

Adapt

Annual Report
Pūrongo Ā-Tau
2022



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





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

New Zealand members of the British College of General Practitioners established a local Council in 1955. In 1974, it became a separate entity, and in 1979, it was granted provision to use "royal", becoming The Royal New Zealand College of General Practitioners.

This annual report 2022 relates to the year ending 31 March 2022. Any numbers provided as 2021 comparatives are for the year ending 31 March 2021.

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Rangi Kōrero

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Living and working through another year of the pandemic meant we came up against uncertainty and were forced to **adapt**, and sometimes **adapt again**.

*Nā te noho me te mahi i roto i tētahi tau anō o te urutā, i tutuki mātou ki te ngākauatanga otirā i mate mātou ki te **urutau**, me te **urutau anō** i ētahi wā.*

From the *Chief Executive's report* – pg.17

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,
ahakoa nō whea.

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

Turuturu te kawa
Whakamana te kawa
Ko te kawa ora
Ko te kawa nā wai?
Ko te kawa nā Tangaroa!

Ka pipī ake i raro
i ōna taranga ...

Eke panuku,
eke Tangaroa,

Haramai te toki!

Haumia e, hui e ...

Taiki e!



Ngā tūranga

Roles

Board

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

Dr Samantha Murton
President and Chair

Dr Kiriana Bird
Te Akoranga a Māui representative

Dr Joanna Blakey
Elected member

Dr Greg Judkins
Elected member

Dr Lauren McGifford
Elected member
October 2017 – August 2021

Dr Daniel McIntosh
Elected member
August 2021 – Current

Ms Susan Huria
Independent Director

Dr Aniva Lawrence
Ex officio — National Advisory Council Chair

Dr Andrew Morgan
Ex officio — Division of Rural Hospital Medicine Chapter Council Chair
June 2021 – Current

Dr Kerry Lum
Ex officio — Censor in Chief
June 2021 – Current

Dr Nina Bevin
Ex officio — Board Apprentice
July 2020 – August 2021

Dr Rachel Mackie
Ex officio — Board Apprentice
August 2021 – Current

*Ex officio directors attend Board meetings but do not have any voting rights.
2021 meetings held in May, June, August, September, October, December.
2022 meeting held in February.*

National Advisory Council

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

Dr Aniva Lawrence
Chair, Pasifika Chapter

Dr Kiriana Bird
Board representative
September 2021 – Current

Dr Jess Blackwood
Te Akoranga a Māui

Dr David (Buzz) Boothman-Burrell
Rural General Practitioners' Chapter

Dr Moira Chamberlain
Northland Faculty

Dr Andrea Crichton
Wellington Faculty

Dr Philippa Cross
Registrars' Chapter
November 2020 – September 2021

Dr Peter Gent
Otago Faculty

Dr Corinne Glenn
Wellington Faculty
November 2021 – Current

Dr Tangimoana Habib
Waikato/Bay of Plenty Faculty

Dr Katrina Kirikino
Te Akoranga a Māui

Dr Stephanus Lombard
Manawatu Faculty

Dr Shelley Louw
Canterbury

Dr Lauren McGifford
Board representative
October 2017 – August 2021

Dr Daniel McIntosh
Board representative
September 2021 – Current

Dr Dayna More
Southland Faculty

Dr Maree Owen
Te Akoranga a Māui
March 2022 – Current

Dr Stephen Ram
Division of Rural Hospital Medicine

Dr Sophie Sharpe
Registrars' Chapter
September 2021 – Current

Dr Lachlan Smith
Whanganui Faculty

Dr Kirsten Tucker
Nelson/Marlborough Faculty

Dr Susan Tutty
Auckland Faculty

Dr Philippe Weeks
Taranaki Faculty
May 2021 – Current

Dr Matthew White
Hawke's Bay Faculty

2021 meetings held in June, September, and November.

Audit and Risk Committee

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

Dr Daniel McIntosh
Chair

Dr Samantha Murton
Dr Joanna Blakey

Ms Susan Huria

*2021 meetings held in June, September, and December.
2022 meeting held in February.*

Te Akoranga a Māui — Te Tokowhā

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

Dr Rachel Mackie
Kaihutū | Chair

Dr Jason Tuho
Kaihutū Tuarua | Deputy Chair

Dr Kiriana Bird
College Board representative

Dr Lily Fraser
Hekeretari, Kaitiaki Putea | Secretary and Treasurer

Division of Rural Hospital Medicine Council

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

Dr Andrew Morgan
Chair
April 2021 – Current

Dr Jennifer Keyes
Chair
July 2018 – April 2021

*2021 meetings held in July and November.
2022 meeting held in March.*

Division of Rural Hospital Medicine Board of Studies

Sets national standards for rural hospital doctors' vocational education.

Dr Jennifer James
Chair
July 2021 – Current

Dr Jeremy Webber
Chair
April 2018 – July 2021

*2021 meetings held in July and November.
2022 meeting held in March.*

Research and Education Committee

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

Dr Greg Judkins
Chair and College Board representative

*2021 meetings held in April, August, and October.
2022 meeting held in February.*

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 Kerry Lum

Medical Director

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

Dr Bryan Betty

Journal of Primary Health Care

The College's academic journal, publishing research relevant to general practice and rural hospital medicine.

Prof Susan Dovey
Editor
April 2015 – March 2022

Remuneration Committee

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

Ms Susan Huria
Chair

Dr Samantha Murton
Dr Joanna Blakey

2021 meetings held in May and December.

Ō tātou mēma

Our members at a glance

5,748

Total members

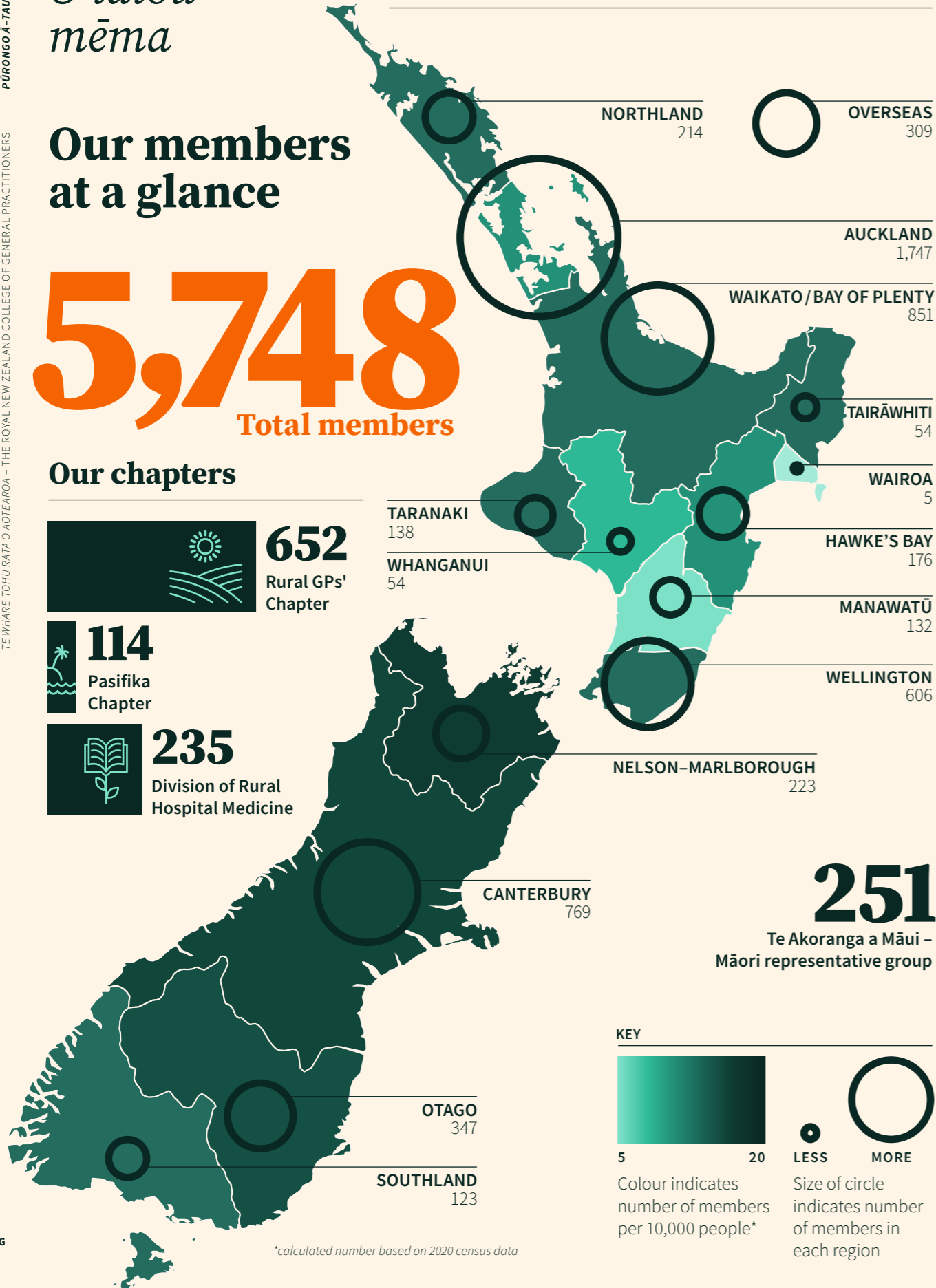
Our chapters

652
Rural GPs' Chapter

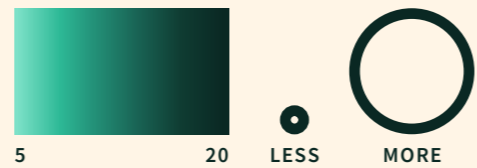
114
Pasifika Chapter

235
Division of Rural Hospital Medicine

By region



KEY

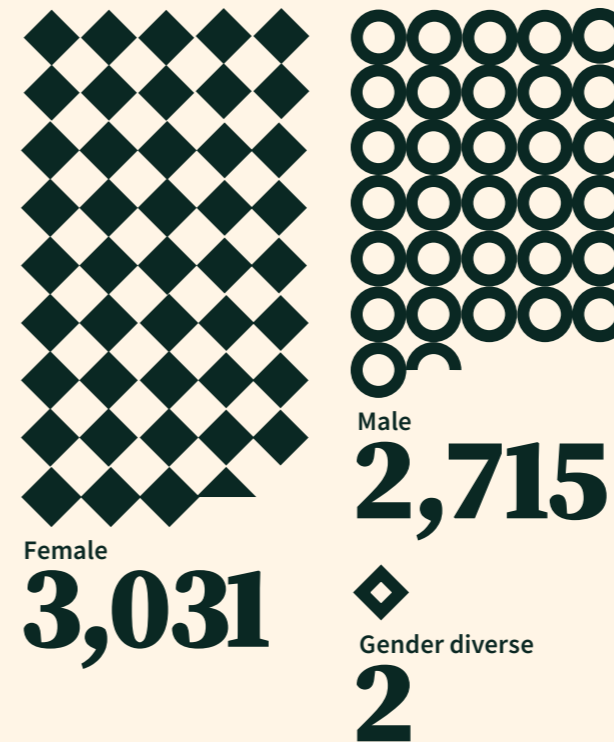


Colour indicates number of members per 10,000 people*

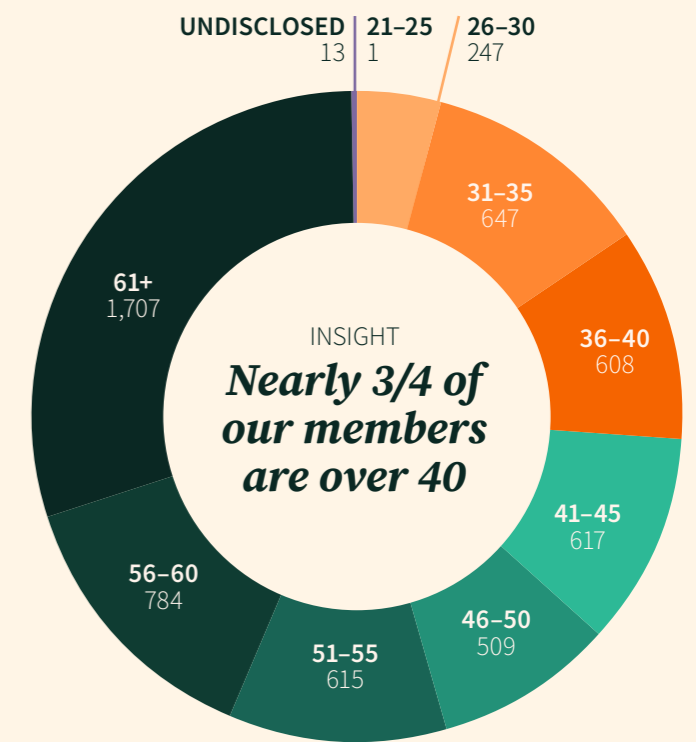
Size of circle indicates number of members in each region

*calculated number based on 2020 census data

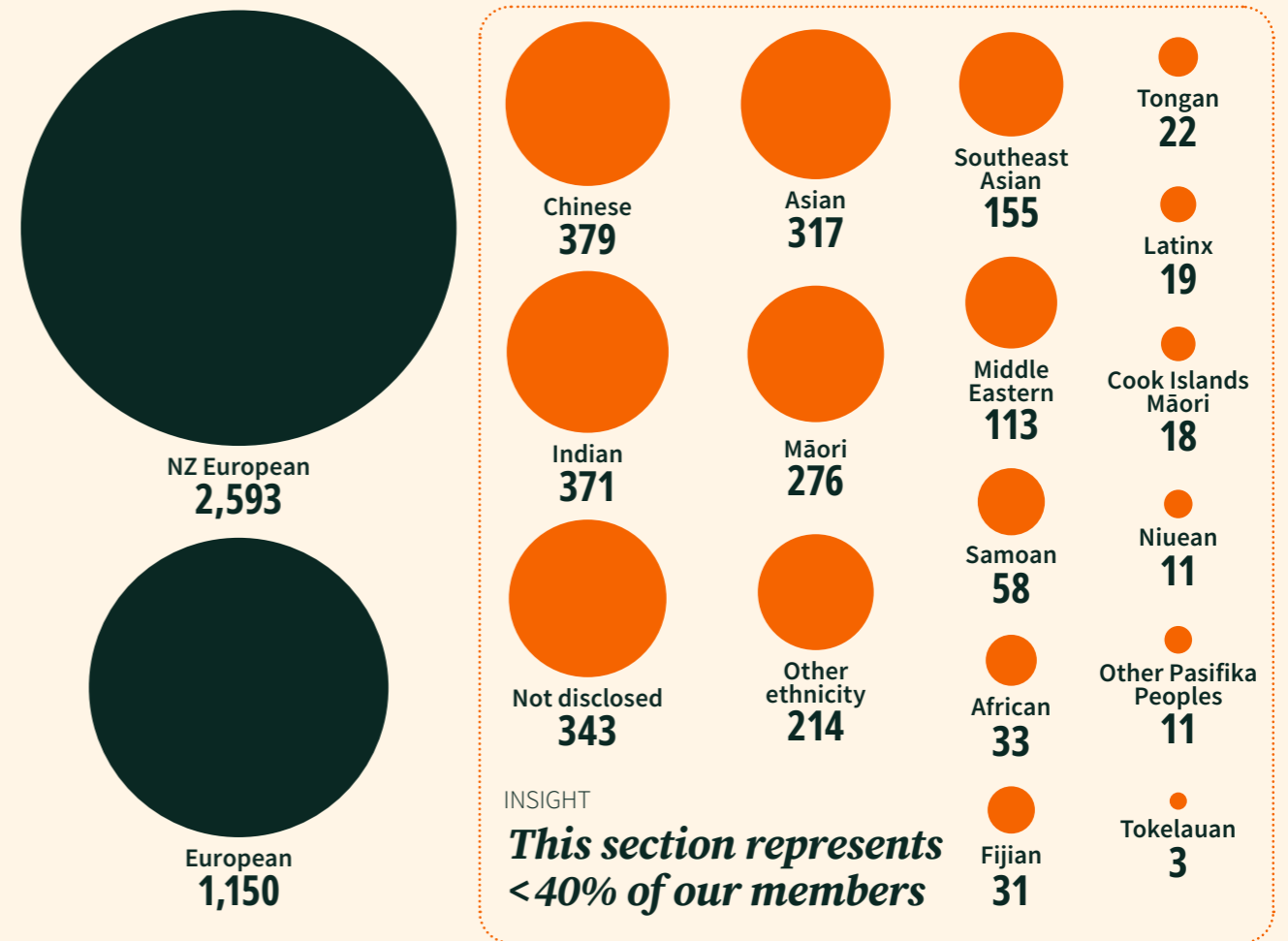
By gender



By age



By ethnicity





Te Rautaki

Statement of Strategic Intent

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

Te Kaupapa What we do

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

Te Aronga Why we do it

To improve health outcomes and reduce health inequities.

Ngā hua What we're working on

SUPPORTING OUR MEMBERS

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

EDUCATION EXCELLENCE

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

QUALITY GENERAL PRACTICES

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

IMPROVING HEALTH EQUITY IN NEW ZEALAND

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

BECOMING A CONTEMPORARY AND SUSTAINABLE ORGANISATION

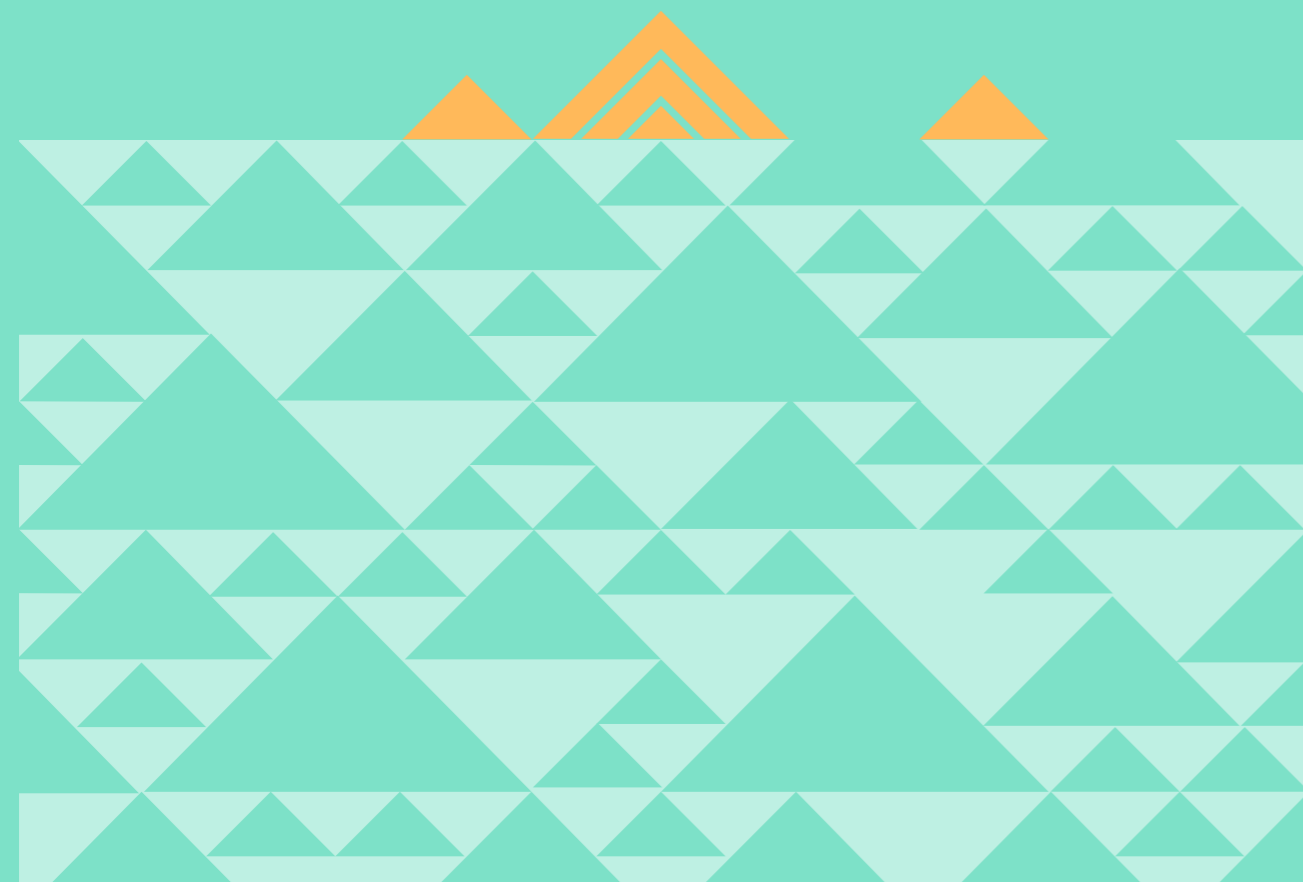
We operate in a way that enables staff and members to remain current and adapt to a rapidly changing population and health system.

Photo left: Dr Jason Tuhoë enjoys the flexibility that working in general practice gives his family life, "It's a real privilege to be around your tamariki and to help raise them. General practice allows me to do that."

I know I keep asking you to dig a little deeper, for a little longer, but I hope you can see the impact your work continues to have.

We are the first point of contact for health care.

We are medical detectives, and a supportive ear, and use our training to identify and treat conditions that are sometimes invisible to the naked eye.



*Te pūrongo
o te Tumu
Whakarae*

President's Report



Ngā mihi nui ki a koe. Huge gratitude to our general practitioners and rural hospital doctors who have once again demonstrated their incredible work ethic.

While the pandemic consumed much of our time over the year, we continued to demonstrate our commitment to improving health outcomes for our communities.

As general practitioners and rural hospital doctors, we believe that regardless of where you live — in the country, a small town, or a big city — that everyone has a right to continuity of medical care that is equitable, comprehensive, and caters to complexity.

One of the ways we showed this commitment was being part of the COVID-19 vaccination rollout programme and making it easier for practices to participate. I have heard many great stories about how members went above and beyond to ensure patients and whānau had the opportunity to be vaccinated and came up with great innovative ways to reach those who are more isolated or support those who were hesitant about the vaccination.

Ngā mihi nui ki a koe. He mihi nui tēnei ki ā tātou rata arowhānui me ngā rata hōhipera tuawhenua i whakaatu anō i tō rātou tikanga mahi whakamiharo.

Ahakoia i pau i te urutā te nuinga o te wā i te roanga o te tau, i whai tonu tātou ki te whakaatu i tō tātou pūmau ki te hiki i ngā putanga hauora mā ō tātou hapori.

I a tātou e mahi nei hei rata arowhānui, hei rata hōhipera tuawhenua hoki, e whakapono ana tātou ahakoia kei hea koe e noho ana - i te tuawhenua, tāone iti, tāone nui rānei - nō te katoa te motika ki te tiakanga hauora tōkeke, hora whānui, ā, e hāngai ana ki te matatinitanga.

Ko tētahi o ngā huarahi i whakaatu tātou i tēnei pūmautanga, ko te noho hei wāhanga o te hōtaka whakaputanga o te kano ārai mate KOWHEORI-19 me te whakarite kia māmā ake te whakaurunga o ngā whare hauora. Kua rongu au i ngā kōrero katoa mō te



The hard work paid off. Between 1 April 2021 and 31 March 2022, our workforce administered 2.3 million COVID-19 vaccinations, which equated to 22 percent of all vaccines given during this time.

[Our conference in Wellington](#) was another highlight for me. We had our fingers and toes crossed that this would go ahead, and we couldn't have timed it more perfectly. As it turns out we were one of the few organisations that managed to hold a large-scale, in-person conference in 2021 and we certainly made the most of it.

I know I keep asking you to dig a little deeper, for a little longer, but I hope you can see the impact your work continues to have. We are the first point of contact for health care. We are medical detectives, and a supportive ear, and use our training to identify and treat conditions that are sometimes invisible to the naked eye.

The depth of our skills and knowledge has also been reflected in our advocacy work. We provided general practitioners' perspectives on a multitude of topics, including GP shortages and burnout. We commissioned the [2021 GP Future Workforce Requirements report](#) that focused on the future of our workforce and offered practical changes that could boost the numbers of specialist general

āhua o ngā mema i upoko pakaru ki te whakarite i te whai wāhi o ngā tūrora me ngā whānau ki te whiwhi kano ārai mate, otirā i whakaarotia ētahi huarahi auaha ki te toro atu ki te hunga e noho tārake ana, te tautoko rānei i te hunga e tawhitawhi ana ki te kano ārai mate.

Kua whai hua ngā mahi uaua. I waenga i te 1 o Aperira 2021 me te 31 o Maehe 2022, i tukuna e tā mātou hungamahi te 2.3 miriona kano ārai mate KOWHEORI-19, otirā ko te rite ki te 22 ōrau o ngā kano ārai mate katoa i tukuna i taua wā.

Ko tā tātou hui taumata i Te Whanganui-a-Tara tētahi anō o ngā miramiratanga mōku. I tino tūmanako mātou ka whakahaeretia tonutia tēnei kaupapa, heoi anō nō tātou te whiwhi i tutuki. I te mutunga iho ko tātou tētahi o ngā whakahaere ruarua nei i āhei ki te whakahaere hui nui, ā-kanohi i te tau 2021, ā, whakamaua e tātou kia tina.

E mōhio ana au, he rite tonu taku tono kia tawhiti kē atu nui kē atu ā koutou mahi, kia tawhiti kē atu te haere, engari e kite ana koutou i te hua o ā koutou mahi. Ko tātou te toronga tuatahi mō te tiakanga hauora. He kairapumate ā-hauora tātou, he pou whirinaki, otirā he whakamahi i ngā akoako ki te tautuhi me te whakamaimoa i ngā āhuatanga tē kitea e te tirohanga kanohi i ētahi wā.

E whakaatatia ana hoki te hōhonu o ō tātou pūkenga me te mātauranga i roto i ā tātou mahi taunaki. I whakarato tātou i ngā whakaaro o ngā rata arowhānui ki ngā take huhua, tae atu ki ngā potonga GP me te ruhatanga kaimahi. I kōmihanatia e tātou te pūrongo 2021 GP Future Workforce Requirements e arotahi ana ki te anamata o tō tātou hungamahi, me te tāpae i ngā panoni ā-ringa hei whakapiki pea i te maha o ngā rata arowhānui motuhake. Ko tētahi take matua, e kore e taea e tātou i tō tātou kotahi, me tautoko te Manatū Hauora, te Kāwanatanga me ngā whare wānanga ki te whakarite kia noho huarahi

practitioners. A key point was that we cannot do this alone, we need the support of the Ministry of Health, Government, and universities to ensure general practice is seen as a viable career choice. We continue to push hard on the issues with the highest levels of the sector.

We've been lucky to welcome the expertise of some fantastic leaders onto the College Board, with the election of [Dr Daniel McIntosh](#), and [Dr Rachel Mackie](#) joining as our latest Board Apprentice. We saw a changing of the guard for the Division of Rural Hospital Medicine with Blenheim-based [Dr Andrew Morgan](#) stepping into the role of Division Chair.

I also acknowledge College CEO Lynne Hayman and the College team. They too have had to adjust to changes throughout the year but that has not impacted on the services and support they've delivered.

Thank you again for all the work that you do. It's a privilege to be College President and to call you my peers and colleagues. Being a general practitioner is a challenging, but highly rewarding career and there is nothing else I'd rather be doing.

No matter what the next year holds for us, I know that we will work hard to ensure our communities are as safe and healthy as possible.

mahi whai hua te tūranga rata arowhānui. Ka whai tonu tātou ki te whakahau kaha i ngā take ki ngā taumata teitei o te rāngai.

I waimaria tātou i ngā tohungatanga o ētahi kaiārahi mīharo kua tohua ki te Poari o Te Whare Tohu Rata o Aotearoa, arā i te wā i pōtīhia a Dr Daniel McIntosh rāua ko Dr Rachel Mackie hei ika Ika Tauhou ā-Poari hou. I kite tātou i te whakahoutanga o te Division of Rural Hospital Medicine i te urunga o Dr Andrew Morgan o Waiharakeke ki te tūranga Heamana o te Division.

E hiahia ana ki te mihi ki te CEO o te Whare Tohu Rata a Lynne Hayman me te tira katoa o Te Whare Tohu Rata. I mate hoki rātou ki te whakarite mō ngā panonitanga puta noa i te tau, engari kāore he pānga ki ngā ratonga me ngā tautoko i tukua e rātou.

Ka tōaitia ngā mihi ki a koutou katoa i ā koutou mahi. Nōku te whiwhi ki te tū hei Tumū Whakarae o te Whare Tohu Rata, me te kī ake ko koutou aku hoa mahi. He uaua te mahi hei rata arowhānui, engari he umangamahi whai hua, otirā kāore he mahi kē atu māku.

Ahako he aha ngā kawenga mai o te tau hou mō tātou, e mōhio ana au ka pukumahi tātou ki te whakarite kia noho haumarū, hauora hoki ō tātou hapori.

Dr Samantha Murton

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

President | Te Tumū Whakarae





Te Pūrongo o Te Tumuaki Whakahaere

Chief Executive's Report



It can be easy to lose sight of our successes when we've worked through another year where COVID-19 continued to make its presence felt. However, we have achieved some big milestones.

We were delighted when College President Samantha Murton was [appointed as a Member of The New Zealand Order of Merit](#) (MNZM) for her services to medical education. At the time I said that Samantha epitomises the definition of a general practitioner, and combined with her energy, commitment, and collaborative approach she is a phenomenal advocate and influencer for our College members.

Over the year the College team continued to work extremely hard to support members, whether they are undertaking vocational training, working toward Fellowship, or as they continue to navigate their medical careers.

Ka tere kauparea ō tātou angitutanga i te wā kua mahi haere tātou i tētahi tau anō i whakapōreareatia e te KOWHEORI-19. Engari, kua tutuki i a tātou ētahi tutukitanga nui.

Nō tātou hoki te hari i te wā i tohua Te Tumu Whakarae o te Whare Tohu Rata a Samantha Murton hei Member of The New Zealand Order of Merit (MNZM) mo āna mahi mō te mātauranga hauora. I taua wā i kī ahau ko Samantha te whakatinanatanga o te tautuhi o te rata arowhānui, ā, ki te tāpiritia tērā ki tōna ngoi, tōna ū, me tōna huarahi mahi tahi, he kaitaunaki, he kaiwhakaawe whakarahara ia i ā tātou mema Whare Tohu Rata.

I te roanga o te tau, i whakapeto ngoi tonu te tira o Te Whare Tohu Rata ki te tautoko i ngā mema, ahakoa i te whāia ngā kaupapa whakangungu, i te mahi ki ngā Rangapūtanga, i te wā rānei e urungi haere ana i ngā umanga mahi hauora.

I was proud to see the launch of Whakapakari on 1 February 2022, the first significant review of the General Practice Education Programme (GPEP) curriculum since 2014. We consulted widely, using the feedback to strengthen and focus the curriculum on the future, and developed a spiral learning framework to better align to the College's strategic goal of educational excellence. A critical development was the embedding of Te Tiriti o Waitangi as a domain, and the strengthening of cultural safety and equity throughout the domains and course descriptors.

Living and working through another year of the pandemic meant we came up against uncertainty and were forced to adapt, and sometimes adapt again.

In October 2021 we announced the [deferral of the end of year GPEP clinical exams](#) given the risks associated with running a large-scale operation with examiners, registrars, and staff during a pandemic. Regrettably in early 2022, with Omicron threatening to peak, and after feedback from registrars and examiners, the decision was made not to proceed with the 2021 clinical exam and to offer the most affected registrars the opportunity of an aegrotat assessment.

I whakahīhi ahau ki te kite i te whakarewanga o Whakapakari i te 1 o Pēpuere 2022, te arotake nui tuatahi o te marautanga Hōtaka Mātauranga Rata Arowhānui (GPEP) mai i te 2014. I toro whānui tātou ki te whakawhiti kōrero, mā te whakamahi i ngā whakahoki kōrero ki te whakapakari me te whakahāngai i te marautanga ki anamata, me te whakawhanake i tētahi pou tarāwaho ako makaurangi kia hāngai ake ai ki te whāinga rautaki a te Whare Tohu Rata o te hiranga mātauranga. Ko tētahi whanaketanga waiwai ko te tāmau i Te Tiriti o Waitangi hei huinga pū, me te whakapakari i te haumaruru me te tautika ā-ahurea puta noa i ngā huinga pū me ngā whakamārama akoranga.

Nā te noho me te mahi i roto i tētahi tau anō o te urutā, i tutuki mātou ki te ngākauatanga otirā i mate mātou ki te urutau, me te urutau anō i ētahi wā.

I Whiringa-ā-nuku 2021 ka pānuitia e mātau te whakatārewatanga o te mutunga o ngā whakamātautau rongoā GPEP i tukuna ai ngā mōrea e pā ana ki te whakahaere i tētahi mahi rarahi me ngā kaitiroiro, ngā kaitiaki, me ngā kaimahi i te wā o tētahi urutā. Ko te mea pāpōuri, i te hiku o te tau 2022, i te tihī o te mōrearea Omicron, i muri i te whiwhi i ngā kōrero whakahoki a ngā tākuta pia tauhou me ngā kaitiroiro, i puta te whakatau ki te whakakore i te whakamātautau ā-haumanu, me te tuku ki ngā pia tauhou i whai pānga nui, te āheinga o tētahi aromatawai aegrotat. He wero nui tēnei mā ngā kaitiroiro o te Whare Tohu Rata me ngā kaimahi i te mea i mate mātou i te whakawhanake i tētahi momo aromatawai pākaha ka tū kaha ahakoa ngā whakatātare, i te wā hoki e whakarato whakaūnga ana o te whakatutukitanga o ngā paerewa teitei e tika ana o te mātau ā-haumanu.

This was a new challenge for the College team of examiners and staff as we needed to develop a means of rigorous assessment that could hold up to scrutiny, while providing the assurance that the necessary high standard of clinical competence is being met.

Workforce issues continue to impact our members, so it was welcome news that we were able to announce our success in negotiating a meaningful increase in the accommodation allowance for GPEP year 1 registrars choosing to live and work rurally.

We finished the year in a solid financial position, with a surplus of \$924K. This result was chiefly driven by strong returns from the College investment funds, despite the ongoing unpredictability of the markets. In addition, our operating performance provided a surplus, mostly driven by cost reductions influenced by changeable COVID-19 restrictions.

The need to regularly adapt and be flexible meant that College staff at times had to work remotely while trying not to miss a beat in providing support and services to members. Thanks to their commitment, strong work ethic, and our technology, the team continued to step up to the task and I thank them sincerely for their efforts.

Thank you for being part of yet another memorable year. We don't know what the next year will bring, but I am confident that we will work through it together and have many more stories to tell.

He pānga tonu tō ngā take hungamahi ki ā tātou mema, nō reira he rongopai e taea ana e mātou te pānui ake i tō tātou angitu ki te whiriwhiri i te pikinga utu wāhi noho mā ngā pia GPEP tau 1 e kōwhiri ana ki te mahi me te noho i te tuawhenua.

I te mutunga o te tau, he pakari tonu tā tātou tūnga ahumoni, otirā he tuhene o te \$924K. He mea kōkiri nui tēnei hua e ngā hua kaha mai i ngā tahua haumi a Te Whare Tohu Rata, ahakoa te pāhekeheke o ngā māketē. Tāpiri ake, i puta hoki he tuhene i ngā kawenga whakahaere, he mea kōkiri i te whakahekenga utu i whakaawetia e ngā herenga hurihuri KOWHEORI-19.

Nā te hiahia kia auau te urutau me te mahi raungāwari, he wā anō i mate ngā kaimahi o te Whare Tohu Rata te mahi mamao i te wā e kawea tonu ana te taki o ngā mahi ki te whakarato tautoko me ngā ratonga ki ngā mema. Nā tō rātou ū, te tikanga mahi pakari, me ā tātou hangarau, i tū kaha tonu te tira ki te mahi i ngā mahi, ā, ka mihi motuhenga mō ā rātou whakapaunga kaha.

Ngā mihi ki a koutou i runga i te āhuatanga o āu mahi i tētahi tau whakamaharatanga. Tē mōhio ki ngā kawenga o te tau hou, engari e manawanui ana ahau mā te mahi ngātahi ka hua ake ētahi kōrero anō hei kōrerotanga mā tātou.

Lynne Hayman

CA, B.BUS

Chief Executive | *Tumu Whakahaere*



The need to regularly adapt and be flexible meant that College staff at times had to work remotely while trying not to miss a beat in providing support and services to members. Thanks to their commitment, strong work ethic, and our technology, the team continued to step up to the task and I thank them sincerely for their efforts.

Ngā hua o te tau

Significant milestones of the 2021/22 financial year

This was the year of COVID-19 vaccinations and general practice got creative, particularly when it came to prioritisation for equity.



80%
DOUBLE VACCINATION IN THE
TE WHĀNAU Ā APANUI ROHE,
EASTERN BAY OF PLENTY



Dr Rachel Thomson's (*Te Whānau-ā-Apanui*) team in Te Kaha had more than 80 percent of the people in their rohe double-vaxxed before Delta hit New Zealand.



Dr Lily Fraser (*Kāi Tahu*) and her team hired an ice cream truck giving free ice cream to anyone on the street. The kōrero while they waited was about vaccination, then if people wanted to, they could get the jab.

Our Pasifika Fellows helped vaccinate their communities in huge drive-through and festival events across Auckland staffed by people speaking the languages of the community.

Mokopuna was the theme of our haeranga.

It was an inspiring kaupapa to be part of.

Dr Jason Tuhoe (*Hauraki, Ngā Puhi, Ngāti Pikiao*) and his people went door-to-door discussing COVID-19 concerns and vaccinating whānau in South Auckland. He said, “Mokopuna was the theme of our haeranga. It was an inspiring kaupapa to be part of.”



Hei Manaaki Rata

Supporting our members

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



Photo above: [Dr Lily Fraser](#) works with Māori patients at Turaki Healthcare, "I have a passion for supporting our people to have good health."

FUNDED RESEARCH: REPORT IDENTIFIES MULTIPLE BARRIERS FOR INCREASING THE SPECIALIST GP WORKFORCE

The College commissioned the [GP Future Workforce Requirements report](#) to build upon the findings from the 2020 Workforce Survey, and to identify the barriers that limit our ability to increase the GP workforce.

The report found that in 10 years, at the current rate, New Zealand will be short 300 GPs.

Additional GPs in the community will have a measurable impact on the health of New Zealanders. Ten extra GPs per 100,000 people means about 30 people a year wouldn't die from cancer, respiratory, or cardiovascular issues.

— President Dr Samantha Murton

The identified barriers include insufficient medical graduates; lack of exposure to general practice in undergraduate training programmes; lack of access to and financial support for training in the community during postgraduate tenures; the disparity of remuneration for GPEP registrars; large and widening disparity



in financial remuneration and benefits for specialist GPs; and a lack of proactive and timely interventions to address the workload and workforce issues.

The College identified an urgent need for a strategy and roadmap of how the Government will proactively and sustainably address the specialist GP workforce crisis. We need to see an increase in our GPEP training intake from 200 to 300 per year, and we need entities such as the Ministry of Health, Government and universities to support us in this.

Photo above: One of [Dr Jason Tuhoë's](#) great passions is supporting the revitalisation of Te Reo Māori, "Several of my consultations are conducted entirely in Te Reo, especially for my older patients as speaking their first language is more natural. It puts them at ease and helps me deliver better, more holistic care."

We designed the matrix to help members decide if it was safe for them to go to work and as a tool for giving advice to patients. The matrix's main strength was that it was a living document and could be changed easily as the COVID-19 situation evolved.

— [Dr Peter Moodie](#), Clinical Advisor.

OUR MEMBERS NAVIGATED COVID-19 IN THE COMMUNITY

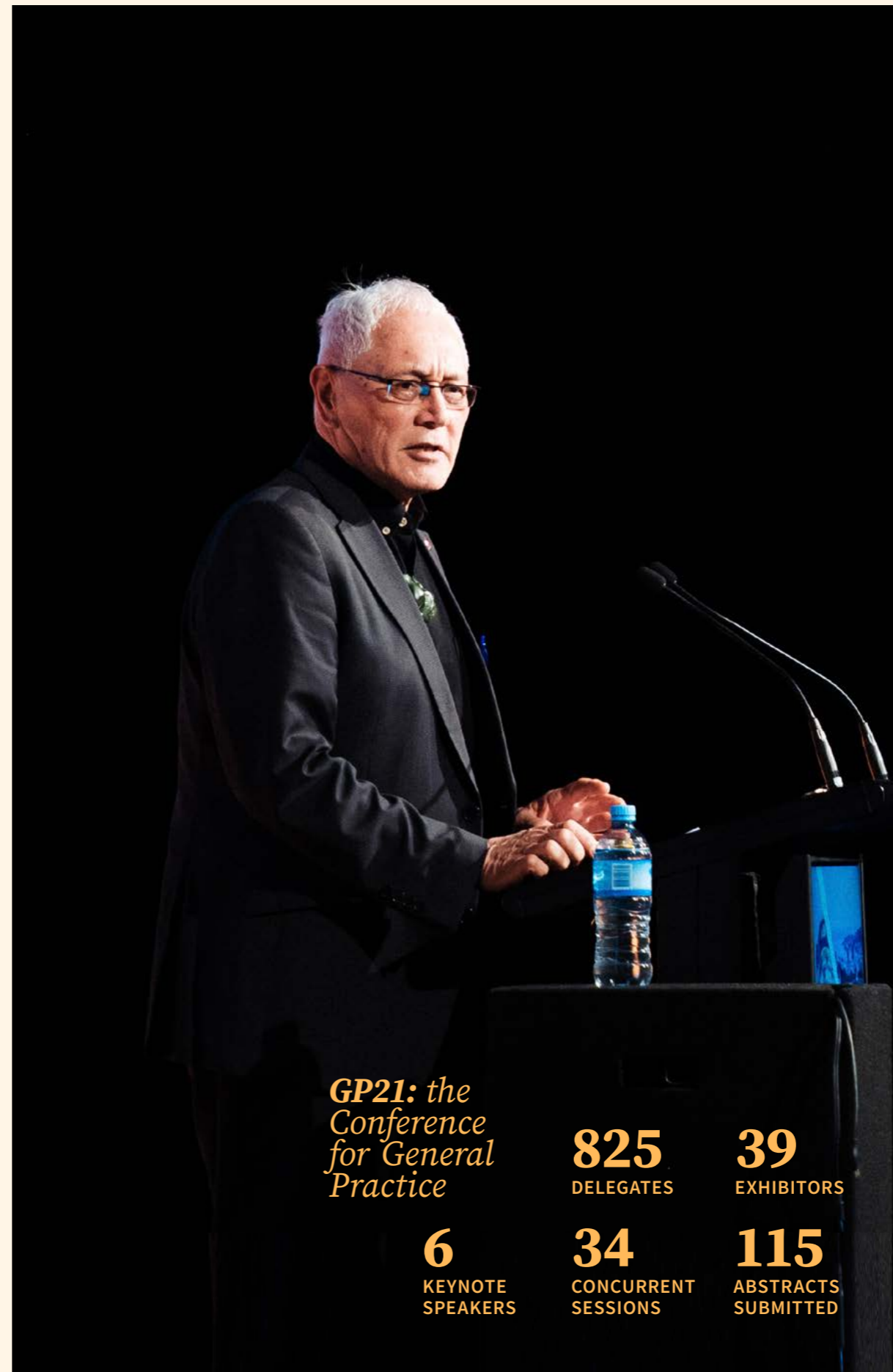
In 2021 New Zealand's COVID-19 response transitioned from a 'stamp it out' approach to managing COVID-19 in the community. Information from the Ministry of Health on the situation was fast moving and verbose so the College's communications team distilled it into streamlined, accurate updates for our busy members, usually within an hour of a significant announcement.

Our COVID-19 response team was on hand offering everything from clinical to burnout support. Our [risk matrix](#), which was initially developed in 2020, was updated again and again to provide current, reliable guidance for managing contact with symptomatic and asymptomatic patients.

YOUR VOICES ARE IMPORTANT FOR MAKING CHANGE

When we speak as the College it's on behalf of our more than 5,700 members, and this year we again focused on fostering connections with key stakeholders. The College President Dr Samantha Murton, Chief Executive Lynne Hayman, Medical Director Dr Bryan Betty and the Policy, Advocacy, and Insights team met with many groups on behalf of the membership, highlighting our members' concerns and needs at over 100 meetings and through 67 submissions. Key submissions include the National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to introduce self-testing, and Waka Kotahi: Review of the Medical Aspects of Fitness to Drive. We have also worked to provide support and advice to members undertaking research related to general practice.

Photo right: GP21: the Conference for General Practice was a fantastic opportunity for members to get together and hear from people like Professor David Tipene-Leach who spoke on cultural safety and the changes we can all make to ensure we have amore equitable, and safe health care system.



I enjoyed the breadth of speakers and making connections... IN PERSON! Such an important conference at this crossroads in health in Aotearoa with the health restructure and the continued COVID-19 madness.

— GP21 attendee

WE HOSTED A VIBRANT, THOUGHTFUL, SUCCESSFUL CONFERENCE

More than 800 GPs, rural hospital doctors, and other health professionals put down their stethoscopes in August and headed to [Wellington for the College's annual conference](#). The energy in the room was electric, as our members made the most of their first opportunity to catch up face-to-face with their peers since 2019.

A highlight of every conference is always the Fellowship and Awards ceremony. In 2021 it was a biggie as we celebrated and graduated winners and new general practice and rural hospital medicine Fellows from 2020 and 2021. At the College we often talk about the flexibility of general practice and how it's a good career option to build around families, and this ceremony was very much about that... from the pile of prams at the back of the room, to the small children clambering to find mum or dad in their gowns, to the cheers of supportive relatives as our newest Fellows crossed the stage.

505

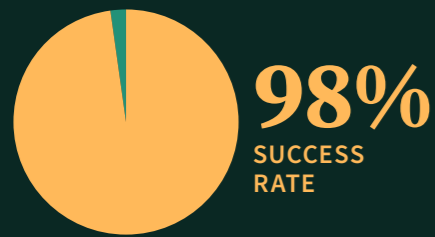
COVID-19 MEMBER ENQUIRIES RESPONDED TO

College mentions in the media



Media pitches

94 STORIES PITCHED TO MEDIA IN 2022



2021 meetings held in June, September, and December.

RETAIL DISCOUNTS NOW A PERK OF COLLEGE MEMBERSHIP

In June 2021 the College launched a new free membership app, offering a range of discounts at retailers around New Zealand — from cheap coffee to discounts on tyres. College President Dr Samantha Murton was delighted to achieve a sizable discount on air filters for her practice. The app certainly made shopping a little sweeter for our members, with more than 1,400 members signed up and over 17,084 coupons used.

FAREWELL AND THANK YOU TO JPHC EDITOR-IN-CHIEF, PROFESSOR SUSAN DOVEY

The *Journal of Primary Health Care* (JPHC) is a taonga of the College that was led by Editor-in-Chief Professor Sue Dovey for nearly seven years. She retired from the role in March 2022.

Photo above: College Chief Executive Lynne Hayman speaks to a group of new GPEP registrars at Te Ahunga.

WE AWARDED \$29,888 TO RESEARCH PROJECTS

Each year the College's Research and Education Committee (REC) receives applications for funding towards research and education that is of benefit to general practitioners and rural hospital doctors. In 2021 two applicants were successful.

In May [Dr Mona Jeffreys was awarded \\$13,478](#) to fund a research assistant for her research that asks, 'Do general practice capitation fees account for concentrations of complexity?' The aim of her study is to measure primary health care use and funding in general practice, for practices with differing levels of high-needs patients.

In August [Dr Katharina Blattner was awarded \\$11,410](#) for her research that aims to define catchment boundaries/areas and their populations for New Zealand's rural hospitals. This will allow for wider research to be undertaken in New Zealand's rural hospitals and help to inform the delivery of high-quality, cost-effective and equitable health care for people living in these rural communities.

In November [Dr Rachel Roskvist was awarded \\$5,000](#) for her research that aims to describe the experiences, challenges and barriers of New Zealand GPs taking and returning from parental leave, and using these experiences to formulate recommendations to support them. The data collected will be useful for future workforce planning, to identify any difficulties and gaps with the process, and to characterise an issue that largely impacts women, and has strong relevance to Māori and Pasifika. ♦

He Hiranga Mātauranga

Education excellence

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

Photo opposite, above: GPEP registrar [Dr Liam Watson](#) enjoys spending time in the garden with his partner Lucy, "there's this thing with doctors that you need to be working all the time, but thinking about longevity, four days a week "is great for me. It means I can work better when I'm there and ensure I get the best care for my patients."

Photo opposite, below: GPEP registrar [Dr Melissa-Jane Austen](#) loves helping young people better understand their health, "when we got news that we were going to set up a youth 'one-stop shop' in Porirua, I was really fortunate to be given the opportunity to take on a clinical role... I jumped at it. I didn't really think twice."

In October 2021 the Board decided to defer the usual November timing of the GPEP clinical exams because of COVID-19, to February 2022. In January, with Omicron set to peak, the decision was made to instead offer eligible registrars the opportunity of an aegrotat assessment.

WE UPDATED AND STRENGTHENED OUR CURRICULUM

Whakapakari; to strengthen, mature (of people), and develop, is an appropriate name for the [project that took our outdated General Practice Education Programme \(GPEP\)](#) curriculum and transformed it into one that is modern and easy to use.

Over the course of a year our Academic and Clinical Working Groups talked, listened, and worked with Te Akoranga a Māui, The Registrars' Chapter, and our medical educators to develop a curriculum that is fresh, future focused, and has equity woven throughout. Whakapakari is a framework for developing registrars into self-reflective, culturally safe, pro-equity, anti-discriminatory Fellows of the College who understand the status and priority of Māori as tangata whenua.

The new curriculum was launched with the 2022 GPEP cohort in February.

THE ACADEMIC QUALITY ASSURANCE COMMITTEE: ESTABLISHED JULY 2021

This Committee was established to spotlight all the academic matters related to GPEP. The committee includes representatives from College teams including the Learning team, Human Resources, and Equity. They meet fortnightly to discuss and make recommendations on topics like the GPEP Fellowship pathway regulations, how to support registrars requiring additional academic or pastoral support, the clinical and written exams, and Fellowship Assessment Visit results.

These meetings have helped to identify trends and themes relating to registrars, which in future will be reported through to the GPEP Board of Studies.

WE SUPPORTED THE REGISTRARS' CHAPTER

In 2021 we established monthly meetings between members of the Learning Team, Membership Services, and The Registrars' Chapter.

"These meetings have not only helped with relationship building between these three groups but have helped provide a platform to raise issues that are important to GPEP and rural hospital medicine (RHM) registrars. Regular meetings ensure issues are raised and solved in a timely and effective manner, which helps us advocate for registrars and helps maintain the wellbeing of the profession as they complete their specialist training." — Dr Sophie Sharpe, Chair of The Registrars' Chapter.

Our educators, teachers, and registrars have commented that the curriculum is now engaging, easy to navigate, informative, and relevant.

— Dr Cathy Stephenson, Clinical Lead, Southern.

DR ROBYN CAREY STEPPED UP INTO THE DIVISION'S CHIEF ASSESSOR ROLE

Dr Robyn Carey became the Division of Rural Hospital Medicine's Chief Fellowship Assessor following several years working as an assessor. She will support rural hospital medicine (RHM) assessors.

OUR PRIOR SPECIALIST PATHWAYS

One way to bolster numbers of GPs and rural hospital doctors is by helping overseas doctors, or those who have trained in other specialties, accelerate their journey to Fellowship. During the year we had:

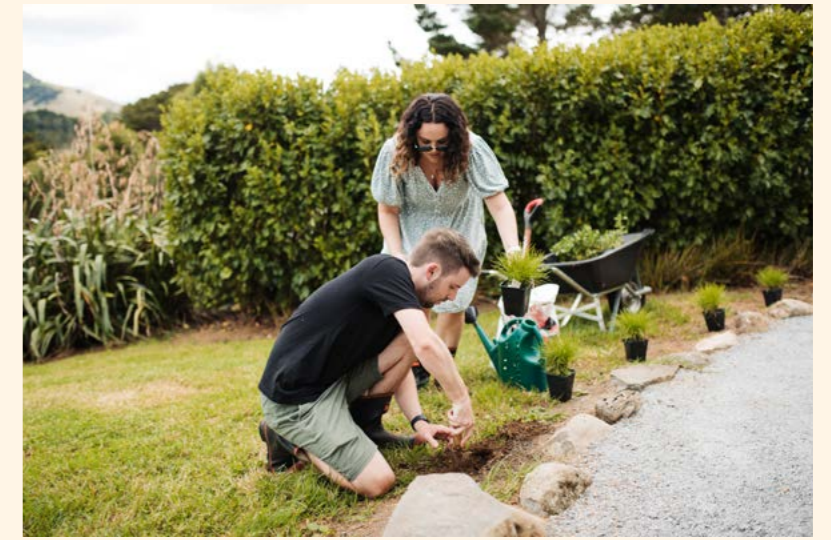
- 47 doctors studying GPEP via prior specialist pathways
- 12 doctors studying RHM via prior specialist pathways

WE ENCOURAGED DOCTORS TO SPECIALISE IN GENERAL PRACTICE

COVID-19 restrictions cancelled our usual face-to-face events promoting general practice to resident medical officers, so we moved online.

We hosted two webinars where over 200 attendees heard from College President Dr Samantha Murton, Medical Director Dr Bryan Betty, Chair of Te Akoranga a Māui Dr Rachel Mackie (Ngāti Wai), Clinical Lead Dr Cathy Stephenson, and GPEP registrars Dr Melissa-Jane Austen and Dr Mamaeroa David (Whakatōhea, Ngāi Tahu, Ngāti Porou, Niue).

The webinars offered medical students some insight into what a career in general practice can offer and dove into the nitty gritty of how GPEP is delivered, and what daily activities a registrar can expect. It was a great opportunity to get in front of young doctors and increase their exposure to the general practice specialisation.



Exam pass rates

218 Candidates participated in the GPEP year 1 written examinations

91.3% written exam pass rate

New Fellows

	GPs	RURAL HOSPITAL DRS
2021	163	6
2022	152	6

New Registrars

	GPEP	DIVISION OF RURAL HOSPITAL MEDICINE
2021	214	26
2022	193	24



Rural outlook at a glance

46%
OF NEW ZEALAND'S RURAL DOCTORS ARE TRAINED OVERSEAS

235
MEMBERS FROM THE DIVISION

652
GPs FROM THE RURAL CHAPTER

Encouraging registrars to live closer to their rural practice means they can better understand the culture and community they work in.

Photo above: GPEP registrar **Dr Liam Watson** moved into rural general practice treating lots of farmers and says rural GPs are a bit of a one-stop shop, "you never know what's going to come through the door, from chest pains to minor injuries – it keeps me using a variety of skills that would otherwise fall by the wayside."

CASE STUDY: RURAL MATTERS

We know more registrars would like the opportunity to work in rural communities, but the financial barriers hinder many in making the move.

This year the College approached the Ministry of Health, advocating for a substantial increase to the accommodation allowance for working in rural areas. As a result, any College-employed GPEP year 1 registrar who relocates to live within 30 kilometres of the rural practice they're attached to can receive \$350 a week to supplement their accommodation costs.

Encouraging registrars to live closer to their rural practice means they can better understand the culture and community they work in, and it is better for registrars' health and safety by reducing long commutes at the start and end of busy days. We are hopeful that, over time, this may assist in overcoming barriers to doctors choosing to live and work rurally both during and after their vocational training. ♦

He Whare Haumanu

Quality general practices

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

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

SAFE COVID-19 CARE PROVEN BY FOUNDATION STANDARD CERTIFICATION

The College proactively worked with the Ministry of Health to make it easier for Foundation Standard certified practices to be part of the Government's COVID-19 programme.

Our Quality Programmes team [comprehensively mapped Foundation Standard to the COVID-19 Vaccine Immunisation Programme](#) (CVIP). The team's mahi eliminated paperwork for certified practices and proved they could vaccinate safely, helping them more quickly set up as vaccination centres.

When the management of COVID-19 moved to the community, the Ministry called on the College again to align their COVID-19 Third Party Questionnaire with the Foundation Standard. It met all the Ministry's requirements and Foundation Standard practices were able to be swiftly set up as COVID-19 community management centres.

Foundation Standard aligns with the Government's health strategy and is trusted, which is a significant endorsement of the College's Quality programmes.

OTHER QUALITY PROGRAMME MILESTONES

We're committed to ensuring our Quality programmes are fit for purpose and can be easily used by Aotearoa's practices. To help with this, we continually review Foundation Standard and our Cornerstone modules.

A revised [Foundation Standard](#) was launched in February 2022. The updated version further reduces duplication and makes the evidence requirements clearer.

Following the first year of the Cornerstone Equity module, we asked practices what they'd change, and in December 2021 we [launched an improved version](#). Practices say they're finding it easier to incorporate equity into their culture and environment and finding the module easier to use.



942 PRACTICES

registered for the Foundation
Standard programme*

339 PRACTICES

awarded Foundation
Standard certification*

*since its launch in April 2020

BUILDING OUR EQUITY UNDERSTANDING

[Kurow Medical Centre completed the Cornerstone Equity module for the first time](#), building on what they'd learnt in Foundation Standard (the College's entry level Quality programme).

College Fellow Dr Natasha Sharp says the module has helped her practice enhance their equity work by reflecting on why they're doing certain things, and what is working well for the practice and their patients.

Equity is now a standing item on their practice's meeting agenda, two new policies have been introduced (health equity and cultural competency), and a training requirement for all staff on equity topics like recognising and addressing bias has been put in place.

"Our staff have learnt that we're often unaware how much unconscious bias can impact daily life.

"Having a focus on health equity is so important, especially in general practice," says Dr Sharp. ♦



He Whakapiki i te Mana Hauora Taurite

Improving health equity in New Zealand

Photo above: New GPEP registrars are welcomed to the College each year at Te Ahunga, held at marae across the country. The two-day event gives registrars an understanding of the importance of indigenous health and equity, and the positive effect a GP can have on the health transformation of their community.

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

COVID-19 VACCINATIONS FOR MĀORI AND PASIFIKA

Māori and Pasifika have experienced inequitable outcomes from all New Zealand's previous pandemics and were expected to carry a greater disease burden for COVID-19 too.

"We've seen how fast this virus can spread and the worryingly low rates of vaccination within our Māori and Pasifika communities need to be addressed — and fast," said Te Akoranga a Māui Chair Dr Rachel Mackie (Ngāti Wai, Ngāti Hine, Ngāti Whatua).

The College supported Te Rōpū Whakakaupapa Urutā, the National Māori Pandemic Group's call to promote the prioritisation of COVID-19 vaccinations for Māori and Pasifika by [advocating through media](#) and with practical equity-based tips for the membership. That mahi and kōrero was supported and informed by Te Akoranga a Māui members.

In the Pasifika communities of Aotearoa, vaccine hesitancy was high. Distinguished Fellow Dr Api Talemaitoga, working on behalf of the Ministry of Health's COVID-19 vaccine team, [travelled across the country on a mission to clear up misinformation about the vaccine](#). His team helped Pasifika peoples make informed choices and vaccine hesitancy dropped from 30 percent to 10 percent.

CASE STUDY: HPV SELF-SCREENING A BIG WIN

Frustrated by the mortality rates of Māori and Pasifika women (because the way we screen for cervical cancer isn't as good as it could be), Dr Samantha Murton and Dr Rachel Mackie (Ngāti Wai, Ngāti Hine, Ngāti Whatua) used their voices together to support other members who had been advocating for change. In April 2021, [Drs Murton and Mackie called for an urgent government policy change](#) and investment that would allow women to self-administer a screening test for primary human papillomavirus (HPV).

"Mortality rates for Māori are two to three times that of non-Māori with the numbers being similar for Pasifika women. And why? Because of inaction around a simple process change in how women are tested; it's inequitable and unacceptable," said Dr Mackie.

The following month, the Government announced that a self-test for cervical cancer would be available from 2023. "Several of our GP members have worked extensively in the field of cervical cancer and have been very vocal about self-swabbing; it heartens me to see their mahi heard and understood, and for the Government to make change in an area of health that will measurably affect people's lives," says Dr Murton.



By listening to individuals and families' concerns and supporting them in their first language, such as Samoan, we helped put their minds at ease during a stressful and uncertain time.

— Dr Monica Liva, chair of the Pasifika Chapter on supporting families in MIQ

New Māori Fellows



New Pasifika Fellows



Fellows who identify as Māori and Pasifika



OUR MĀORI LEADERS

[Dr Rachel Mackie](#) stepped into a second College role when she was appointed as the Board Apprentice in July 2021.

[This role] is, “a great way to develop and build on your skills. Looking ahead, we’ll need more Māori in leadership roles so we can contribute to, and advocate for positive changes and continue to reduce inequities in the health system,” said Dr Mackie.

In December 2021, [Dr Maia Melbourne-Wilcox](#) (Tūhoe) joined the College Equity team as Pou Whirinaki, taking over from Dr Kēri Rātima (Whakatōhea, Ngāti Awa, Tūhoe) who had held the role for two years.

CASE STUDY: WE SUPPORTED PASIFIKA GPs THROUGH THE COVID-19 DELTA OUTBREAK

When the Delta outbreak ran through South Auckland in August 2021, our Pasifika members were on the front line, swabbing and vaccinating the community on top of their already full workloads. Many Pasifika families were also in managed isolation and quarantine (MIQ) facilities, and it was our members supporting their language, cultural, and medical needs. It was a tough role to play, and our people needed more support.

[The College partnered with Le Va](#) to bring Fatu o le Ola, a Pacific approach to wellbeing, to provide some additional and targeted support for our Pasifika GPs.

“Le Va’s services help us carry out our wellbeing talanoa in a culturally safe environment so that we can continue to serve our families and communities with a full heart,” said Dr Monica Liva, Chair of the College’s Pasifika Chapter. ♦

Photo left: Splitting her time between work at a suburban Auckland medical centre, and a day a week as the on-site doctor at Mt Roskill Grammar School, GPEP registrar [Dr Vanisi Prescott](#) loves the opportunity to get to know her patients. “You can get to know your patients over time, understand them and follow up with them. I have a lot of special interests, like youth health, sexual health, and cancer care, and being a GP lets me combine all of these.”

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

Māori Strategy



In collaboration with Te Tokowhā and approved by the Board in December 2021, He Ihu Waka, He Ihu Whenua, He Ihu Tangata 2022–2024, the College’s next iteration of our rautaki Māori, was finalised.

This rautaki sets out to:

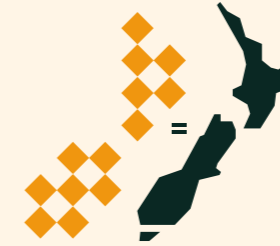
- increase the number of Māori Fellows in College education roles
- ensure the GP workforce is pro-equity, Te Tiriti compliant, culturally safe, and anti-racist
- advocate for, and influence, equitable health outcomes for Māori.



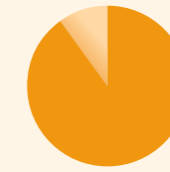
1
OUTCOME
PUTANGA

Increase the number of Māori Fellows in College education roles

Progress is being made when:



the annual intake of Māori registrars is greater than the population



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



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

2
OUTCOME
PUTANGA

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

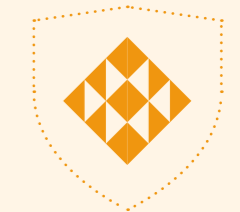
Progress is being made when:



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



50 percent of practices have achieved the Cornerstone Equity module



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

3
OUTCOME
PUTANGA

Advocate for and influence equitable health outcomes for Māori

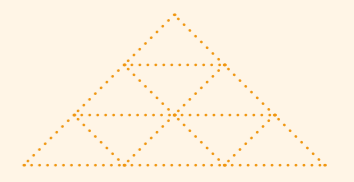
Progress is being made when we've:



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



commissioned evidence-based Māori research to improve equitable health outcomes



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

Te Kāreti o Nāianeī

Becoming a contemporary organisation

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

CUTTING DOWN ON EMISSIONS

This year we made virtual meetings standard. Whether you're a staff member working in the Wellington office, a committee representative, or a member of the Board, all meeting invites now include Zoom or Microsoft Teams links.

The consistent choice to meet virtually has added flexibility and reduced travel time and supports the College's commitment to Ora Taiao's Health Professionals Joint Call for Action on Climate Change and Health.

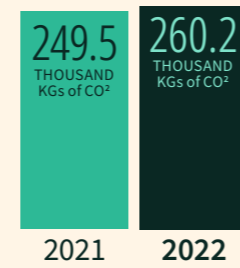
"We cut down in-person meetings primarily to reduce environmental emissions, but it also saves time travelling and means we don't have to be out of the clinic for a full day," says Dr Aniva Lawrence, Chair of NAC.

Shorter but more regular NAC meetings provide greater timeliness to discuss grassroots issues and then contribute to better outcomes for members.

College Finances



College Carbon Emissions



IT'S A FIRST! WRITTEN MOCK EXAMS GO ONLINE

In August 2021, just as the GPEP year 1 written mock exams were set to happen, Delta arrived in Aotearoa, and we were sent into lockdown. The Learning team worked quickly to adapt their written mock exam to an online version, which levelled the playing field for all registrars regardless of what COVID-19 traffic light setting their region was at.

"It's been very rewarding to see the exam software rolled out and I'm pleased with the large and robust bank of questions being developed for both mock and final written exams," said Dr Michael Oehley, Chief Examiner — Written.

WE REVAMPED TE ARA

Registrars told the Learning team that Te Ara (the College's online learning management system) could be better, so we improved it. Te Ara is now more interactive and streamlined, and the feedback is positive.

Whakapakari, the new curriculum, now sits on Te Ara alongside modern, consistent, and easy-to-use resources.

Photo below: With an interest in youth health, GPEP registrar [Dr Vanisi Prescott](#) connects with young people through TikTok videos, and her daughter thinks she's pretty cool too; "whenever I go to school, my friends say 'your mum's TikTok has over 2.4million likes.'"

IT'S EASIER FOR REGISTRARS TO REGISTER CLINICAL TIME

GPEP year 2 and 3 registrars can now log their clinical hours in an online tool that means less data entry for them and fewer errors for us.

OUT WITH PAPER, IN WITH ZENO

Zeno, the College's new web-based expense tool, was launched in January 2022, making it easier for members and staff to claim expenses.

Paper receipts and forms are out, and people can now upload claims through a secure online portal or app. ♦



Te mahi a o tātou wāhanga i ngā hapori

Our Faculties continued to support members at a local level

All College members belong to a regional Faculty; a group of local peers who create and run social and learning events and who support each other professionally.

Each Faculty across the motu is led by an executive team of volunteer GPs and rural hospital doctors nurturing collegial groups of people who perfectly understand the specific quirks, frustrations, and opportunities of their professions.

Here are some of their highlights this year:

The Northland Faculty built on their positive relationship with their local District Health Board (DHB) and have developed a fund to recruit and retain great doctors. They're also working to support registrars, new Fellows, and members who are new to Northland.

After months of lockdowns and continuing size restrictions on gatherings, the Auckland Faculty provided financial support for peer groups to organise their own small events. This offer was taken up by most peer groups with multiple events happening across the region.

“Ka Hono, our mentoring programme, continues to evolve and support our members,” said Dr Fiona Whitworth of the Waikato Faculty.

The Wellington Faculty livened up the depths of winter with a celebration of Matariki at Space Place at Carter Observatory. Wellington Faculty Executive member Dr Kathryn Leslie said, “It was very well attended, and we had great feedback.”

“Our biggest achievement as a Faculty this year was mastering the pivot. I'm proud that we've been flexible and carried on with activities like our Continuing Medical Education (CME) meetings by taking them online,” said Otago Faculty Chair Dr Peter Gent.

Ngā mahi whakahirahira a Te Akoranga a Māui

Te Akoranga a Māui continued its critical mahi



Photo above: [Dr Maia Melbourne-Wilcox](#) (Tūhoe) received a President's Service Medal for her work coordinating a group of dedicated Māori GPs across the country, to ensure Māori were heard and prioritised in the local, and national level decision making processes, during the COVID-19 pandemic.

Te Akoranga a Māui, the College's Māori representative group, has supported its members by:

promoting vaccination equity to the membership and ensuring Māori communities were prioritised throughout the COVID-19 response

speaking out in the media on the importance of improving vaccine equity for our most vulnerable and how that will help to prevent our health system becoming overwhelmed

participating in the College's “Specialise as a GP” video campaign, speaking about making a difference to the health of the community while sharing first-hand experiences of the benefits of general practice.

O tātou Pekanga

Our Chapters

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

The Pasifika Chapter

successfully:

worked with the College to partner with Le Va to bring Fatu o le Ola for our Pasifika GPs

educated Pasifika communities on the COVID-19 response (the virus, lockdowns, vaccinations, and the traffic light system) via Zoom

helped to create Pasifika-targeted COVID-19 vaccination events.

The Registrars' Chapter

successfully:

increased the profile of the Chapter amongst GPEP and rural hospital medicine registrars

built and developed a collegial working relationship with College staff (including those in the leadership and Learning teams)

assisted several individual registrars with unique queries relating to their training and the circumstances they have found themselves in owing to the changing environment.

The Division of Rural Hospital Medicine

supported its rural hospital doctors this year through networking events and funded training. Key achievements included:

holding a registrar meeting day attended by over 90 people (registrars, their educational facilitators, and representatives from rural hospitals), including presentations from rural hospitals, promoting training locations for registrars, and presentations about dual pathway and reflective portfolios

working with the University of Otago to fund postgraduate training.

The Rural GPs' Chapter

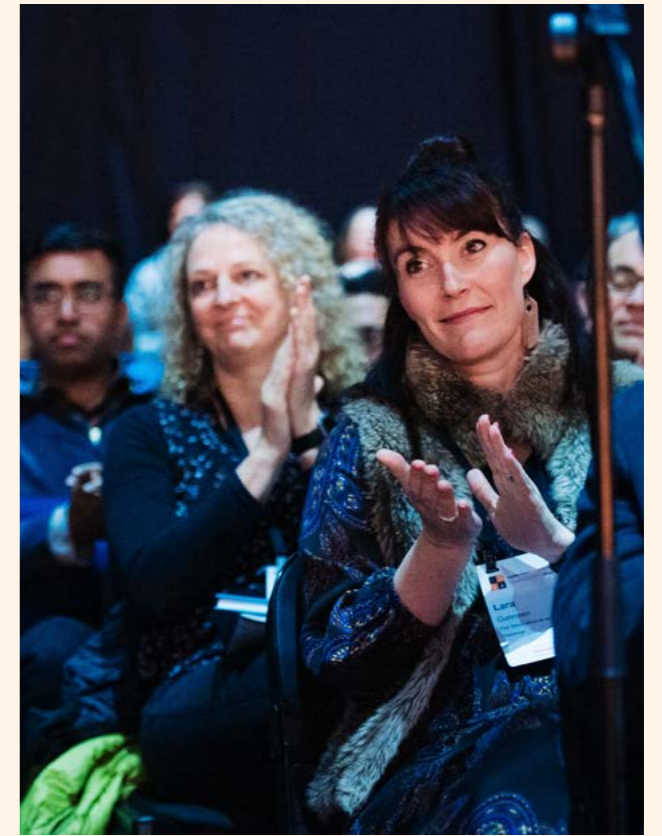
successfully:

reviewed GPEP and fed into the work to update and strengthen Whakapakari, the curriculum. ♦

He whakamānawa

Celebrating our College award winners

These awards were presented at *GP21: the Conference for General Practice in Wellington*.



Distinguished Fellowship

Dr Bryan Betty
Wellington

Dr Peter Fleischl
Taupo

Dr Clare Healy
Christchurch

Dr Sandra Jessop
Hawkes Bay

Dr Rawiri McKree Jansen
Auckland

Dr Branko Sijnja
Balclutha

President's Service Medal

Dr Ali Begg
Christchurch

Dr Shane Cross
Kaikohe

Dr Frances McClure
Mission Bay

Dr Maia Melbourne-Wilcox
Christchurch

Dr Chris Wright
Wellington

Community Service Medal

Dr James Chisnall
Motueka

Dr Jonathan Chambers
Christchurch

Dr Mike Jenkin
Swanson

Dr Susie Lawless
Dunedin

Dr Sandhya Ramanathan
Auckland

Dr Rachel Shouler
Tarawera

Dr Murray Smith
Omokoroa

Dr Maelen Tagelagi
Auckland

Dr Mark Taylor
Hamilton

Dr Hamish Wilson
Dunedin

Humphrey Rainey Prize for Excellence

Dr George Ansley
Tauranga

Dr Amjad Hamid Medal

Dr Jonathan Penno
Canterbury

Dr Sarah Scott
Bay of Islands

Tauākī Whakamaunga Atu

Statement of Service Performance

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 67 submissions.

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

Our keywords were mentioned in 2,017 media stories.

Goal 2

We're committed to addressing health inequities in all communities and advocating to improve social determinants of health and commission evidence-based Māori health research that seeks to improve equitable health outcomes.

170 Māori Fellows.

94 Pasifika Fellows.

Annual intake of Māori registrars is greater than the proportional percentage of the Māori population: 2022 – 10.4 percent (Māori population is 16.7 percent).

8.4 percent of medical education roles held by Māori (goal is 20 percent).

66.67 percent of our Research and Education Committee grants included outcomes to improve equitable health outcomes (goal is 100 percent).

Goal 3

We provide world-class vocational training and continuing medical educational activities.

152 new GP Fellows.

6 new Division of Rural Hospital Medicine Fellows.

88 percent of GPEP year 1 registrars passed the clinical exams.*

91.28 percent of GPEP year 1 registrars passed the written exams.

**The 2022 clinical exams were replaced by an aegrotat assessment due to the unpredictability of COVID-19.*

Goal 4

We set and maintain quality assurance standards in general practice.

80 percent of practices with Foundation Standard.

1.6 percent of practices with the Cornerstone Equity module.

Tauākī Pūtea

Financial reports

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Independent Audit Report



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

OPINION

We have audited the financial statements of The Royal New Zealand College of General Practitioners (the “College”) which comprise the statement of financial position as at 31 March 2022, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at 31 March 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards (“PBE Standards”) issued by the New Zealand Accounting Standards Board.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (“ISAs (NZ)”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements 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 MATTER

The financial statements of the College (formerly the “Group”) for the year ended 31 March 2021 were audited by another auditor who expressed an unmodified opinion on those financial statements on 23 June 2021.

THE BOARD’ RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS

The Board is responsible on behalf of the College for the preparation and fair presentation of the financial statements in accordance with PBE Standards, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible on behalf of the College 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 intends 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 FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole 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) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board’s website at: <https://www.xrb.govt.nz/assurancestandards/auditors-responsibilities/audit-report-8/>.

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

15 June 2022

The Royal New Zealand College of General Practitioners
Statement of Comprehensive Revenue & Expenses for the year ended 31 March 2022.

	NOTES	2022 (\$000)	2021 (\$000)
REVENUE			
Contract revenue		23,026	18,707
Membership subscriptions		5,016	4,738
Fees		3,127	3,461
Finance revenue	1	497	1,503
Faculties' and Chapters' revenue	2	430	415
Other revenue	3	962	116
Total revenue		33,058	28,940
EXPENSES			
Employment expenses – Registrars	4	14,488	11,602
Employment expenses – College Staff	4	7,232	6,420
Educators and other contractors		5,579	4,858
ICT costs		705	660
Travel and accommodation		332	388
Occupancy		673	645
Faculties' and Chapters' expenses	2	512	348
Other operating expenses	5	2,613	2,013
Total expenses		32,134	26,934
Net Comprehensive Revenue and Expenses		924	2,006

The Royal New Zealand College of General Practitioners
Statement of changes in net assets/equity for the year ended 31 March 2022.

	COLLEGE (\$000)	FACULTIES' & CHAPTERS' (\$000)	TOTAL (\$000)
Opening balance at 1 April 2020	5,419	1,948	7,367
Total Comprehensive revenue and expenses	1,854	152	2,006
Members' funds at 31 March 2021	7,273	2,100	9,373
Opening balance at 1 April 2021	7,273	2,100	9,373
Total Comprehensive revenue and expenses	921	3	924
Members' funds at 31 March 2022	8,194	2,103	10,297

The accompanying notes on pages 58 to 72 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners
Statement of Financial Position as at 31 March 2022.

	NOTES	2022 (\$000)	2021 (\$000)
CURRENT ASSETS			
Cash and cash equivalents	8	9,469	5,850
Short term deposits	9	669	4,121
Managed funds	10	7,222	6,828
Accounts receivable		5,772	5,388
Prepayments		250	366
		23,382	22,553
NON CURRENT ASSETS			
Plant and equipment	6	152	185
Intangible assets	7	642	555
		794	740
Total assets		24,176	23,293
CURRENT LIABILITIES			
Accounts payable		947	962
Employee entitlements		707	611
Other creditors		1,765	1,699
Income in advance	12	9,733	9,828
Goods and services tax		727	692
		13,879	13,792
NON CURRENT LIABILITIES			
Income in advance	12	-	128
Total liabilities		13,879	13,920
Net assets		10,927	9,373
MEMBERS' FUNDS			
College accumulated funds		8,194	7,273
Faculties' & Chapters' accumulated funds	11	2,103	2,100
Total Members' funds		10,297	9,373

These financial statements were approved for issue by the Board on 15 June 2022.



Dr Samantha Murton
President



Dr Daniel McIntosh
Chair – Audit and Risk Committee

The accompanying notes on pages 58 to 72 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners
Statement of Cash Flows for the year ended 31 March 2022.

	NOTES	2022 (\$000)	2021 (\$000)
CASH FLOWS FROM OPERATING ACTIVITIES			
Contract revenue		22,261	16,407
Finance revenue		41	79
Other revenue		4,791	3,413
Membership subscriptions		4,996	5,832
Payments to suppliers and employees		(31,585)	(26,071)
Net cash flows (used in)/from operating activities	19	504	(340)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(56)	(83)
Purchase of intangible assets		(281)	(63)
Deposits of funds into term deposits		3,452	(896)
Withdrawal of cash from managed funds		-	500
Net cash flows used in investing activities		3,115	(542)
NET DECREASE IN CASH AND CASH EQUIVALENTS		3,619	(882)
Cash and cash equivalents at beginning of year		5,850	6,732
Cash and cash equivalents at end of year		9,469	5,850
CASH AND CASH EQUIVALENTS AT 31 MARCH CONSISTS OF:			
Cash and cash equivalents		9,469	2,850
Short term deposits		-	3,000
Total		9,469	5,850

The accompanying notes on pages 58 to 72 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners Statement of Accounting Policies for the year ended 31 March 2022.

REPORTING ENTITIES

The financial statements presented are those of The Royal New Zealand College of General Practitioners (the College) and its subsidiary The Royal New Zealand College of General Practitioners Research and Education Charitable Trust (the Trust) up to the date it was dissolved (8 December 2020).

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 International Public Sector Accounting Standards (PBE IPSAS) and other applicable Financial Reporting Standards, as appropriate that have been authorised for use by the External Reporting Board for 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 IPSAS 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 financial instruments which are measured at fair value. All dollar values are presented in New Zealand dollars rounded to the nearest thousand.

The financial statements were authorised for issue by the Board on 15 June 2022.

CHANGES IN ACCOUNTING POLICY

For the year ended 31 March 2022, there have been no changes to accounting policies.

SPECIFIC 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 has been applied consistently throughout the year.

Subsidiaries are entities over which the College has the power to govern the financial and operating policies of another entity so as to benefit from that entity's activities. College financial statements are prepared by combining the financial statements on a line-by-line basis.

B. FINANCE INCOME

Finance income comprises interest income on financial assets, 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 cash, loans and receivables or financial assets at fair value through surplus or deficit.

D. MANAGED FUNDS

Managed funds are recognised at fair value on the College's Statement of Financial Position, with any gains/losses recognised through the Statement of Comprehensive Revenue & Expenses.

E. LOANS AND RECEIVABLES

Trade receivables, loans and other receivables that have fixed or determinable payments and that are not quoted in an active market are classified as loans and receivables. Loans and 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. Bad debts are written off in the period in which they are identified.

F. 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 three months.

G. 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 held to maturity.

H. 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.

I. DEPRECIATION

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

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

J. INTANGIBLE ASSETS

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

K. 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 in the Statement of Comprehensive Revenue and Expenditure.

L. 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 balance sheet 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 2022 (2021: Nil).

M. TAXATION

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

N. 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.

O. LEASES

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

P. 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 noninterest bearing and are initially recognised at their fair value and subsequently at amortised cost.

Q. EMPLOYEE ENTITLEMENTS

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

R. REVENUE RECOGNITION

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

Revenue is recognised on the following bases:

(i) Members' subscriptions

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

(ii) Contract and other revenue

Contract 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 Income in Advance.

(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.

(v) Dividends

Income from dividends is recognised when the College's right to receive payment is established, and the amount can be reliably measured.

S. CASH FLOWS

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

(i) Operating activities

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

(ii) Investing activities

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

(iii) Cash and cash equivalents

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

T. 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:

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

U. 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.

We do however note that while PBE FRS 48 Service Performance Reporting will not have a material quantitative impact on the financial statements, it is expected to have a qualitative impact on the College.

PBE FRS 48: SERVICE PERFORMANCE REPORTING (EFFECTIVE FOR PERIODS BEGINNING ON OR AFTER 1 JANUARY 2022)

This new standard introduces high-level requirements for Tier 1 and Tier 2 PBEs relating to service performance information. All NFP PBEs, must provide the following information:

- the reason for the entity's existence, what the entity aims to achieve over the medium to long term (in broad terms), and how it will go about achieving this; and
- what the entity has done in order to achieve its broader aims and objectives, as stated above.

PBE IPSAS 41: FINANCIAL INSTRUMENTS (EFFECTIVE FOR PERIODS BEGINNING ON OR AFTER 1 JANUARY 2022)

The NZASB has issued PBE IPSAS 41 after the IPSASB issued its own financial instruments standard. PBE IPSAS 41 will supersede PBE IFRS 9 and PBE IPSAS 29 Financial Instruments: Recognition and Measurement. PBE IPSAS 41 introduces a new classification and measurement regime for financial instruments and will need to be carefully considered by the College. The College has not yet assessed the impact of these changes.

The Royal New Zealand College of General Practitioners

Notes to the Financial Statements

for the year ended 31 March 2022

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1. Finance Revenue

	2022 (\$000)	2021 (\$000)
Interest	41	79
Gain/(Loss) on managed funds held at fair value	456	1,424
Total finance revenue	497	1,503

2. Faculties' and Chapters' Revenue and Expenses

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

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

	2022 (\$000)	2021 (\$000)
Membership levies	400	381
Interest income	12	33
Sundry income	18	1
Total Faculties' and Chapters' revenue	430	415

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

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

	2022			2021		
	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)	REVENUE (\$000)	EXPENSES (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	114	102	12	112	106	6
Northland Faculty	28	27	1	13	6	7
Wellington Faculty	39	59	(20)	40	57	(17)
Hawkes Bay Faculty	12	20	(8)	12	12	-
Nelson Faculty	13	19	(6)	13	6	7
Whanganui Faculty	3	3	-	3	4	(1)
Taranaki Faculty	8	10	(2)	8	-	8
Manawatū Faculty	9	14	(5)	9	-	9
Canterbury Faculty	47	60	(13)	44	12	32
Waikato Faculty	54	51	3	56	36	20
Tairāwhiti Faculty	3	1	2	3	-	3
Otago Faculty	21	23	(2)	22	28	(6)
Southland Faculty	8	-	8	9	9	-
Te Akoranga a Māui	43	36	7	43	29	14
Pasifika Chapter	12	10	2	12	3	9
Rural General Practitioners' Chapter	18	8	10	19	6	13
Rural Hospital Generalists' Chapter	70	30	40	69	32	37
The Registrars' Chapter	13	39	(26)	13	2	11
Total including College Contribution	515	512	3	500	348	152
Less College contributions	(85)	-	(85)	(85)	-	(85)
Net Revenue and Expenses	430	512	(82)	415	348	67

3. Other Revenue

	2022 (\$000)	2021 (\$000)
Rental income	12	17
Event and other income	950	99
Total other revenue	962	116

4. Employment Expenses

	2022 (\$000)	2021 (\$000)
Registrars		
Salaries and wages	12,390	9,741
Contribution to superannuation schemes	575	479
Other employment related expenses	1,523	1,382
Total employment expenses – Registrars	14,488	11,602
College staff		
Salaries and wages	6,781	6,030
Contribution to superannuation schemes	181	154
Other employment related expenses	270	236
Total employment expenses – College staff	7,232	6,420

5. Other Operating Expenses

	NOTES	2022 (\$000)	2021 (\$000)
Depreciation of plant and equipment	6	89	131
Amortisation of intangibles	7	194	198
Directors' fees	18	257	261
Audit fees - external		35	32
Audit fees - internal		18	-
Accounting, taxation and legal		295	290
Conferences and seminars		799	195
Information delivery		131	188
Loss on asset disposal		-	-
Grants		30	71
Other committee fees		80	84
Sundry operating expenses		685	563
Total other operating expenses		2,613	2,013

6. Plant and Equipment

Movements for plant and equipment are as follows:

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

2021	OFFICE EQUIPMENT (\$000)	FURNITURE AND FITTINGS (\$000)	COMPUTER EQUIPMENT (\$000)	TOTAL (\$000)
COST OR VALUATION				
Balance at 1 April 2020	88	572	505	1,165
Additions	-	10	73	83
Disposals	-	-	-	-
Balance at 31 March 2021	88	582	578	1,248
ACCUMULATED DEPRECIATION				
Balance at 1 April 2020	52	424	456	932
Depreciation expense	11	73	47	131
Disposals	-	-	-	-
Balance at 31 March 2021	63	497	503	1,063
Net Book Value at 31 March 2021	25	85	75	185

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:

2022	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	TOTAL (\$000)
COST OR VALUATION			
Balance at 1 April 2021	-	1,352	1,352
Additions	281	-	281
Disposals	-	(87)	(87)
Balance at 31 March 2022	281	1,265	1,546
ACCUMULATED AMORTISATION			
Balance at 1 April 2021	-	797	797
Amortisation expense	-	194	194
Disposals	-	(87)	(87)
Balance at 31 March 2022	-	904	904
Net Book Value at 31 March 2022	281	361	642

2021	ASSETS UNDER CONSTRUCTION (\$000)	COMPUTER SOFTWARE (\$000)	TOTAL (\$000)
COST OR VALUATION			
Balance at 1 April 2020	-	1,289	1,289
Additions	-	63	63
Disposals	-	-	-
Balance at 31 March 2021	-	1,352	1,352
ACCUMULATED AMORTISATION			
Balance at 1 April 2020	-	599	599
Amortisation expense	-	198	198
Disposals	-	-	-
Balance at 31 March 2021	-	797	797
Net Book Value at 31 March 2021	-	555	555

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

	2022 (\$000)	2021 (\$000)
Cash at bank and in hand	9,469	2,850
Short-term deposits (<i>with an original maturity of less than 3 months</i>)	-	3,000
Total cash and cash equivalents	9,469	5,850

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

Cash and cash equivalents and short term deposits includes income in advance of \$6,042,000 (2021: \$6,201,000) which arises due to the in-advance nature of the funding for the College's training and employment contracts.

9. Short Term Deposits

	2022 (\$000)	2021 (\$000)
Short-term deposits (<i>with an original maturity of more than 3 months</i>)	669	4,121
Total short term deposits	669	4,121

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

10. Managed Funds

	2022 (\$000)	2021 (\$000)
SECURITIES		
Debt - New Zealand	435	270
Debt - Overseas	1,717	1,432
Property - New Zealand	499	366
Equity - New Zealand	661	877
Equity - Overseas	2,086	3,049
Cash and cash equivalents (<i>assets</i>)	1,824	834
Total managed funds	7,222	6,828

The College holds units in an investment fund managed by a fund manager. The carrying value of the Managed Fund represents the fair value the units the College holds in that fund.

11. Faculties' and Chapters' Accumulated Funds

	2022		2021	
	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)	FUNDS (\$000)	SURPLUS/ (DEFICIT) (\$000)
Auckland Faculty	449	12	437	6
Northland Faculty	94	1	92	7
Waikato Faculty	312	3	308	20
Tairāwhiti Faculty	17	2	15	3
Wellington Faculty	204	(20)	224	(17)
Hawkes Bay Faculty	53	(8)	62	-
Nelson Faculty	27	(6)	33	7
Taranaki Faculty	96	(2)	98	8
Whanganui Faculty	36	-	36	(1)
Manawatū Faculty	78	(5)	83	9
Canterbury Faculty	114	(13)	127	32
Otago Faculty	115	(2)	117	(6)
Southland Faculty	53	8	46	-
Pasifika Chapter	18	2	17	9
Te Akoranga a Māui	48	7	41	14
Rural General Practitioners' Chapter	65	10	55	13
Rural Hospital Generalists' Chapter	282	40	241	37
The Registrars' Chapter	42	(26)	68	11
	2,103	3	2,100	152

12. Income in Advance

	2022 (\$000)	2021 (\$000)
Ministry of Health contract revenue	3,010	3,841
Cornerstone fees	23	365
Fellowship assessments fees	178	176
GPEP2/3 programme	-	-
Membership Fees in advance	5,733	5,455
Other fees in advance	789	119
Total income in advance	9,733	9,956

Current	9,733	9,828
Non-Current	-	128
Total income in advance	9,733	9,956

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:

	2022 (\$000)	2021 (\$000)
No later than one year	567	516
More than one year, less than five years	850	1,291
More than five years	-	-

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

14. Financial Instruments

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

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

All of the College's financial instruments are unhedged.

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

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

FAIR VALUE

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

LIQUIDITY RISK

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

CREDIT RISK

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

INTEREST RATE RISK

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

EQUITY PRICE RISK

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

14. Financial Instruments (cont'd)

CURRENCY RISK

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

SENSITIVITY ANALYSIS

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

	Interest Rate		Exchange Rate		Market Rate		2022		2021	
	SENSITIVITY	(\$000)	SENSITIVITY	(\$000)	SENSITIVITY	(\$000)	SENSITIVITY	(\$000)	SENSITIVITY	(\$000)
Impact on profit	+/- 50bps	47	29	+/- 5%	190	224	+/- 10%	722	683	

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 \$47,000 (2021: \$29,000). 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 \$190,000 (2021: \$224,000).

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 \$722,000 (2021: \$683,000).

14. Financial Instruments (cont'd)

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

2022

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

2021

Carrying Amount (\$000)	Financial Assets		Financial Liabilities	TOTAL AS AT 31 MARCH 2021	LEVEL OF FAIR VALUE HIERARCHY
	FAIR VALUE	LOANS AND RECEIVABLES	AMORTISED COST		
Subsequently measured at fair value					
SECURITIES					
Managed Fund	6,828	-	-	6,828	2
Subsequently not measured at fair value					
Cash and cash equivalents (<i>assets</i>)	-	5,850	-	5,850	
Short Term Deposits	-	4,121	-	4,121	
Receivables	-	5,388	-	5,388	
Payables	-	-	(962)	(962)	
	6,828	15,359	(962)	21,225	

15. Capital Management

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

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

16. Dissolution of the Research and Education Trust

On 8 December 2020 the Trust was dissolved and replaced with the Research and Education Committee (a sub-committee of the Board). On this date all remaining assets were transferred into the College who will hold the restricted funds separately, ringfenced for use by the new Research and Education Committee. This transaction has been eliminated on consolidation.

17. Sale of BPAC^{NZ} shareholding

On 4 September 2021 the College sold its shareholding in BPAC^{NZ} for a consideration of \$250,000. The carrying value of the shares was nil. The gain on the sale of these shares is included within other income.

18. Related Party Transactions

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

I. RELATED PARTY TRANSACTIONS

	2022 (\$000)	2021 (\$000)
Members' levies paid to the Trust	-	23
Amount owing at year end to the Trust	-	-

18. Related Party Transactions (cont'd)

II KEY MANAGEMENT PERSONNEL REMUNERATION

The College classifies its key management as:

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

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

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

	2022			2021		
	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)	BOARD FEES (\$000)	REPRESENTATION FEES (\$000)	OTHER FEES (\$000)
Dr Samantha Murton	58	47	-	54	45	14
Dr Sue Crengle	-	-	-	20	-	8
Dr Lauren McGifford	9	-	47	27	-	100
Dr Joanna Blakey	29	-	1	27	-	39
Dr Gregory Judkins	29	-	23	27	-	23
Ms Susan Huria	29	-	-	27	-	-
Dr Daniel McIntosh	29	-	1	27	-	-
Dr Kiriana Bird	29	-	58	7	-	15
	212	47	130	216	45	199

OTHER FEES

During 2020 Dr Samantha Murton was placed on a short term contract for service over the duration of 13 weeks at the height of COVID-19 response to increase her capacity to support members.

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

These are all conducted on normal commercial arms' length terms.

	2022		2021	
	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS	REMUNERATION (\$000)	NUMBER OF INDIVIDUALS
Executive Management	1,064	5	955	4

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

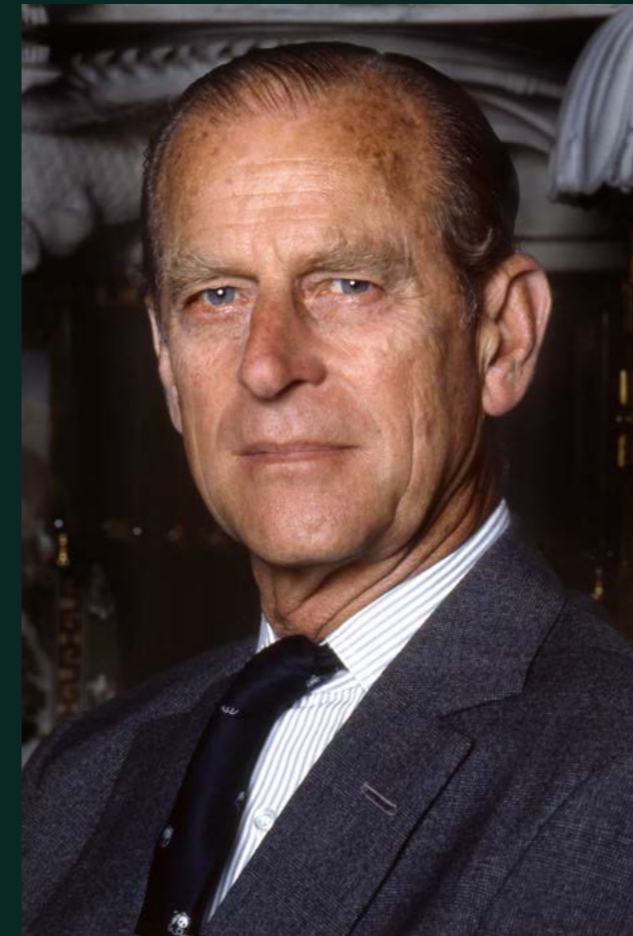
	2022 (\$000)	2021 (\$000)
Comprehensive revenue and expenses for the year	924	2,006
ADD NON-CASH ITEMS		
Amortisation	194	198
Depreciation	89	131
Loss on disposal	-	-
Net (gains)/loss on investments	(394)	(1,411)
MOVEMENTS IN WORKING CAPITAL		
Accounts receivable	(384)	1,968
Prepayments	116	23
Accounts payable	(15)	445
Provisions	-	(91)
Employee entitlements	96	190
GST payable	35	(858)
Income in advance	(157)	(2,941)
Net cash (outflow)/inflow from operating activities	504	(340)

20. Contingencies and Capital Commitments

The College has no contingent liabilities or capital commitments as at 31 March 2022 (2021: nil)

21. Subsequent Events

There were no material subsequent events after the balance date.



Maumaharatanga

In memoriam

His Royal Highness The Prince Philip, Duke of Edinburgh

10 June 1921 – 9 April 2021

Prince Philip had been the College's patron for 47 years, since he formally handed over independence from the faculties of the Royal College of General Practitioners in London at a Foundation dinner on 24 January 1974.

In 1981 His Royal Highness became the first Honorary Fellow of the College.

