service Medical  
alongside  
College  
President  
Dr Samantha  
Murton (left)  
and Te  
Akoranga a Māui  
representative  
Dr Nina Bevin.

Te Akoranga a Māui welcomed Te Tiriti o Waitangi-focused additions to the College rules at the 2024 AGM that ensured the College's commitment to Te Tiriti o Waitangi was embedded in its charitable purpose. Specifically, provisions included a commitment by the College to give effect to Te Tiriti o Waitangi by: a) partnering with Māori (including Te Akoranga a Māui and other Māori health organisations); b) improving healthcare outcomes for Māori; c) increasing Māori participation in health education and research; and d) increasing Māori participation in the health workforce. Importantly, Māori are acknowledged as Te Tiriti o Waitangi partners and subsequently, there are now two Te Akoranga a Māui positions on the College Board with Dr. Kiriana Bird and Dr Mel Wi Repa fulfilling these roles.

There are two Te Akoranga a Māui representatives on the NAC, with one role yet to be filled.

In October 2024, Te Akoranga a Māui joined calls for the Government to drop the Principles of the Treaty of Waitangi Bill and focus on addressing systemic health inequities.

Dr Jason Tuhoe (Hauraki, Ngā Puhī, Ngāti Pikiao), Chair of Te Akoranga a Māui and College Board member shared, "The proposed Principles of the Treaty of Waitangi Bill is an unnecessary distraction created to actively remove pre-existing rights that were reaffirmed by Te Tiriti o Waitangi. We continue to witness the impact of a system that has historically and contemporarily failed to honour Te Tiriti o Waitangi, and now we have a proposed Bill that further seeks to marginalise and disenfranchise Māori".



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

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

All College members automatically belong to a regional Faculty, a group of local peers who organise social and learning events to nurture collegiality amongst specialist GPs and rural hospital doctors. Below are some highlights from each faculty for the year.

### **NORTHLAND**

To reduce the administrative burden and encourage succession, the Northland Faculty lobbied for a Northland Faculty platform within the College website that reflects their activities, holds minutes, can take event registrations and displays decisions previously made to support GP satisfaction in Northland. Now that GPs can be represented by Gen pro, GPA and the liaison GP position within Health New Zealand Te Whatu Ora, the Faculty can streamline its role and focus on NAC representation and their annual Really Great Russell Conference. We have continued to fund new Fellow and registrar events that are registrar driven. We also fund special interest development, anonymous professional counselling and mentoring of local students or registrars. New chairpersons serving a three-year term are offered directorship training.

### **AUCKLAND**

The Auckland Faculty's purpose is to "support Auckland GPs with collegiality and kotahitanga, education and being future fit". 2025 started with an extremely popular combined CME and social event. 247 members and their whānau attended a picnic and hīkoi. Positive feedback was plentiful with requests for further similar events in the future. A member said, "This was my first College event, and I was so impressed". Over the last year, several other events took place including a 'general medicine CPD day', a registrar event with a focus on Fellowship and GP career options, and the year ended in style with live music and entertainment to celebrate 50 years of the College. The Faculty Executive team is flourishing with new members bringing fresh ideas and energy.



Photo left:  
Waikato Fellowship event.

## WAIKATO/BAY OF PLENTY

The Waikato/Bay of Plenty Faculty offers many social and CME events for its members. We started off the year with two fun quiz events, one in Tauranga and one in Hamilton. These were a great chance for members to catch up with each other and their secondary care colleagues in a friendly setting. In September 2024, the Faculty ran our CME education symposium at Papamoa Beach — the weekend included clinical updates on topics such as sexual health and skin cancers. November 2024 was a busy month for this Faculty with a family-centred event to recognise and celebrate members who had gained their Fellowship over the past two years, and 35 energetic members running the ‘Round the Bridges’ event in Hamilton.

## TAIRĀWHITI

The Tairāwhiti Faculty continued to build relationships with their secondary care colleagues by hosting a meet and greet with general surgeons. It went very well with some good discussions acknowledging the huge workloads of both sides, and brainstorming ways Tairāwhiti Faculty members and general surgeons could help one another with appropriate referrals and workups before referrals are made. The Faculty also hosted an event to welcome new house surgeons to Tairāwhiti.

The Faculty provided sponsored catering for an event for hospital doctors, trainee interns and GPs at the Matai Research Centre. It was a very inspiring evening with the main players at Matai presenting the range of research they carry out, and the young scientists who were carrying out research projects over the summer introduced themselves and their projects to Faculty members.

## TARANAKI

In October the Faculty hosted a social event giving members the chance to connect with fellow GPs over drinks and nibbles.

## HAWKE'S BAY

The Hawke's Bay Faculty hosted several events to support connection and collegiality among members. The year began with a mix and mingle event in May, followed by a speed networking evening in September that brought together local health professionals from across the region. The annual meeting and dinner at Mission Estate Winery provided another opportunity for members to engage and reflect on the year with colleagues.

## WHANGANUI

The Whanganui Faculty continued to run regular Balint peer review meetings, which are facilitated by a local psychologist. It is enjoyed as valuable peer review by all members. The Faculty provided funding for a member of the executive committee to attend Balint training with Balint Australia NZ and they said it was a very rewarding experience.

## MANAWATŪ

In April the Manawātū Faculty held a social evening combining dinner with their annual meeting, where they acknowledged the hard work of outgoing Chairperson Dr Jade Robertson and introduced committee member Dr Derryn Brain as the incoming Chairperson.

In November, the Faculty hosted its annual 'GP regional conference' at the Manawātū Golf Club. They had a variety of local and visiting specialist presenters share on topics such as sexual health, psychiatry, neurology, orthopaedics, gynaecology and radiology, as well as an update from our PHO.

## WELLINGTON

The Wellington Faculty hosted both social and CME events. Matariki was celebrated together at Circa Theatre with the fabulous Tiwhas: Matariki Spectacular show and kai. A CME 'hands-on' mini conference was co-hosted with Evolution Healthcare, supporting members to feel confident with IUD insertion, joint injection and suturing. A special Wellington collegial celebration of the College's 50th anniversary at St John's Bar on Wellington's waterfront was enjoyed with canapés, drinks and comedic entertainment with special guest Dr Jo Prendergast.

## NELSON/MARLBOROUGH

The Nelson/Marlborough Faculty was on hold during this Annual Report period. They intend to start back up soon.

## CANTERBURY

The Canterbury Faculty did their bit to help attract future students to GPEP with their annual GP ‘mix and mingle’ in May 2024. The Faculty again provided some support for registrars and members to attend the College conference GP24: Conference for General Practice. In September 2024, the Faculty ran a social event — a fun evening of drinks, nibbles and a quiz. Another highlight this year was their annual meeting and dinner at the Botanic Gardens in November. It was a wonderful evening and a chance for members to catch up with their GP colleagues, reflect on 2024 and look ahead to the coming year.

## SOUTHLAND

Southland Faculty focused on providing CME and social events to its members. A standout event each year is the annual CME weekend, which took place in Te Anau in November 2024. It was a well-received event featuring a variety of local specialists and GPs who provide updates on a wide array of topics. The Faculty supported its local registrars by sponsoring GPEP events like the mid-Winter Christmas quiz in June 2024. This is a fun event for GPEP registrars, teachers and medical educators with a medical twist to some of the questions!

## OTAGO

The Otago Faculty continued providing quality CME events for its members. The Faculty once again hosted a successful mini conference weekend in Wānaka giving members the opportunity to get to know each other while learning about topics such as rheumatology, oncology and ophthalmology. The Faculty also teamed up with the Southland Faculty to run several one-off CME events on topics such as clinical uses for botox and red eyes.





## Celebrating our College award recipients

*A highlight of the year is the presentation of awards at the Fellowship and Awards ceremony which was held at GP24: Conference for General Practice in Te Whanganui-a-Tara Wellington.*

### Distinguished Fellowship

Dr Ranche Johnson	Dr Mark Lankshear
Dr Tony Becker	Dr David Maplesden
Dr Tony Farrell	Dr Rory Miller
Dr Veronica Lamplough	

### President's Service Medal

Dr Katrina Kirikino-Cox	Dr Andrew Morgan
Dr Jethro LeRoy	Dr Lucy O'Hagan

### Community Service Medal

Dr Martin Mikaere	Dr Marta Kroo
Dr Jennifer Hall	Dr Vivek Patel

### Dr Amjad Hamid Medal

Dr Zénobie Cornille

### Humphrey Rainey Award

Dr Charles Jaine

### Eric Elder Medal

Dr Hayley Scott

### James Reid Award

Dr Marcus Walker

### Honorary Fellowship

Dr Lesley Gray

Photo opposite:  
Dr Jethro LeRoy received his  
President's Service Medal  
from College President  
Dr Samantha Murton.

# *Pūrongo ahumoni take whānui*

## **General purpose financial report**

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# Directory

For the year ended 31 March 2025

## Nature of Business

Provide advice, information and advocacy, acts as an umbrella and resource body.  
Education delivery and development of Quality Standards.

## Business address

Level 4, 50 Customhouse Quay, Wellington Central,  
Wellington 6011

## Postal address

PO Box 10440, Wellington 6143

## IRD number

023-994-275

## IRD Status

Registered charity, exempt from income tax

## Board Members

Samantha Murton	Susan Huria
Jason Kohamutunga Tuhoē	Karl Cole
Michael Crawford	Kiriana Bird
Caroline Christie	Melanie Wi Repa

## Registered office

Level 4, 50 Customhouse Quay, Wellington Central,  
Wellington 6011

## NZBN Number

9429042800927

## Date of Incorporation

13 August 1973

## Registered Charity no

CC37545

## Auditor

BDO Wellington Audit Ltd,  
Level 1, 50 Customhouse Quay, Wellington 6143

## Bankers

Australia and New Zealand Banking Group Limited (ANZ)

## Solicitors

Buddle Findlay, PO Box 2694 Wellington 6011

# 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 comprises the financial statements on pages 60 to 81, and the statement of service performance on page 82-83. The complete set of financial statements comprise the statement of financial position as at 31 March 2025, 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 2025, and its financial performance, and its cash flows for the year then ended; and

the statement of service performance for the year ended 31 March 2025, in that the service performance information is appropriate and meaningful and prepared in accordance with the College's measurement bases or evaluation methods,

in accordance with Public Benefit Entity Standards ("PBE 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 statement of service performance in accordance with the ISAs (NZ)

and New Zealand Auditing Standard 1 (NZ AS 1) (Revised) *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.

### OTHER INFORMATION

The Board are responsible for the other information. The other information obtained at the date of this auditor's report is information contained in the general purpose financial report, but does not include the statement of service performance and the financial statements and our auditor's report thereon.

Our opinion on the statement of service performance and financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the statement of service performance and financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent



with the statement of service performance and the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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

The Board are responsible on behalf of the College for:

- a. the preparation and fair presentation of the financial statements and statement of service performance in accordance with PBE Standards;
- b. the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present a statement of service performance that is appropriate and meaningful in accordance with PBE Standards;
- c. the preparation and fair presentation of the statement of service performance in accordance with the College's measurement bases or evaluation methods, in accordance with PBE Standards;
- d. the overall presentation, structure and content of the statement of service performance in accordance with PBE Standards; and
- e. such internal control as the Board determine is necessary to enable the preparation of the financial statements and statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report the Board are responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board 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 statement of service performance 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 (Revised) 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-14-1/>

This description forms part of our auditor's report.

### 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

2 July 2025

# The Royal New Zealand College of General Practitioners

## Statement of Comprehensive Revenue and Expenses

### for the year ended 31 March 2025

	NOTES	2025 (\$000)	2024 (\$000)
<b>REVENUE FROM EXCHANGE TRANSACTIONS</b>			
Government funding of GPEP Programme		28,352	24,468
Membership Fees		5,918	5,533
Learning Programme Fees		4,225	3,763
Finance revenue	1	965	1,298
Faculties' and Chapters' revenue	2	557	550
Other revenue	3	976	762
<b>Total revenue</b>		<b>40,993</b>	<b>36,374</b>
<b>EXPENSES</b>			
Employment expenses – Registrars	4	(15,407)	(12,842)
Employment expenses – College staff	4	(9,036)	(7,911)
Educators and other contractors		(10,251)	(8,805)
ICT costs		(1,337)	(821)
Travel and accommodation		(785)	(967)
Occupancy		(818)	(723)
Faculties' and Chapters' expenses	2	(684)	(652)
Other operating expenses	5	(3,595)	(3,098)
<b>Total expenses</b>		<b>(41,913)</b>	<b>(35,819)</b>
<b>Surplus or (Deficit) for the period</b>		<b>(920)</b>	<b>555</b>

The accompanying notes on pages 69 to 81 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 2025

	NOTES	TOTAL (\$000)
Opening balance at 1 April 2023		10,413
Total Comprehensive revenue and expenses		555
<b>Members' funds at 31 March 2024</b>	<b>11</b>	<b>10,968</b>
Total Comprehensive revenue and expenses		(920)
<b>Members' funds at 31 March 2025</b>	<b>11</b>	<b>10,046</b>

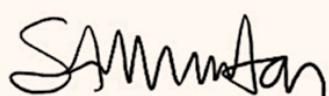
The accompanying notes on pages 69 to 81 are to be read in conjunction with these financial statements.

# The Royal New Zealand College of General Practitioners

## Statement of Financial Position as at 31 March 2025

	NOTES	2025 (\$000)	2024 (\$000)
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	8	6,145	4,233
Short term deposits	9	1,840	3,791
Managed funds	10	7,840	8,069
Receivables		367	1,651
Prepayments		374	329
		<b>16,566</b>	<b>18,073</b>
<b>NON CURRENT ASSETS</b>			
Plant and equipment	6	137	159
Intangible assets	7	206	449
		<b>343</b>	<b>608</b>
<b>TOTAL ASSETS</b>		<b>16,909</b>	<b>18,681</b>
<b>CURRENT LIABILITIES</b>			
Payables		994	1,161
Employee entitlements		936	828
Government funding of GPEP Programme repayable		1,224	1,430
Revenue in advance	12	3,811	4,208
Tax Payable		(102)	(51)
		<b>6,863</b>	<b>7,576</b>
<b>NON CURRENT LIABILITIES</b>			
Revenue in advance	12	-	137
<b>TOTAL LIABILITIES</b>		<b>6,863</b>	<b>7,713</b>
<b>NET ASSETS</b>		<b>10,046</b>	<b>10,968</b>
<b>TOTAL MEMBERS' FUNDS</b>	11	<b>10,046</b>	<b>10,968</b>

These financial statements were approved for issue by the Board on 2 July 2025.



**Dr Samantha Murton**  
President



**Michael Crawford**  
Chair – Audit and Risk Committee

The accompanying notes on pages 69 to 81 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 2025

	NOTES	2025 (\$000)	2024 (\$000)
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>SURPLUS OR (DEFICIT)</b>		(920)	555
<b>Add/(deduct) Non-cash movements</b>			
Depreciation		355	486
Managed funds asset management fee		57	59
Managed funds unrealised gain on investments		(575)	(888)
<b>Add/(deduct) movements in working capital items</b>			
Trade and other payables		(424)	(492)
Employee benefits		108	113
Revenue in advance		(534)	(6,379)
Trade and other receivables		1,239	4,905
<b>Net cash flows (used in)/from operating activities</b>		<b>(694)</b>	<b>(1,642)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment	6	(70)	(121)
Purchase of intangible assets	7	(20)	(57)
Managed funds withdrawal	10	747	-
Deposits of funds into term deposits		(4,212)	(5,116)
Matured term deposits		6,160	4,950
<b>Net cash flows (used in)/from investing activities</b>		<b>2,605</b>	<b>(345)</b>
<b>Net decrease in cash and cash equivalents</b>		<b>1,911</b>	<b>(1,987)</b>
Cash and cash equivalents at beginning of year		4,232	6,220
<b>Cash and cash equivalents at end of year</b>	8	<b>6,145</b>	<b>4,232</b>

The accompanying notes on pages 69 to 81 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 2025

### 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 2 July 2025.

### CHANGES IN ACCOUNTING POLICY

For the year ended 31 March 2025, there have been no 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 2025 (2024: 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 are charged on a straight line based on the estimated useful lives as follows:

Office Equipment	3 - 10 years
Furniture and Fittings	3 - 10 years
Computer Equipment	2 - 3 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 of intangible assets is charged on a straight line basis over their estimated useful lives of 2 - 6 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 the premises and the car parks. 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) Membership fees

Revenue received from membership fees 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 "Government funding of GPEP Programme repayable".

### (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 and 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.

## COMPARATIVE FIGURES

In the year ended 31 March 2025 the College changed the reporting of cash flows from using direct method to indirect method, whereby surplus or deficit is adjusted for the effects of transactions of a noncash nature, any deferrals or accruals of past or future operating cash receipts or payments, and items of revenue or expense associated with investing or financing cash flows. Comparative figures for the previous financial year have been restated.

# The Royal New Zealand College of General Practitioners

## Notes to the Financial Statements

for the year ended 31 March 2025

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## 1. Finance Revenue

	2025 (\$000)	2024 (\$000)
Interest	390	410
Gain/(Loss) on managed funds held at fair value	575	888
<b>Total finance revenue</b>	<b>965</b>	<b>1,298</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 levy charged in addition to annual membership 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 annual membership fees.

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

	2025 (\$000)	2024 (\$000)
Membership levies	404	400
Interest income	110	95
Sundry income	43	55
<b>Total Faculties' and Chapters' revenue</b>	<b>557</b>	<b>550</b>

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

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

	2025			2024		
	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	133	116	17	127	168	(41)
Northland Faculty	23	45	(22)	24	12	12
Wellington Faculty	47	48	(1)	44	80	(36)
Hawke's Bay Faculty	12	19	(7)	17	21	(4)
Nelson/Marlborough Faculty	17	2	15	15	6	9
Whanganui Faculty	4	8	(4)	4	10	(6)
Taranaki Faculty	13	7	6	12	12	-
Manawatū Faculty	12	11	1	12	14	(2)
Canterbury Faculty	50	68	(18)	50	62	(12)
Waikato/Bay of Plenty Faculty	68	83	(15)	67	61	6
Tairāwhiti Faculty	5	4	1	4	3	1
Otago Faculty	27	46	(19)	29	37	(8)
Southland Faculty	29	16	13	26	12	14
Te Akoranga a Māui	43	60	(17)	44	56	(12)
Pacific Chapter	33	39	(6)	38	27	11
Rural General Practitioners' Chapter	23	23	-	22	9	13
Division of Rural Hospital Medicine Chapter	91	67	24	87	38	49
Registrar and Associates in Practice Chapter	17	22	(5)	13	24	(11)
<b>Total including College Contribution</b>	<b>647</b>	<b>684</b>	<b>(37)</b>	<b>635</b>	<b>652</b>	<b>(17)</b>
Less College contributions	(90)	-	(90)	(85)	-	(85)
<b>Net Revenue and Expenses</b>	<b>557</b>	<b>684</b>	<b>(127)</b>	<b>550</b>	<b>652</b>	<b>(102)</b>



### 3. Other Revenue

	2025 (\$000)	2024 (\$000)
Event and other income	976	762
<b>Total other revenue</b>	<b>976</b>	<b>762</b>

### 4. Employment Expenses

Registrars	2025 (\$000)	2024 (\$000)
Salaries and wages	13,456	11,313
Contribution to superannuation schemes	655	562
Other employment related expenses	1,296	967
<b>Total employment expenses – Registrars</b>	<b>15,407</b>	<b>12,842</b>

#### College staff

Salaries and wages	8,387	7,391
Contribution to superannuation schemes	231	200
Other employment related expenses	418	320
<b>Total employment expenses – College staff</b>	<b>9,036</b>	<b>7,911</b>

### 5. Other Operating Expenses

	NOTES	2025 (\$000)	2024 (\$000)
Conferences and seminars		994	821
Venues for education delivery		560	484
Office running costs		421	279
Directors' and ex officios' fees	16	371	311
Accounting, taxation and legal		322	174
Amortisation of intangibles	7	263	406
Other committee fees		120	92
Education related expenses		105	101
Depreciation of plant and equipment	6	92	79
Information delivery		85	97
Marketing and advertising		66	94
Audit fees - external		63	50
Asset management fee		57	58
Research grants		42	30
Sponsorship		34	20
<b>Total other operating expenses</b>		<b>3,595</b>	<b>3,098</b>

## 6. Plant and Equipment

Movements for plant and equipment are as follows:

2025	OFFICE EQUIPMENT (\$000)	FURNITURE AND FITTINGS (\$000)	COMPUTER EQUIPMENT (\$000)	TOTAL (\$000)
<b>COST</b>				
Balance at 1 April 2024	123	584	688	1,395
Additions	-	9	61	70
Disposals	-	(7)	(60)	(67)
<b>Balance at 31 March 2025</b>	<b>123</b>	<b>586</b>	<b>689</b>	<b>1,398</b>
<b>ACCUMULATED DEPRECIATION</b>				
Balance at 1 April 2024	91	562	583	1,236
Depreciation expense	11	13	68	92
Disposals	-	(7)	(60)	(67)
<b>Balance at 31 March 2025</b>	<b>102</b>	<b>568</b>	<b>591</b>	<b>1,261</b>
<b>Net Book Value at 31 March 2025</b>	<b>21</b>	<b>18</b>	<b>98</b>	<b>137</b>

During the period, the College acquired property, plant and equipment with an aggregate cost of \$70k, by means of purchase.

2024	OFFICE EQUIPMENT (\$000)	FURNITURE AND FITTINGS (\$000)	COMPUTER EQUIPMENT (\$000)	TOTAL (\$000)
<b>COST</b>				
Balance at 1 April 2024	99	583	662	1,344
Additions	24	1	96	121
Disposals	-	-	(70)	(70)
<b>Balance at 31 March 2024</b>	<b>123</b>	<b>584</b>	<b>688</b>	<b>1,395</b>
<b>ACCUMULATED DEPRECIATION</b>				
Balance at 1 April 2023	80	547	599	1,226
Depreciation expense	11	15	54	80
Disposals	-	-	(70)	(70)
<b>Balance at 31 March 2024</b>	<b>91</b>	<b>562</b>	<b>583</b>	<b>1,236</b>
<b>Net Book Value at 31 March 2024</b>	<b>32</b>	<b>22</b>	<b>105</b>	<b>159</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:

2025	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	OTHER INTANGIBLES (\$000)	TOTAL (\$000)
<b>COST</b>				
Balance at 1 April 2024	42	1,556	-	1,598
Additions	-	20	-	20
Transfer	(42)	-	42	-
Disposals	-	-	-	-
<b>Balance at 31 March 2025</b>	<b>-</b>	<b>1,576</b>	<b>42</b>	<b>1,618</b>
<b>ACCUMULATED DEPRECIATION</b>				
Balance at 1 April 2024	-	1,150	-	1,150
Amortisation expense	-	259	4	263
Disposals	-	-	-	-
<b>Balance at 31 March 2025</b>	<b>-</b>	<b>1,409</b>	<b>4</b>	<b>1,413</b>
<b>Net Book Value at 31 March 2025</b>	<b>-</b>	<b>167</b>	<b>38</b>	<b>205</b>

During the period, the College acquired intangible assets with an aggregate cost of \$20k, by means of purchase.

2024	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	OTHER INTANGIBLES (\$000)	TOTAL (\$000)
<b>COST</b>				
Balance at 1 April 2023	-	1,541	-	1,541
Additions	57	-	-	57
Transfer	(15)	15	-	-
Disposals	-	-	-	-
<b>Balance at 31 March 2024</b>	<b>42</b>	<b>1,556</b>	<b>-</b>	<b>1,598</b>
<b>ACCUMULATED AMORTISATION</b>				
Balance at 1 April 2023	-	744	-	744
Amortisation expense	-	406	-	406
Disposals	-	-	-	-
<b>Balance at 31 March 2023</b>	<b>-</b>	<b>1,150</b>	<b>-</b>	<b>1,150</b>
<b>Net Book Value at 31 March 2024</b>	<b>42</b>	<b>406</b>	<b>-</b>	<b>448</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

	2025 (\$000)	2024 (\$000)
Cash at bank and in hand	6,145	2,732
Short-term deposits ( <i>with an original maturity of less than 3 months</i> )	-	1,500
<b>Total cash and cash equivalents</b>	<b>6,145</b>	<b>4,232</b>

Cash and cash equivalents comprise deposits with the banks and bank and cash balances.

Deposits are included when they have a maturity of no more than 3 months from the date of acquisition.

## 9. Short Term Deposits

	2025 (\$000)	2024 (\$000)
Short-term deposits ( <i>with an original maturity of more than 3 months</i> )	1,840	3,791
<b>Total short term deposits</b>	<b>1,840</b>	<b>3,791</b>

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

Deposits are with Registered Banks for terms between 181 and 280 days, at interest rates between 4.9% and 5.35%.

## 10. Managed Funds

	2025 (\$000)	2024 (\$000)
Opening balance at the beginning of financial year	8,069	7,240
Asset Management Fees	(57)	(58)
Unrealised gain	575	888
Withdrawal for strategic initiatives	(747)	-
<b>Closing balance at 31 March</b>	<b>7,840</b>	<b>8,069</b>

The carrying value of the Managed Funds represents the fair value of the units the College held in the balanced Fund at balance date. All fair values have been determined using level 2 inputs, as disclosed in the accounting policy notes C(vi).

It is acknowledged that investment funds support the College in achieving its strategic goal of being a contemporary and sustainable organisation. Managed funds are classified as current assets as the Board has approved strategic initiatives that will require withdrawing from the managed funds in the next financial year.



## 11. Members' Accumulated Funds

The split between the College's and Faculties' accumulated funds is provided below:

	COLLEGE (\$000)	FACULTIES' & CHAPTERS' (\$000)	TOTAL (\$000)
Opening balance at 1 April 2023	8,326	2,087	10,413
Total Comprehensive revenue and expenses	572	(17)	555
<b>Members' funds at 31 March 2024</b>	<b>8,898</b>	<b>2,070</b>	<b>10,968</b>
Total Comprehensive revenue and expenses	(883)	(37)	(920)
<b>Members' funds at 31 March 2025</b>	<b>8,015</b>	<b>2,033</b>	<b>10,046</b>
		2025 (\$000)	2024 (\$000)
<b>Total Members' Funds in the statement of financial position</b>		<b>10,046</b>	<b>10,968</b>

### Faculties' and Chapters' Accumulated Funds

	2025		2024	
	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	391	17	374	(41)
Northland Faculty	83	(22)	104	12
Waikato/Bay of Plenty Faculty	297	(15)	308	6
Tairāwhiti Faculty	20	1	18	1
Wellington Faculty	161	(1)	162	(36)
Hawke's Bay Faculty	46	(7)	53	(4)
Nelson/Marlborough Faculty	63	15	47	9
Taranaki Faculty	104	6	97	-
Whanganui Faculty	27	(4)	31	(6)
Manawatū Faculty	78	1	78	(2)
Canterbury Faculty	74	(18)	92	(12)
Otago Faculty	83	(19)	102	(8)
Southland Faculty	78	13	66	14
Pacific Chapter	31	(6)	36	11
Te Akoranga a Māui	1	(17)	23	(12)
Rural General Practitioners' Chapter	89	-	89	13
Division of Rural Hospital Medicine Chapter	401	24	378	49
Registrar and Associates in Practice Chapter	6	(5)	11	(11)
	<b>2,033</b>	<b>(37)</b>	<b>2,069</b>	<b>(17)</b>

## 12. Revenue Received in Advance

	2025 (\$000)	2024 (\$000)
Ministry of Health contract revenue	3,216	3,607
Fellowship assessments fees	74	161
GPEP2/3 programme	51	103
Other fees in advance	470	472
<b>Total revenue in advance</b>	<b>3,811</b>	<b>4,343</b>

Current	3,811	4,208
Non-Current	-	137
<b>Total revenue in advance</b>	<b>3,811</b>	<b>4,345</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:

	2025 (\$000)	2024 (\$000)
No later than one year	683	241
More than one year less than 5 years	2,732	-
More than 5 years	285	-

The College leases premises under operating leases. The premises' leases are for up to 6 years. No leases contain contingent rental payments. The College has a right to renewal in September 2030.

## 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.

## 14. Financial Instruments (cont'd)

### 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.

### 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	2025 (\$000)	2024 (\$000)	SENSITIVITY	2025 (\$000)	2024 (\$000)	SENSITIVITY	2025 (\$000)	2024 (\$000)
Impact on profit	+/- 50bps	54	21	+/- 5%	224	264	+/- 10%	784	807

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 (2024: \$21,000). 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 \$224,000 (2024: \$264,000).

### 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 \$784,000 (2024: \$807,000).

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

## 14. Financial Instruments (cont'd)

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

2025 Carrying Amount (\$000)	Financial Assets		Financial Liabilities	TOTAL AS AT 31 MARCH 2024	LEVEL OF FAIR VALUE HIERARCHY
	FAIR VALUE THROUGH SURPLUS & DEFICIT	AMORTISED COST	AMORTISED COST		
Subsequently measured at fair value					
SECURITIES					
Managed Fund	7,841	--	-	7,841	2
Subsequently not measured at fair value					
Cash and cash equivalents (assets)	-	6,145	-	6,145	
Short Term Deposits	-	1,840	-	1,840	
Receivables	-	367	-	367	
Payables	-	-	(994)	(994)	
	7,841	8,352	(994)	15,199	
2024 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		
Subsequently measured at fair value					
SECURITIES					
Managed Fund	8,069	-	-	8,069	2
Subsequently not measured at fair value					
Cash and cash equivalents (assets)	-	4,233	-	4,233	
Short Term Deposits	-	3,791	-	3,791	
Receivables	-	1,651	-	1,651	
Payables	-	-	(1,161)	(1,161)	
	8,069	9,675	(1,161)	16,583	

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

### Balanced Fund investment mix

	2025 (\$000)	2024 (\$000)
<b>SECURITIES</b>		
Debt - New Zealand	598	688
Debt - Overseas	1,899	2,095
Property - New Zealand	432	267
Equity - New Zealand	611	657
Equity - Overseas	2,572	3,181
Effective Cash	1,729	1,181
<b>Total managed funds</b>	<b>7,841</b>	<b>8,069</b>

Effective 2 April 2025 the College shifted to a Milford Managed Funds weighting of 50% Conservative and 50% Balanced, from the previous holding of 100% in the Balanced Fund.



## 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.

## 16. Related Party Transactions

The College has a related party relationship with its Members of the Board and Senior Leadership team.

### KEY MANAGEMENT PERSONNEL REMUNERATION

The College classifies its key management as:

- Members of the Board and ex officio members; and
- Senior Leadership team, including Chief Executive Officer

Members of the Board are paid Board fees and, where applicable, representation fees. The Senior Leadership 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:

### Board Members

	2025			2024		
	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)
Dr Samantha Murton	70	52	8	67	51	-
Caroline Christie	35	-	-	23	-	-
Dr Joanna Blakey	-	-	-	10	-	-
Dr Gregory Judkins	-	-	-	-	-	2
Ms Susan Huria	35	-	3	33	-	1
Dr Daniel McIntosh	18	-	-	33	-	-
Dr Kiriana Bird	35	-	5	33	-	80
Dr Karl Cole	35	-	3	33	-	17
Jason Tuhoe	26	-	33	-	-	-
Michael Crawford	18	-	-	-	-	-
Dr Mel Wi Repa	6	-	1	-	-	-
	<b>278</b>	<b>52</b>	<b>53</b>	<b>232</b>	<b>51</b>	<b>100</b>

## 16. Related Party Transactions (cont'd)

### Ex Officio Members

	2025			2024		
	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)
Pip Sleigh	5	-	-	7	-	-
Sophie Ball	8	-	101	-	-	-
Kerryn Lum	10	-	95	10	-	86
Stephan Lombard	3	-	2	10	-	5
Andrew Morgan	-	-	2	-	-	6
Andrew Laurenson	-	-	-	-	-	-
Manasi Deshpande	8	-	-	-	-	-
	<b>34</b>	<b>-</b>	<b>200</b>	<b>27</b>	<b>-</b>	<b>97</b>

### OTHER FEES

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

Dr Samantha Murton received a complimentary annual College membership in her capacity of the College President valued at \$1,581 including GST (2024: \$1,510).

### Senior Leadership Team

	2025		2024	
	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS
Executive Management	1,135	7	1,464	8

## 17. Contingencies and Capital Commitments

The College has no contingent liabilities or capital commitments as at 31 March 2025 (2024: nil)

# *Tauākī whakamaunga atu*

## Statement of service performance

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 2025.

### 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.

## 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

**46 submissions**

to government and related agencies

(2024: 43)

**100 percent**

of position statements and submissions included considerations to achieve equity and improve health outcomes for Māori

(2024: 100 percent)

The College's name (and variations of it)– were mentioned in

**1,173**

**media stories**

– stories online and in print

(2024: 1,595)

## 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 2023, 17.8 percent of the population identified as Māori and 8.9 percent as Pacific Peoples (Stats NZ Census data).

**200**

**Māori Fellows,**  
4 percent  
of 4,723 Fellows

(2024: 188, 4 percent of 4,704)

**96**

**Pasifika Fellows,**  
2 percent  
of 4,723 Fellows

(2024: 87, 2 percent of 4,704)

**12 percent**

of the annual  
intake of 201 were  
Māori registrars

(2024: 8 percent of 237)

**6.4 percent**

of 590 College  
medical education  
contracted roles were  
held by Māori

(2024: 8 percent of 410)

## 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 233**  
new GP Fellows

(2024: 194)

**Recognised 7**  
new Division of  
Rural Hospital  
Medicine Fellows

(2024: 8)

**89 percent**  
of GPEP year 1  
registrars passed  
the clinical exams

(2024: 87 percent)

**91 percent**  
of GPEP year 1  
registrars passed  
the written exams

(2024: 87 percent)

## 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. 1,085 (2024: 1,077) practices engage with us to achieve these standards.

**89 percent**

of practices with  
Foundation Standard

(2024: 73 percent)

**26 percent**

of practices have completed  
Cornerstone Equity module

(2024: 21 percent)









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