

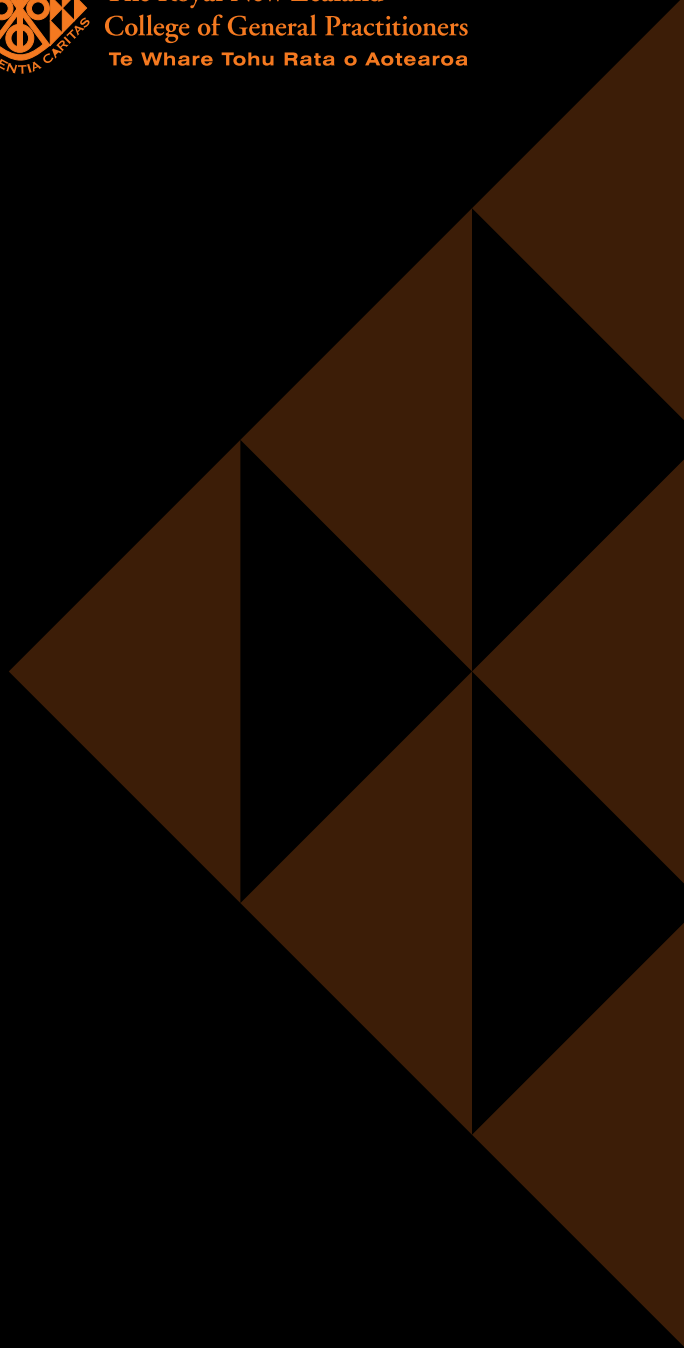
2021

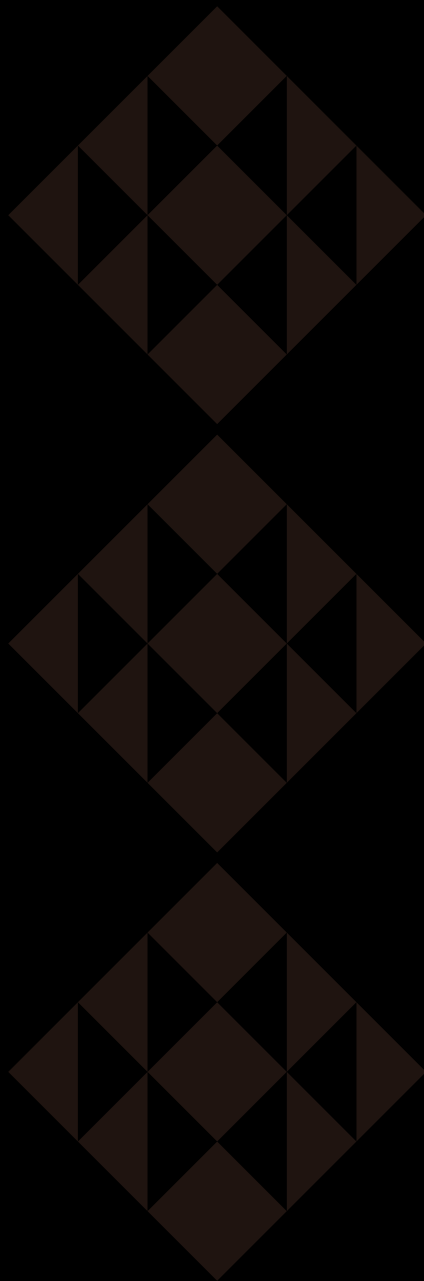
Annual Report

Pūrongo Ā-Tau



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 2021 relates to the year ending 31 March 2021. Any numbers provided as 2020 comparatives are for the year ending 31 March 2020.

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Rangi Kōrero

Contents

| | | | |
|----|--|----|--|
| 04 | President's Report | 24 | Education Excellence |
| 08 | Greetings | 28 | Quality general practices |
| 09 | Roles | 30 | Improving health equity in New Zealand |
| 11 | Our members at a glance | 33 | Māori strategy |
| 14 | Statement of Strategic Intent | 35 | Becoming a contemporary organisation |
| 16 | Chief Executive's Report | 37 | Celebrating our College award winners |
| 18 | Significant milestones of the 2020/21 financial year | | |
| 19 | Supporting our members | | |

Financial Reports

| | | | |
|----|--|----|--|
| 39 | Audit Report | 42 | Consolidated Statement of Financial Position |
| 41 | Consolidated Statement of Comprehensive Revenue & Expenses | 43 | Consolidated Statement of Cash Flows |
| 41 | Consolidated Statement of Changes in Net Assets/Equity | 44 | Statement of Accounting Policies |
| | | 49 | Notes to the Consolidated Financial Statements |

The
word

**‘UN
PRE
CE
DEN
TED’**

*Te pūrongo o te
Tumu Whakarae*

**President’s
report**

is one I’m sure
we’ve all heard
too many times.

But it's still the best word we've got to describe the past year. COVID-19 took everyone by surprise and many countries have experienced, and are still experiencing, loss and grief on a scale we can't yet fathom.

However, it's also shown us how well our collective of GPs and rural hospital doctors are working together to serve our communities in a time of crisis. New Zealand had one of the fastest and most effective responses to a global emergency, and it is our members who are the frontline of this ongoing response.

While New Zealanders are infamous for not being too self-congratulatory, I think it's important that we take stock of how hard we work, how fast we act, and how much our communities continue to benefit from our united approach.

Fighting a global pandemic is relentless. As GPs and rural hospital doctors, we have our own worries, families, and health conditions but we still front up every day in a professional, calm manner to serve New Zealanders.

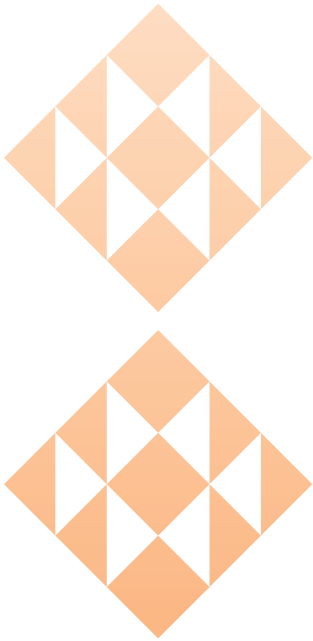
Te pūrongo o te Tumu Whakarae

President's report



It was my privilege to lead the collective response from our members. COVID-19 has forced us to assess and change the way we work within our communities: what can be done virtually, what can be done without travel, and what doesn't have to be done at all. These lessons will continue to impact our practise even as the COVID-19 challenge evolves and becomes more manageable.

Alongside dealing with a global pandemic, The Royal New Zealand College of General Practitioners (the College) has continued to evolve in our delivery of education standards and services to members, as we continue to advocate for the needs of GPs and rural hospital doctors as well as our patients. This year, we spoke regularly and effectively to Government and decision-makers, the media and the public about our priorities and we formed strategies for the future of the workforce.



In 2020, we delivered more influenza vaccines than ever before, innovatively through whānau outreach, visiting people in their homes and drive-through flu jab clinics. We know how important it is to keep vulnerable patients safe by reducing the number of people in waiting rooms, so we've had to think inventively and come up with new ways of reaching people. The feedback from our patients has been positive and they have appreciated our efforts to keep them safe.

Frustrated with waiting for the Health and Disability System Review we developed our own manifesto about what we think the future of health care should look like. After collaborating with GPs, rural hospital doctors, and academic contributors on the manifesto, we saw a consensus that the COVID-19 pandemic has been an opportunity to transform health care across the country and address barriers around ethnicity, location, cost of care, and rurality.

Most importantly for me was the advocacy the College undertook to raise awareness of the huge amounts of stress GPs and rural hospital doctors are under, not just due to COVID-19, but systemically. We built understanding and appreciation of our work in managing the pandemic, but the results of our biennial Workforce Survey showed increased burnout and outdated operating models.

The issues of our sector are complicated, but they're not impossible to solve, which is why I will continue to speak out. I'm committed to advocating for immediate and longer-term action that will make a measurable difference to the wellbeing of our members, and the health of New Zealanders.

I would like to welcome our new College leaders: [Dr Kiriana Bird](#) (Ngāti Tukorehe, Ngāti Porou) as the Te Akoranga a Māui Board representative, [Dr Nina Bevin](#) (Waikato-Tainui) as the Board Apprentice, [Dr Rachel Mackie](#) (Ngāti Wai, Ngāti Hine, Ngāti Whatua), and [Dr Jason Tuho](#)e (Hauraki, Ngā Puhī, Ngāti Pīkiao) as Chair and Deputy Chair of Te Akoranga a Māui. I enjoy working alongside these four strong Māori leaders, who I know will ensure the strides we've made in our equity work this year continue.

Finally, I would like to acknowledge the College staff and management whose hard work and commitment over this really tough year has been tremendous. In particular, I wish to thank our Chief Executive Lynne Hayman for her support and outstanding work. Also, thank you to my fellow board members who provide their expertise and encouragement.

I am so proud to be President of The Royal New Zealand College of General Practitioners and lead such a dedicated team of colleagues.

Dr Samantha Murton
MBChB, FRNZGP (Dist.),
PGDipGP, FAcadMed

President | Te Tumu Whakarae ♦

He mihi

Greetings

E ngā mana, e ngā reo,
e rau rangatira mā,

Tēnā koutou, tēnā koutou,
tēnā koutou.

Tēnā hoki koutou
i o tātou mate huhua,

Rātou te hunga mate ka ngaro...

Haere koutou, whakangaro atu rā.

Tātou te hunga ora ki a tātou,
tēnā tātou katoa.

He taonga nui te Pūrongo-ā-Tau.

He huarahi tēnei e taea ai te
whakaari i ngā mahi kua tutuki;

Me te whakamihi ki ngā mema
me ngā kaihautū

O Te Whare Tohu Rata o Aotearoa,

E whāia nei te kaupapa mana
hauora taurite.

Nō reira, mā te karakia tō mātou
Pūrongo-ā-Tau e kawē atu ki
a koutou.



Hawke's Bay mana whenua lead College staff
and new GPEP year 1 registrars into Te Aranga
Marae (Hastings) for Te Ahunga.

Turuturu te kawa

Whakamana te kawa

Ko te kawa ora

Ko te kawa nā wai?

Ko te kawa nā Tangaroa!

Ka pipi ake i raro i ona taranga...

Eke panuku, eke Tangaroa,

Haramai te toki!

Haumia e, hui e...

Taiki e! ♦

Roles

Board

Dr Samantha Murton
President and Chair

Dr Sue Crengle
Te Akoranga a Māui
representative
(to December 2020)

Dr Kiriana Bird
Te Akoranga a Māui
representative
(December 2020 –)

Dr Joanna Blakey
Elected member

Dr Lauren McGifford
Elected member

Dr Greg Judkins
Elected member

Ms Susan Huria
Independent Director

Dr Aniva Lawrence
Ex officio – National
Advisory Council Chair

Dr Jennifer Keys
Ex officio – Division of
Rural Hospital Medicine
Chapter Council Chair

Dr Jason Tuhoe
Ex officio – Board
apprentice
(July 2019 – July 2020)

Dr Nina Bevin
Ex officio – Board
apprentice
(July 2020 –)

Dr Daniel McIntosh
Ex officio – Audit and
Risk Committee Chair

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

*2020 meetings held
in April, June, July,
September, November
and December.*

*2021 meetings held in
February and March.*

Audit and Risk Committee

Dr Daniel McIntosh
Chair

Dr Samantha Murton

Dr Joanna Blakey

Dr Lauren McGifford

Ms Susan Huria

*2020 meetings held
in June, September,
and November.*

*2021 meeting held
in February.*

Remuneration Committee

Ms Susan Huria
Chair

Dr Samantha Murton

Dr Joanna Blakey

*2020 meetings held
in May and December.*

National Advisory Group members

Dr Aniva Lawrence
Chair, Pacific Chapter
(March 2018 –)

Dr Buzz Burrell
Rural General Practitioners' Chapter
(November 2019 –)

Dr Stephen Ram
Division of Rural Hospital Medicine
(September 2020 –)

Dr Sue Tutty
Auckland Faculty
(July 2018 –)

Dr Shelley Louw
Canterbury Faculty
(August 2019 –)

Dr Kirsten Tucker
Nelson/Marlborough Faculty
(November 2019 –)

Dr Tangimoana Habib
Waikato/Bay of Plenty Faculty
(August 2017 –)

Dr Jess Blackwood
Te Akoranga a Māui
(December 2017 –)

Dr Katrina Kirikino
Te Akoranga a Māui
(June 2017 –)

Dr Dayna More
Southland Faculty
(November 2019 –)

Dr Louise Haywood
Hawke's Bay Faculty
(November 2019 – September 2020)

Dr Matthew White
Hawke's Bay Faculty
(November 2020 –)

Dr Andrea Crichton
Wellington Faculty
(October 2016 –)

Dr Peter Gent
Otago Faculty
(July 2018 –)

Dr Andreea Mogos
Registrars' Chapter
(November 2018 – July 2020)

Dr Philippa Cross
Registrars' Chapter
(November 2020 –)

Dr Lachie Smith
Whanganui Sub-Faculty
ex officio
(January 2018 –)

Dr Martin Minnee
Manawatū Sub-Faculty
ex officio
(July 2018 – July 2020)

Dr Stephan Lombard
Manawatū Sub-Faculty
ex officio
(July 2020 –)

Dr Lauren McGifford
Board representative
(October 2017 –)

Dr Moira Chamberlain
Northland Faculty
(July 2020 –)

2020 meetings held in July, September and November.

2021 meeting held in March.

Te Akoranga a Māui – Te Tokowhā

Dr Melanie Wi Repa
Chair
(to June 2020)

Dr Rachel Mackie
Chair
(June 2020 –)

Dr Jason Tuhoe
Deputy Chair
(June 2020 –)

Dr Lily Fraser
Secretary and Treasurer

Dr Sue Crengle
College Board representative
(to December 2020)

Dr Kiriana Bird
College Board representative
(December 2020 –)

Division of Rural Hospital Medicine Council

Dr Jennifer Keyes
Chair

2020 meetings held in July and November.

2021 meeting held in March.

Censor in Chief

Dr Peter Fleischl
(August 2014 – June 2020)

Dr Kerryn Lum
(July 2020 –)

Education Advisory Group

Dr David Henry
Chair

2020 meeting held in July.

Please note, the EAG was in abeyance from November 2020.

Division of Rural Hospital Medicine Board of Studies

Dr Jeremy Webber
Chair

2020 meetings held in July and November.

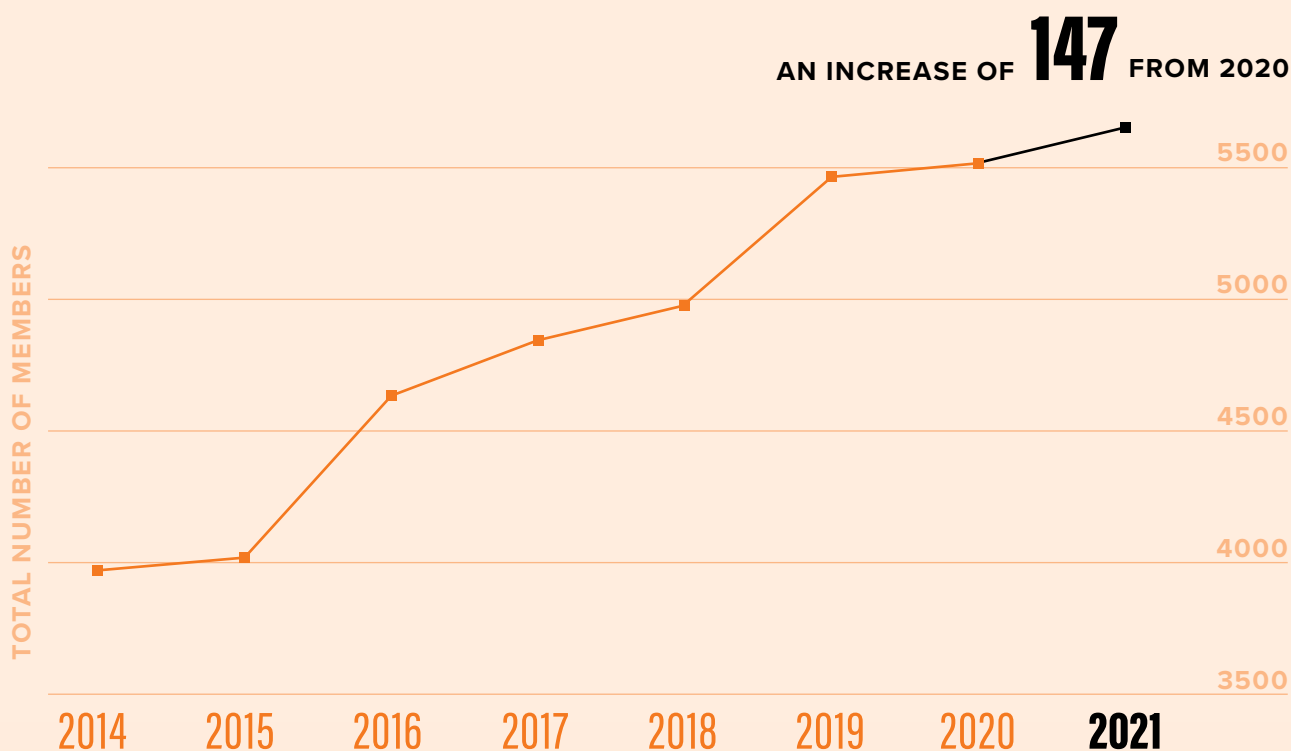
2021 meeting held in March.

Ō tātou mēma

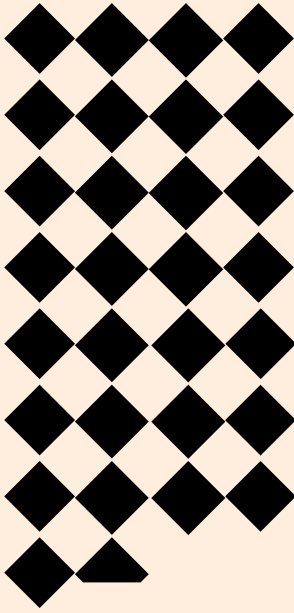
Our Members at a glance

5,675

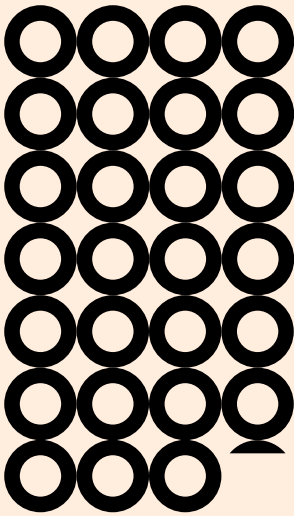
Total Members



By Gender



Female
2,958

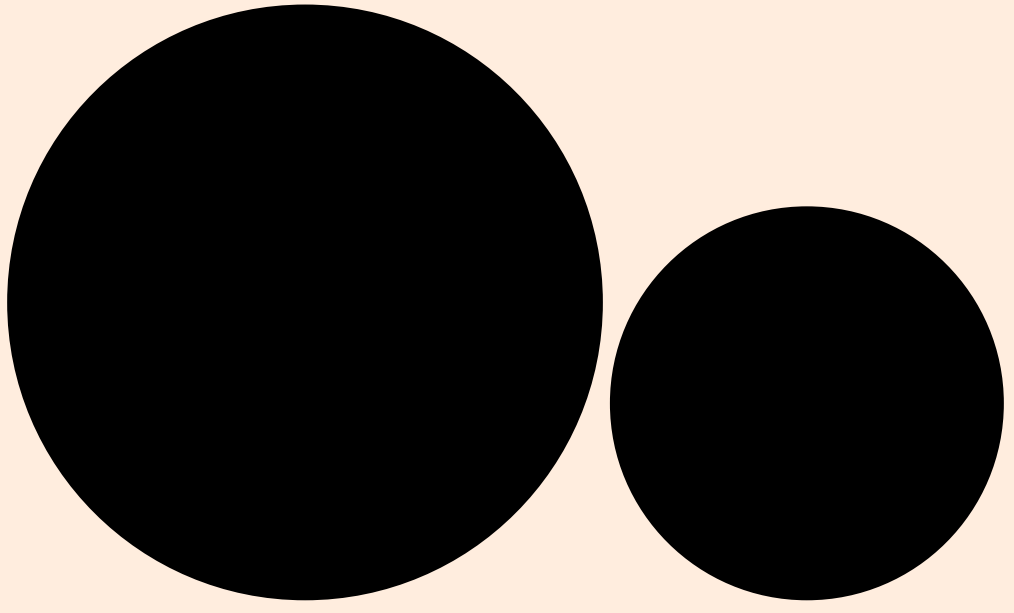


Male
2,716



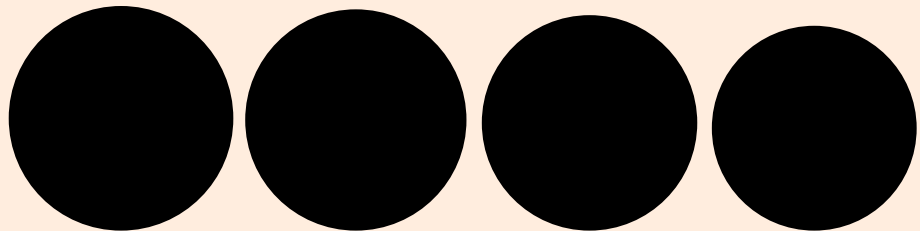
Gender diverse
1

By Ethnicity



NZ European
2,594

European
1,099

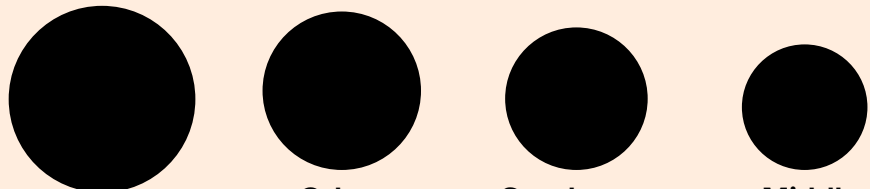


Chinese
365

Indian
362

Not Disclosed
351

Asian
289



Māori
254

Other
Ethnicity
184

Southeast
Asian
145

Middle
Eastern
111



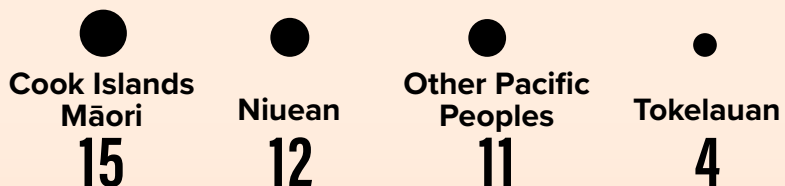
Samoan
57

African
33

Fijian
28

Tongan
20

Latino
19



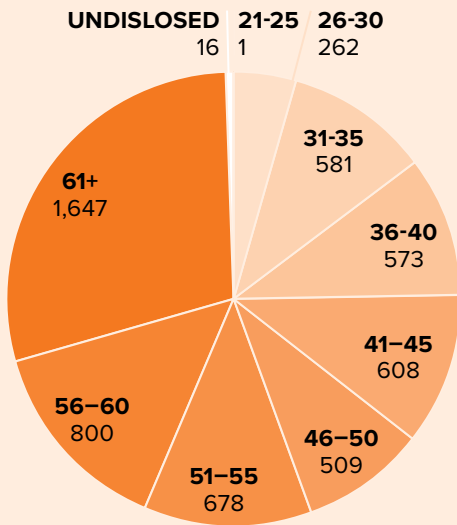
Cook Islands
Māori
15

Niuean
12

Other Pacific
Peoples
11

Tokelauan
4

By Age



 **646**
Rural GP's Chapter

 **98**
Pacific Chapter

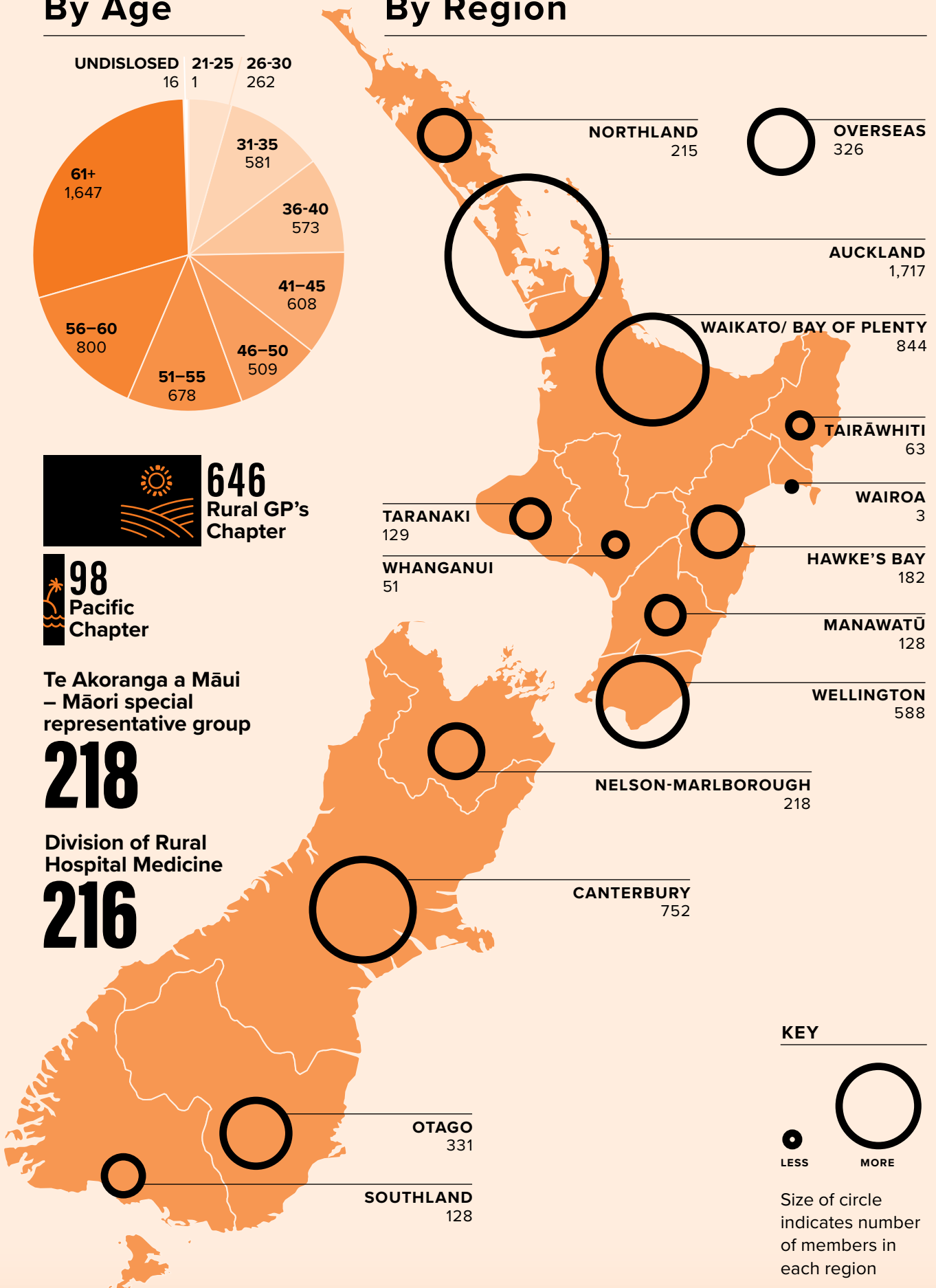
Te Akoranga a Māui
– Māori special
representative group

218

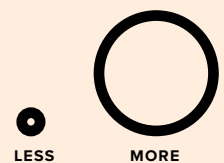
Division of Rural
Hospital Medicine

216

By Region



KEY



Size of circle
indicates number
of members in
each region

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.



College Fellow Dr Mary Toloa listens to patient's chest.

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.

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.

Improving health equity in New Zealand

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

Education excellence

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

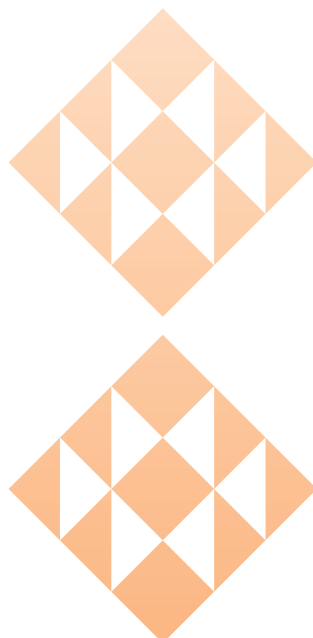
Quality general practices

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

Te Aranga kaumātua Des Ratima shares a story with registrars at Hawke's Bay Te Ahunga.

*Te Pūrongo
o Te Tumuaki
Whakahaere*

Chief Executive's report



This has been my second year serving as the CEO for the College, and it has certainly been a challenging but rewarding experience.

Steering the College team as they delivered outstanding service to our members, whether that was from our Wellington office, or from their homes across the region during the seven weeks of lockdown, has been a phenomenal team effort. We all take very seriously the work that our members do and are very happy to be able to support, serve, and advocate for them every day.

“We worked hard to ensure our members were well informed and supported to provide critical health care for New Zealanders.”

During the early weeks of the pandemic, the College created an online resource to answer questions from members about COVID-19. This was used over 1,000 times, mostly in those first few months, to provide up-to-date information about the virus, personal protective equipment (PPE), procedures, testing, remote consultations, lost wages and more. We were agile and responsive in a very dynamic and rapidly evolving climate and we worked hard to ensure our members were well informed and supported to provide critical health care for New Zealanders.

The past year also saw two complex issues brought to public referenda — the Cannabis Legalisation and Control Bill, and the End-of-Life Choice Act — on which the College acted as the voice of GPs and rural hospital doctors. We engaged our membership to canvas their views and promoted general practice while treading the fine line of neutrality.

We strongly advocated throughout the year for our members to ensure your issues were heard and understood by media as well as decision makers. That included raising awareness of members’ essential needs during lockdown, advocating for issues around financial sustainability (particularly in rural locations), border constraints for immigrating essential doctors, and the very concerning and escalating issue of burnout.

You may recall that two years ago, the College experienced a substantial financial deficit. Last year, the efforts from our revitalised Board and management team successfully achieved financial stability and a modest surplus of \$30,000. This year, I’m pleased to report we have increased that surplus to just over \$2 million.

This fantastic result has occurred primarily as a result of phenomenal returns on the College’s investment funds — a result that ran against all predictions of financial market performance at the beginning of COVID-19. In addition, a solid surplus of our operational performance occurred, driven mostly by the one-off reduction in costs due to limitations on travel and face-to-face teaching and meetings.

Thank you all for being a critical force in such a very memorable year.

Lynne Hayman
CA, B.BUS

Chief Executive | *Tumu Whakahaere* ♦

Ngā hua o te tau

Significant milestones of the 2020/21 financial year

When COVID-19 threatened New Zealand, it was general practice and rural hospital staff who fronted up, donned their PPE and battled to protect their communities; they switched to remote consultations, delivered innovative drive-through Fluvax clinics during Levels 4 and 3, and tested, tested, tested. All in addition to delivering their usual high standard of community medicine.

Behind 5,500 members stood the College: supporting, advising, and ensuring the very real issues of fronting a pandemic were voiced at a national level to effect necessary change. ♦

*Kia whakatōmuri
te haere ki mua.*

**Walk forward
into the future
by looking to the
past for guidance.**



New Zealand COVID-19 Lockdown imagery Source: Wikimedia Commons, CC 4.0 licence Photographers: tpilet and Alan Tennyson.

Hei Manaaki Rata

Supporting our members



College staff, medical educators, local health workers and GPEP year 1 registrars.

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.

We united against COVID-19

When our members needed us most, non-essential work at the College was put on hold and many staff were seconded into a team focused on COVID-19 support. That meant advising on the latest testing protocols, connecting members with NZ Locums to find work, communicating reliable information, advocating for additional funding to make changes to waiting rooms, and leading the switch to remote consultations. The College was quick, responsive, and accurate, and answered more than 750 COVID-19 queries within the first two months.

Webinars continued to be a fast and effective way for members to get accurate information direct from experts and we ran three through this time in a question-and-answer style.

On 1 May 2020, using the COVID-19 common queries to inform us, the team launched a dedicated [COVID-19 website](#) tailored to our members. This site has been an invaluable resource for our members as regions moved up and down COVID-19 levels. It includes:

- a suite of clinical resources
- guidance about how to operate in different alert levels
- a checklist of actions to complete if a practice member tests positive
- a risk matrix explaining whether it's safe for staff to be at work
- summaries of case presentations.



1,100
COVID-19 MEMBER
ENQUIRIES RESPONDED
TO BETWEEN
MAR2020 – MAR2021

Media and advocacy: two sides of the same coin

Ensuring we're represented by media, spokespeople like Dr Samantha Murton and Dr Bryan Betty who are sharp, articulate and informed, as well as being working GPs themselves has created huge benefits for the College's public profile this year.

Between 1 April 2020 and 31 March 2021, the College was quoted by media 1,419 times, which is a significant increase on the previous year's 573 mentions.

Together Drs Murton and Betty have advocated for member issues like funding, Fluvax, PPE shortages, [workforce issues](#), [burnout](#), and [COVID-19 vaccine delivery](#) and involvement. They've fronted for the profession on legislation changes like the Abortion Legislation Act 2020, [End-of-Life Choice Act 2019](#), [Cannabis Legislation and Control Bill](#), and changes to the Arms Act.

The reputation that the College developed during lockdown ensured we were able to advocate for significant change using the media. Highlights include:

[Promoting rheumatic fever](#) as an equity issue and having the Labour Party, while campaigning, commit \$55 million to the 'root causes of rheumatic fever'.

Working with Māori GP representative group Te Akoranga a Māui to have PHARMAC give [Special Authority status to two drugs for Type 2 diabetes](#).

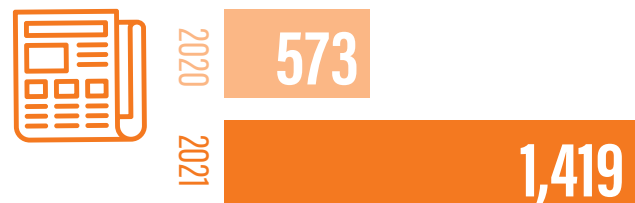
Working with grieving father Paul Chapman and [raising awareness in the media, and through other channels, of the meningococcal vaccine](#) for 13–25-year-olds living in close quarters.

Working with NZ Rural GP Network, effectively [driving change to immigration restrictions](#) to allow trained doctors to be treated as essential workers, and the removal of the cyclic short-term visa exemption date window.

“President Dr Murton did all her media interviews [about the two referenda results] for an hour back-to-back from her clinic, between patients. What a champ.”

– *College Facebook post*

COLLEGE MENTIONS IN THE MEDIA



MEDIA PITCHES



Highlighting workforce issues, including burnout

When the College asked members to tell us about themselves for the [2020 Workforce Survey](#), 3,117 (60 percent survey response rate) answered the call. Our biennial survey gathers essential data and trend information on retirement, income, employment status, working hours, and demographics.

Reading the preliminary results, President Dr Samantha Murton realised that burnout trends were significant (31 percent in 2020 compared to 22 percent in 2016) so the College ran a targeted issue survey (completed by 1,495 members). We used those results to engage media and have been meeting politicians regularly to ensure they understand the issues of general practice and rural hospital medicine and know what our members need to improve their wellbeing while navigating a health system that is severely challenged.



“Thanks. Rational positioning on complex and polarising issues”

– Dr H, commenting on Facebook

WORKFORCE SURVEY RESPONDENTS



3,117

MEMBERS RESPONDED



60% SURVEY RESPONSE RATE



College Fellow,
Dr Ros Wall
checks a patient's
blood pressure.

CASE STUDY

Immigration changes just what the doctor ordered

The College [successfully lobbied for a change that Immigration New Zealand announced on 15 March 2021](#), which removed the visa exemption deadline for overseas-trained doctors to work in New Zealand.

[TVNZ reported](#) that Lower Hutt practice, Mānuka Health Centre, spent six months trying to recruit a doctor locally to no avail. Eventually, the practice extended the search internationally and in January 2021 offered a GP role to Dr Spiegler, who was based in London. His visa was declined because he couldn't get a spot in Managed Isolation and Quarantine (MIQ) until May, missing the (former) 31 March deadline to start work.

Dr Knight from Mānuka Health Centre said she was “staggered” by the rejection. “I mean with a climate of a global pandemic, as GPs we are being asked to roll out the COVID-19 vaccine and there's a backdrop of a chronic GP shortage. To decline a GP is just really surprising.”

About 40 percent of New Zealand's GPs are trained overseas.

When the deadline was dropped, College President Dr Samantha Murton said, “It essentially means now that we can have a funnel of overseas-trained doctors entering New Zealand and that's a great thing, particularly for our under-served rural communities.”



He Hiranga Mātauranga

Education Excellence

The College is committed to developing a general practice and rural hospital medicine workforce that is agile and future focused. We do that by delivering world-class post-graduate education programmes that develop capable GPs, and by delivering relevant and useful continuing professional development activities.

Despite uncertainty our GPEP year 1 registrars excelled

Our General Practice Education Programme (GPEP) team and examiners gritted their collective teeth in 2020 as the clinical and written exams approached. Would the COVID-19 levels change again and make everything unworkable? Plans were made and remade, and those plans then had back-up plans.

“If we don’t think it’s our fault then we don’t think it’s our problem to fix.”

— *Dr David Tipene-Leach*
on institutionalised racism
speaking to GPEP year 1
registrars in Hawke's Bay.

Despite increased uncertainty and stress levels, 218 candidates recorded the highest pass rate in nine years for the written exam, and the highest pass rate in three years for the clinical exam. The future of general practice is indeed in good hands.

In February 2021, the College welcomed 214 new registrars to GPEP and set about building a new cohort of capable and trusted general practitioners.

Te Ahunga: established February 2021

For the first time the College wove the traditional orientation day for new GPEP year 1 registrars into the Hauora Māori Health Day that usually happens further into the year.

The new two-day equity-focused events, named Te Ahunga, were held at marae across Aotearoa to ensure that doctors starting on their careers in general practice understood and invested in the importance of indigenous health and equity from the outset.



Above: College Fellow and Board member Dr Kiriana Bird is greeted by kaumātua Des Ratima at Te Ahunga Hawke's Bay



Right: GPEP year 1 registrars: Dr Prema Mohandas, Dr Rowena Woodhams, and Dr Coll Campbell

EXAM PASS RATES

218 PARTICIPATED
IN THE GPEP
YEAR 1 CLINICAL
AND WRITTEN
EXAMINATIONS
CANDIDATES

 **94%** PASS RATE,
WRITTEN EXAM

 **80%** PASS RATE,
CLINICAL EXAM

NEW GP FELLOWS

2020 **175**

2021 **163**

NEW GPEP REGISTRARS

2020 **177**

2021 **214**

Dr Kerryn Lum appointed Censor in Chief

Dr Kerryn Lum was appointed on 1 July 2020, taking over from Dr Peter Fleischl who had successfully completed six years (two terms) in the role.

The Censor in Chief provides academic governance and Māori and health equity knowledge to the education, training and assessment areas, and assists in setting the College's education strategy. They ensure the College adopts an equitable, defensible and co-ordinated approach to establishing and maintaining standards relating to assessment in general practice. They also provide recognition of qualifications and general practice experience required for College Fellowship.

“This last year has been extremely challenging for everybody, especially our registrars, and to see them fly so high in these exams and take the next step forward on the road to becoming specialist GPs is very rewarding.”

*– Lynne Hayman,
College Chief Executive*





Case Study

New Zealand’s medical workforce relies on international graduates to sustain health care in our communities. In rural communities, 46 percent of rural hospital doctors gained their first medical degree overseas (College Workforce Survey, 2020).

“New Zealand’s rural communities are facing a health care crisis with more than a quarter of all rural practices being short staffed,” says College President Dr Samantha Murton. In the latest College Workforce Survey (2020), 21 percent of rural hospital doctors reported they felt burnt out.

Developing a prior specialist pathway is a practical way that the College can encourage more doctors to train to work rurally.

“Having recognition of prior specialities, where the experience is relevant to rural hospital medicine, will give more doctors the option to train as Rural Hospital Doctors and ideally boost numbers in this important field of community medicine,” says Dr Murton.

We made it easier to train as a Rural Hospital Doctor

The College welcomed 26 doctors this year to train as Rural Hospital Medicine doctors: the largest rural cohort ever.

As one way to address the shortage of doctors in rural communities the College this year introduced a prior specialist pathway to training. Now, doctors who’ve already specialised in emergency medicine, primary care, or internal medicine have a fast-track to becoming a Fellow of the Division of Rural Hospital Medicine (DRHM).

The inaugural round of prior specialist pathway applications saw eight doctors apply for Rural Hospital Medicine Fellowship consideration. ♦

Rural Hospital Doctors from left to right: Dr Pragati Gautama, Dr Anu Shinnamon, Dr Yan Wong, Dr Rosalie Evans, and Dr Adele Pheasant.



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

NEW DRHM FELLOWS

2020 **7**

2021 **6**

NEW DRHM REGISTRARS

2020 **15**

2021 **26**

He Whare Haumanu

Quality general practices

PRACTICE STATISTICS*

804

PRACTICES REGISTERED
FOR THE FOUNDATION
STANDARD PROGRAMME

122

PRACTICES AWARDED
FOUNDATION
CERTIFICATION

100

FOUNDATION ASSESSORS
TRAINED AND ENDORSED
BY THE COLLEGE

*YEAR ENDING
31 MARCH 2021

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

New Zealand's first equity-focussed primary care quality module

A commitment to health equity ensures patients can access health care based on clinical need without being constrained by ethnicity, location, or finances.

The Cornerstone Equity module, launched on 1 April 2020, demonstrates how practices can work to improve health outcomes for Māori and other underrepresented populations by being more targeted to individual and cultural needs, which can make significant differences to patients' care.

Cornerstone Equity is New Zealand's first equity-focussed primary care quality module helping to improve equity in health care. It is a mandatory module of the Cornerstone programme so all practices wanting to achieve Cornerstone accreditation must complete it.

Case study

Michelle Te Kira is the practice manager at Waitakere Union in West Auckland and wholeheartedly endorses the equity module saying, "Equity in our eyes is a no brainer; our community is high needs, the working poor, and the sickest of the sick so providing them with health care in a way that meets them where they're at is how we run."

"It's so great that there's now an equity module so GP clinics can buy into it and work towards best practice. I network with a few practices and they're all doing the right things, they just don't often know they are so this will help confirm their progress."

College CEO Lynne Hayman says, "Providing good practical skills and training around equity, what that looks like, and how it improves health will help drive New Zealand towards healthier communities where people are getting what they need to live their healthiest lives."

Other Quality programme milestones

The College launched the revised Foundation Standard, and the new-look modular Cornerstone programme on 1 April 2020. With COVID-19 being the necessary focus for all practices, the College took a pragmatic approach, working to set realistic milestones for commencement and Cornerstone module completions.

Changes to the College's assessment model resulted in the development of an online directory filtered by region and/or programme (Foundation or Cornerstone) so practices can choose a local assessor familiar with their community and practice population. ♦



College Fellow
Dr Yukio Flinte
explains spine
movements to
a patient.

He Whakapiki i te Mana Hauora Taurite

Improving health equity in New Zealand



The College is 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.

Te Aranga
marae at
Te Ahunga in
Hawke's Bay.



NEW MĀORI GP FELLOWS

2020 13

2021 7

NEW PASIFIKA GP FELLOWS

2020 4

2021 11

Tihei Mauri Ora

Improving Māori health outcomes often starts with the policies that underpin decision-making. In 2020 the College strengthened its processes, formally ensuring an equity lens is embedded with cultural safety and hauora Māori kaupapa across all our submissions and responses. The College enhanced its relationship with Te Akoranga a Māui in the media to increase the profile of equity and achieve wins like funding medication for Type 2 diabetes and funding tagged for rheumatic fever.

More Pasifika Fellows and registrars

In 2020, 11 GPs who identified as Pasifika graduated, almost triple the number in 2019 (four). There were 12 GPEP year 1 registrars identifying as Pasifika who joined GPEP in February 2021.

Dr Kiriana Bird (Ngāti Tukorehe, Ngāti Porou) was appointed to the Board on behalf of Te Akoranga a Māui, in December 2020 for a three-year term. Dr Bird has a passion for Māori health and equity and has worked her entire career with Māori in Hawke's Bay.

Poipoia te kākano kia puawai: nurture the seed and it will blossom

Te Ahunga helped ensure our newest registrars heard and shared information about culturally appropriate and evidence-based models of primary health care.

Hauora Māori and health equity kaupapa have shaped our education and quality assurance and improvement programmes through the introduction, development, and implementation of relevant tools.

Valuing our strong Māori leaders

When Dr Rachel Mackie (Ngāti Wai, Ngāti Hine, Ngāti Whatua) was elected as the new Chair of Māori representative group Te Akoranga a Māui she knew what she had to do. “My goal is to continue the work of the people who’ve gone before us, like Dr Sue Crengle, Dr Lily Fraser, and Dr Melanie Wi Repa to keep building towards health care equity,” says Dr Mackie.

“In recent years I’ve noticed a real culture change in the College with more tikanga practiced and valued, and now that needs to extend throughout general practice. General practice needs to focus on indigenous values if we’re going to make progress towards health equity.”

Dr Jason Tuhoe (Hauraki and Ngā Puhī) became deputy chair of Te Akoranga a Māui in July 2020. One of Dr Tuhoe’s great passions is the revitalisation of Te Reo Māori. He says, “Several of my clinic consultations in Tokoroa 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.”



Students from Kimi Ora school in Flaxmere, Hastings welcome GPEP year 1 registrars and College staff to Te Ahunga Hawke's Bay.

“There’s a hidden epidemic in New Zealand that’s been burning away for 30 years, and right now a potential tsunami threatens to overwhelm our health system: Type 2 diabetes is at staggering levels and is, I believe, the single biggest medical equity issue we have today.”

—Dr Bryan Betty,
College Medical Director

Tackling the root causes of rheumatic fever

If there’s one disease that speaks directly to the state of the New Zealand health system, it’s rheumatic fever. It’s like a canary in the coal mine of our health system’s care of children, and in July 2020 things weren’t looking good for the canary.

Traditionally rheumatic fever has been a disease of poverty and therefore an equity health issue. In August 2020, [the College successfully pitched an opinion editorial \(op-ed\)](#) to *The Dominion Post* about rheumatic fever, to raise awareness and drive change. That op-ed caught the eye of a Stuff journalist who wrote a much more in-depth piece, and College Medical Director Dr Bryan Betty then contributed to *TVNZ’s Sunday* on the same topic. In October 2020, following the Sunday episode the Labour Party, while campaigning, announced they were investing \$55 million to tackle the root causes of rheumatic fever.

Case study

There are 220,000 New Zealanders living with Type 2 diabetes, and an estimated 11 percent of the health budget goes towards treating the disease each year. Māori are affected three times as often as Pākehā patients, and Pacific people five times as often.

Te Akoranga a Māui worked with the College team [to urge PHARMAC to rethink their decision not to fund empagliflozin \(Jardiance\) and dulaglutide \(Trulicity\)](#), as both new medications would bring improvements for people living with Type 2 diabetes.

Using media and meetings to encourage change, the College was successful in December when PHARMAC gave both medications Special Authority status.

“Escalating rates of end-stage renal failure, particularly in Māori and Pacific patients, are costing \$100,000 a year, per patient, with an average survival rate of only five years,” said Dr Bryan Betty, the College’s Medical Director.

“Anything we can do to halt these outrageous statistics will be significant and we believe the new PHARMAC medications will give us a fair shot at that,” he says. ♦

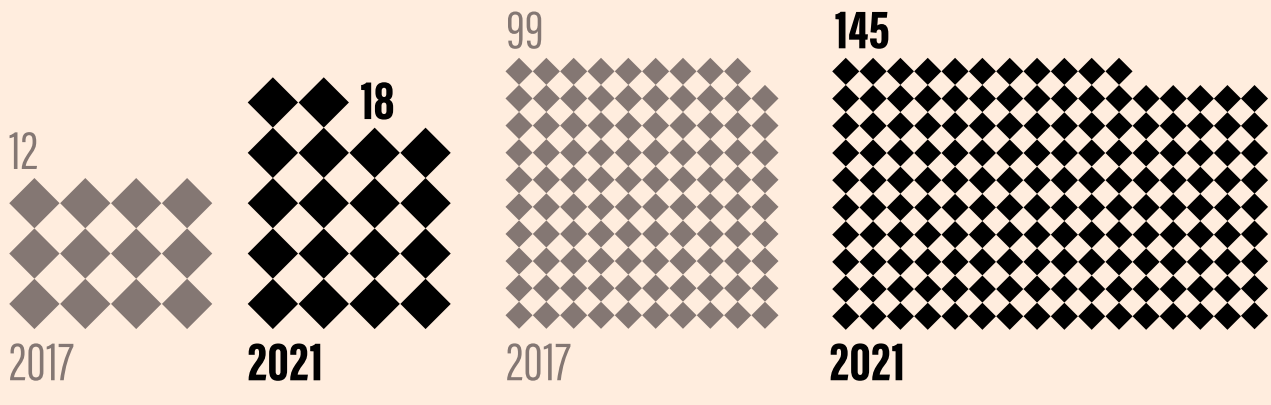
*He Ihu Waka,
He Ihu Whenua,
He Ihu Tangata,
He Rautaki Māori*

Māori strategy

The College's He Rautaki Māori – Māori strategy (2017–2021) set out to increase the number of Māori general practitioners, increase the number of Māori Fellows in College education roles, and to provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori.



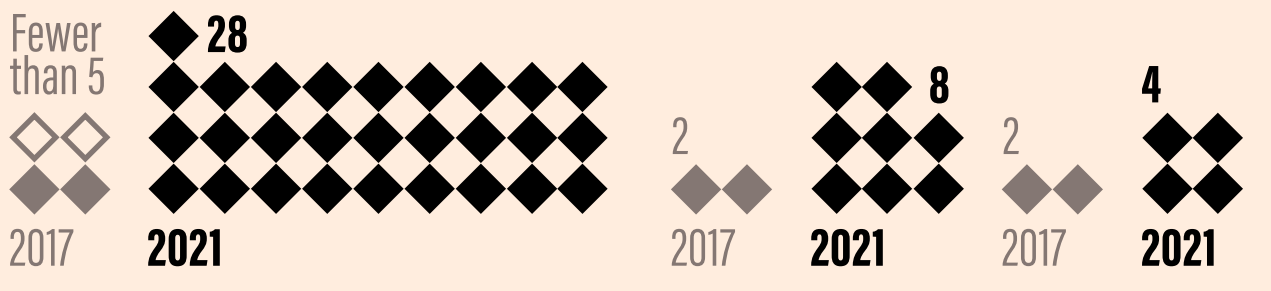
We increased the number of Māori General Practitioners



Māori GPEP year 1 registrars entering the programme

Māori Fellows

We increased the number of Māori Fellows in College education roles



Māori Fellows in medical education roles

Māori examiners

Māori Fellowship assessors

We increased awareness of health equity issues through:



New Zealand's first equity-focused primary care Quality module



Leadership and advocacy



Advocating for equity issues in the media :
 – Rheumatic fever
 – Type 2 diabetes



Te Ahunga – GPEP orientation combined with Māori health day



Raising the profile of Māori GPs in the media



Using *GP Pulse* to show culturally appropriate models of care

Te Kāreti o Nāianeī

Becoming a contemporary organisation

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

Members mastered the pivot

The weekend before lockdown, College President Dr Samantha Murton led all members in moving to a remote model of care. Members performed so well during this period that research published by [*The New Zealand Medical Journal* showed GPs delivered the same level of care they usually would, just in a different way.](#)

“GP clinics stayed open for business right through the lockdown, serving patients but avoiding the kind of health system meltdown seen in other countries, and it’s fabulous to have evidence of that beyond the College saying it was so.”

*—President Dr Samantha Murton on
The New Zealand Medical Journal research*

CASE STUDY

GPs are open for business

When President Dr Samantha Murton advised all GPs that they needed to move to a remote model of care and run their consultations by phone, email, or video to keep their patients safe from COVID-19, our members listened and acted.

What was a radically new way of working for many was also a new way of seeing their doctor for many New Zealanders. Some were sceptical, some delayed appointments, and some thought the reminder text messages their practices were sending for Fluvax, childhood immunisations, or routine blood pressure checks were because practices had forgotten to turn off their regular reminders.

The College needed to support our members, so we developed the [“GPs are open for business”](#) campaign; a series of images for members to use on their emails, newsletters, social media accounts, and websites, encouraging patients to call if they needed medical attention. We backed that up with key messages through media to assure the public that GPs were open, they were just seeing patients differently.

The College office scattered, then unified

Understanding that COVID-19 wasn't going to pass New Zealand by, College CEO Lynne Hayman organised a trial for staff to work at home; as it turned out, that was the day we entered Level 4 lockdown.

College staff had to quickly adapt to a 'new normal' way of working. They used Microsoft Teams to carry out business-as-usual and during the Level 4 lockdown (25 March–28 April 2020) staff engagement with Teams increased by over 2,000 percent. Productivity remained high despite the dramatic change in work environment.

COVID-19 made our carbon emissions look great

Part of the [College's commitment to OraTaiao's Health Professionals Joint Call for Action on Climate Change and Health](#) is monitoring and publishing our carbon emissions each year. Carbon emissions were significantly down for 2020, primarily because COVID-19 greatly restricted travel.

The College has actively contributed to reducing carbon emissions by thinking smarter about how we meet, and we've reduced the number of face-to-face meetings held. For example, The National Advisory Council (NAC) now meet virtually twice a year and the College Board now meets every six weeks instead of four.

We introduced modern exam software

The ICT team implemented new exam software called Assess.ai for the written and clinical exams. Assess.ai provides the College with a centralised place for all exam questions and content, creating efficiencies for examiners. Assess .ai includes several other modern features, which the College plans to implement in the future.

Streamlining how the College works

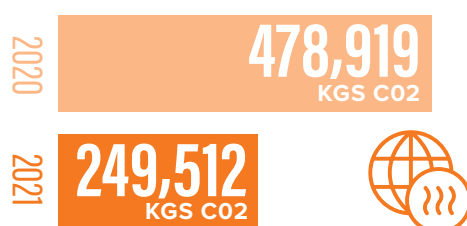
Continuous improvement is a core principle underpinning how the College operates, which was the intention of the organisational review that College CEO Lynne Hayman undertook in August 2020. Staff were widely consulted, with over 40 written and verbal responses given to help shape the final structure, which organised College staff into four core groups under the CEO:

- Equity
- Membership Services
- Learning
- Corporate Services.

“I'm so proud of the way our College has responded to support patients and practitioners alike.”

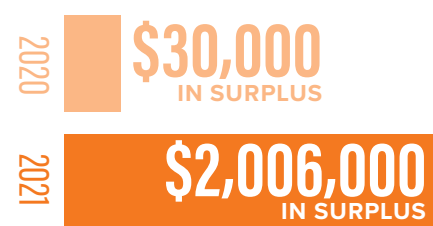
*– Dr W,
College Fellow*

CARBON EMISSIONS



IN 2021, CARBON EMISSIONS WERE REDUCED BY ALMOST 50%

COLLEGE FINANCES



He whakamānawa

Celebrating our College award winners

The College's awards are traditionally presented in a special ceremony at the College's annual conference. Because the 2020 conference and ceremony were cancelled, the award winners were celebrated in the *Sunday Star Times*.

Distinguished Fellowship

Dr Chris Reid
UK (formerly Kerikeri)

Dr Graham McGeoch
Governors Bay

Distinguished Service Medal

Dr Ian Gilbertson
Cambridge

Dr Tanya Quin
Okaihau

**Dr Chandrakanth
(Chandra) Jayaraman**
Auckland

Dr Simon Mayhew
Auckland

Community Service Medal

Dr Graeme Kidd
Auckland

Dr Amjad Hamid Medal (new)

Dr Caitlin Whitford
Taumarunui

Humphrey Rainey Prize for Excellence

Dr Elodie Mazoyer
Christchurch

Honorary Fellowship of The Royal New Zealand College of General Practitioners

Ross Lawrenson
Hamilton

Wendy Finnie
Dunedin

Jillian Muirhead
Wanaka

GPs become MPs

College Fellow Dr Neru Leavasa and GPEP year 3 registrar Dr Gaurav Sharma became members of parliament in October 2020.

“We are thrilled to see our College members on the national stage and know they will bring informed and authentic experiences from the front line of community medicine to parliament where they'll be able to influence positive health outcomes.”

– Dr Samantha Murton,
College President.



Dr Neru Leavasa
MP, Takanini



Dr Gaurav Sharma
MP, Hamilton West

*Tauākī
Pūtea*

Financial reports

- 39 Audit Report
- 41 Consolidated Statement
of Comprehensive Revenue
& Expenses
- 41 Consolidated Statement
of Changes in Net Assets/Equity
- 42 Consolidated Statement
of Financial Position
- 43 Consolidated Statement
of Cash Flows
- 44 Statement of Accounting Policies

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 and its subsidiary The Royal New Zealand College of General Practitioners Research and Educations Charitable Trust ('the group'), which comprise the consolidated statement of financial position as at 31 March 2021, and the consolidated statement of comprehensive revenue and expenses, statement of changes in net assets/equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements, on pages 41 to 63, present fairly, in all material respects, the consolidated financial position of the group as at 31 March 2021, and its consolidated financial performance and cash flows for the year then ended in accordance with Public Benefit Entity Standards.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing ('ISAs') and 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 Consolidated Financial Statements section of our report.

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

We are independent of the Company 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 the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Other information

The Board are responsible on behalf of the group for the other information. The other information comprises the information in the Annual Report that accompanies the consolidated financial statements and the audit report.

Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information obtained prior to the date of our audit report, and consider whether it is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If so, we are required to report that fact. We have nothing to report in this regard.

Board's responsibilities for the consolidated financial statements

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

In preparing the consolidated financial statements, the Board are responsible on behalf of the group for assessing the group'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 group or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 and 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 economic decisions of users taken on the basis of these consolidated financial statements.

A further description of our responsibilities for the audit of the consolidated financial statements is located on at the External Reporting Board's website at: <https://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-7>

This description forms part of our auditor's report.

Restriction on use

This report is made solely to the Members, as a body. Our audit has been undertaken so that we might state to the Members those matters 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 Members as a body, for our audit work, for this report, or for the opinions we have formed.

Deloitte Limited

Wellington, New Zealand
23 June 2021

The Royal New Zealand College of General Practitioners
Consolidated Statement of Comprehensive Revenue &
Expenses for the year ended 31 March 2021.

| | NOTES | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|-------|-----------------------|-----------------------|
| REVENUE | | | |
| Contract revenue | | 18,707 | 20,932 |
| Membership subscriptions | | 4,738 | 4,702 |
| Fees | | 3,461 | 4,483 |
| Finance revenue | 1 | 1,503 | 81 |
| Faculties' and Chapters' revenue | 2 | 415 | 452 |
| Other revenue | 3 | 116 | 565 |
| Total revenue | | 28,940 | 31,215 |
| EXPENSES | | | |
| Salaries – Registrar employees | | 11,602 | 12,768 |
| Salaries – College employees | | 6,420 | 6,443 |
| Educators and other contractors | | 4,858 | 5,987 |
| ICT costs | | 660 | 865 |
| Travel and accommodation | | 388 | 1,200 |
| Occupancy | | 645 | 653 |
| Faculties' and Chapters' expenses | 2 | 348 | 538 |
| Other operating expenses | 4 | 2,013 | 2,731 |
| Total expenses | | 26,934 | 31,185 |
| Net Comprehensive Revenue and Expenses | | 2,006 | 30 |

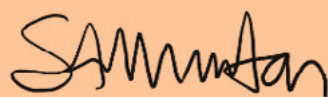
Consolidated Statement of Changes in Net Assets/Equity
for the year ended 31 March 2021.

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|-----------------------|-----------------------|
| Opening balance at 1 April 2020 | 7,367 | 7,337 |
| Net comprehensive revenue and expenses for the year | 2,006 | 30 |
| Total Comprehensive revenue and expenses | 2,006 | 30 |
| Members' funds at 31 March 2021 | 9,373 | 7,367 |

The Royal New Zealand College of General Practitioners
Consolidated Statement of Financial Position as at 31 March 2021.

| | NOTES | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|--|-------|-----------------------|-----------------------|
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 7 | 5,850 | 6,732 |
| Short term deposits | 8 | 4,121 | 3,225 |
| Managed funds | 9 | 6,828 | 5,917 |
| Accounts receivable | | 5,388 | 7,356 |
| Prepayments | | 366 | 389 |
| | | 22,553 | 23,619 |
| NON CURRENT ASSETS | | | |
| Plant and equipment | 5 | 185 | 233 |
| Intangible assets | 6 | 555 | 690 |
| | | 740 | 923 |
| Total assets | | 23,293 | 24,542 |
| CURRENT LIABILITIES | | | |
| Accounts payable | | 962 | 517 |
| Employee entitlements | | 611 | 421 |
| Income in advance | 11 | 11,527 | 13,521 |
| Provisions | | - | 91 |
| Goods and services tax | | 692 | 1,550 |
| | | 13,792 | 16,100 |
| NON CURRENT LIABILITIES | | | |
| Income in advance | 11 | 128 | 1,075 |
| Total liabilities | | 13,920 | 17,175 |
| Net assets | | 9,373 | 7,367 |
| MEMBERS' FUNDS | | | |
| College accumulated funds | | 7,273 | 5,420 |
| Faculties' & Chapters' accumulated funds | 10 | 2,100 | 1,947 |
| Total members' funds | | 9,373 | 7,367 |

These financial statements were approved for issue by the Board on 23 June 2021.



Dr Samantha Murton
President



Dr Daniel McIntosh
Chair – Audit and Risk Committee

The Royal New Zealand College of General Practitioners
 Consolidated Statement of Cash Flows for the year ended
 31 March 2021.

| | <i>NOTES</i> | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|---------------|------------------------------|------------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Contract revenue | | 16,407 | 22,231 |
| Finance revenue | | 79 | 89 |
| Other revenue | | 3,413 | 4,891 |
| Membership subscriptions | | 5,832 | 4,751 |
| Payments to suppliers and employees | | (26,071) | (30,832) |
| Net cash flows (used in)/from operating activities | ¹⁷ | (340) | 1,130 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Purchase of plant and equipment | | (83) | (31) |
| Purchase of intangible assets | | (63) | (535) |
| Deposits of funds into term deposits | | (896) | (1,366) |
| Withdrawal of cash from managed funds | | 500 | - |
| Net cash flows used in investing activities | | (542) | (1,932) |
| NET DECREASE IN CASH AND CASH EQUIVALENTS | | (882) | (802) |
| Cash and cash equivalents at beginning of year | | 6,732 | 7,534 |
| Cash and cash equivalents at end of year | | 5,850 | 6,732 |
| CASH AND CASH EQUIVALENTS AT 31 MARCH CONSISTS OF: | | | |
| Cash and cash equivalents | | 2,850 | 6,732 |
| Short term deposits | | 3,000 | - |
| Total | | 5,850 | 6,732 |

The Royal New Zealand College of General Practitioners Statement of Accounting Policies for the year ended 31 March 2021

Reporting Entities

The consolidated 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), collectively referred to as the Group.

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 consolidated 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 Group 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 consolidated financial statements have been prepared in accordance with Tier 1 not-for-profit PBE Standards.

These consolidated 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 consolidated financial statements were authorised for issue by the Board on 23 June 2021.

Changes in Accounting Policy

For the year ended 31 March 2021, 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 and consolidation

The consolidated financial statements have been prepared on a going concern basis and the accounting policies of the Group have been applied consistently throughout the year. In preparing the Group financial statements, all inter-entity balances and transactions are eliminated on consolidation.

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. Group 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 consolidated 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 consolidated Statement of Financial Position, with any gains/losses recognised through the consolidated 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 consolidated 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 consolidated Statement of Cash Flows, cash and cash equivalents consist of cash at bank and short term deposits with an original maturity of less than 3 months.

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 4-5 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 Consolidated 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 2021 (2020: Nil).

M. Taxation

All Group entities are registered Charities and are therefore exempt from income taxation.

N. Goods and services tax (GST)

These consolidated 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 non-interest 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 Group 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 Group. 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.

In the comparative year, CORNERSTONE® programme fees are recognised in proportion to programme costs being incurred over the life of the programme. As such, revenue is recognised when a practice's annual self-assessment is reviewed and also upon the completion of the final assessment. The remaining revenue for each contract is recognised on a straight line basis over the life of the contract.

Fellowship fee revenue is recognised to costs being 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 Group'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 and the Group 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 Consolidated Financial Statements

for the year ended 31 March 2021

| | | | |
|----|---|----|--|
| 50 | 1. Finance Revenue | 57 | 11. Income in Advance |
| 50 | 2. Faculties' and Chapters' Revenue and Expenses | 57 | 12. Operating Lease Commitments |
| 52 | 3. Other Revenue | 58 | 13. Financial Instruments |
| 52 | 4. Other Operating Expenses | 61 | 14. Capital Management |
| 53 | 5. Plant and Equipment | 61 | 15. Dissolution of the Trust |
| 54 | 6. Intangible Assets | 61 | 16. Related Party Transactions |
| 55 | 7. Cash and Cash Equivalents | 63 | 17. Reconciliation of the Surplus for the Period with Net Cash Flows from Operating Activities |
| 55 | 8. Short Term Deposits | 63 | 18. Contingencies and Capital Commitments |
| 55 | 9. Managed Funds | 63 | 19. Subsequent Events |
| 56 | 10. Faculties' and Chapters' Accumulated Funds | | |

1. Finance Revenue

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|-----------------------|-----------------------|
| Interest | 79 | 89 |
| Gain/(Loss) on managed funds held at fair value | 1,424 | (8) |
| Total finance revenue | 1,503 | 81 |

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.

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|-----------------------|-----------------------|
| Membership levies | 381 | 377 |
| Interest income | 33 | 35 |
| Sundry income | 1 | 40 |
| Total Faculties' and Chapters' revenue | 415 | 452 |

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

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

| | 2021 | | | 2020 | | |
|---|--------------------|---------------------|----------------------------------|--------------------|---------------------|----------------------------------|
| | REVENUE (\$000) | EXPENSES (\$000) | SURPLUS/ (DEFICIT) (\$000) | REVENUE (\$000) | EXPENSES (\$000) | SURPLUS/ (DEFICIT) (\$000) |
| Auckland Faculty | 112 | 106 | 6 | 109 | 150 | (41) |
| Northland Faculty | 13 | 6 | 7 | 30 | 24 | 6 |
| Wellington Faculty | 40 | 57 | (17) | 41 | 57 | (16) |
| Hawkes Bay Faculty | 12 | 12 | - | 23 | 26 | (3) |
| Nelson Faculty | 13 | 6 | 7 | 14 | 9 | 5 |
| Whanganui Faculty | 3 | 4 | (1) | 3 | 4 | (1) |
| Taranaki Faculty | 8 | - | 8 | 8 | - | 8 |
| Manawatu Faculty | 9 | - | 9 | 10 | 15 | (5) |
| Canterbury Faculty | 44 | 12 | 32 | 44 | 56 | (12) |
| Waikato Faculty | 56 | 36 | 20 | 59 | 34 | 25 |
| Tairāwhiti Faculty | 3 | - | 3 | 6 | 2 | 4 |
| Otago Faculty | 22 | 28 | (6) | 23 | 33 | (10) |
| Southland Faculty | 9 | 9 | - | 8 | 15 | (7) |
| Te Akoranga a Māui | 43 | 29 | 14 | 35 | 37 | (2) |
| Pacific Chapter | 12 | 3 | 9 | 12 | 20 | (8) |
| Rural General Practitioners' Chapter | 19 | 6 | 13 | 16 | 14 | 2 |
| Rural Hospital Generalists' Chapter | 69 | 32 | 37 | 70 | 40 | 30 |
| The Registrars' Chapter | 13 | 2 | 11 | 11 | 2 | 9 |
| Total including College Contribution | 500 | 348 | 152 | 522 | 538 | (16) |
| Less College contributions | (85) | - | (85) | (70) | - | (70) |
| Net Revenue and Expenses | 415 | 348 | 67 | 452 | 538 | (86) |

3. Other Revenue

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|----------------------------|-----------------------|-----------------------|
| Rental income | 17 | 17 |
| Event and other income | 99 | 548 |
| Total other revenue | 116 | 565 |

4. Other Operating Expenses

| | NOTES | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---------------------------------------|-------|-----------------------|-----------------------|
| Depreciation of plant and equipment | 5 | 131 | 155 |
| Amortisation of intangibles | 6 | 198 | 186 |
| Directors' fees | 16 | 261 | 246 |
| Audit fees - external | | 32 | 41 |
| Audit fees - internal | | - | 44 |
| Accounting, taxation and legal | | 290 | 265 |
| Conferences and seminars | | 195 | 634 |
| Information delivery | | 188 | 215 |
| Loss on asset disposal | | - | 1 |
| Grants | | 71 | 9 |
| Other committee fees | | 84 | 133 |
| Sundry operating expenses | | 563 | 802 |
| Total other operating expenses | | 2,013 | 2,731 |

5. Plant and Equipment

Movements for plant and equipment are as follows:

| 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 |
| | | | | |
| 2020 | OFFICE EQUIPMENT (\$000) | FURNITURE AND FITTINGS (\$000) | COMPUTER EQUIPMENT (\$000) | TOTAL (\$000) |
| COST OR VALUATION | | | | |
| Balance at 1 April 2019 | 86 | 572 | 479 | 1,137 |
| Additions | 2 | - | 29 | 31 |
| Disposals | - | - | (3) | (3) |
| Balance at 31 March 2020 | 88 | 572 | 505 | 1,165 |
| ACCUMULATED DEPRECIATION | | | | |
| Balance at 1 April 2019 | 40 | 331 | 408 | 779 |
| Depreciation expense | 12 | 93 | 50 | 155 |
| Disposals | - | - | (2) | (2) |
| Balance at 31 March 2020 | 52 | 424 | 456 | 932 |
| Net Book Value at 31 March 2020 | 36 | 148 | 49 | 233 |

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

6. Intangible Assets

Movements for intangible assets are as follows:

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

| 2020 | COMPUTER SOFTWARE (\$000) |
|--|---------------------------------|
| COST OR VALUATION | |
| Balance at 1 April 2019 | 1,096 |
| Additions | 535 |
| Disposals | (342) |
| Balance at 31 March 2020 | 1,289 |
| ACCUMULATED AMORTISATION | |
| Balance at 1 April 2019 | 755 |
| Amortisation expense | 186 |
| Disposals | (342) |
| Balance at 31 March 2020 | 599 |
| Net Book Value at 31 March 2020 | 690 |

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

7. Cash and Cash Equivalents

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|--|-----------------------|-----------------------|
| Cash at bank and in hand | 2,850 | 6,732 |
| Short-term deposits <i>(with an original maturity of less than 3 months)</i> | 3,000 | - |
| Total cash and cash equivalents | 5,850 | 6,732 |

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 \$6,201,000 (2020: \$9,499,000) which arises due to the in-advance nature of the funding for the College's training and employment contracts.

8. Short Term Deposits

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|--|-----------------------|-----------------------|
| Short-term deposits <i>(with an original maturity of more than 3 months)</i> | 4,121 | 3,225 |
| Total short term deposits | 4,121 | 3,225 |

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

9. Managed Funds

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|---|-----------------------|-----------------------|
| SECURITIES | | |
| Debt – New Zealand | 270 | 416 |
| Debt – Overseas | 1,432 | 906 |
| Property – New Zealand | 366 | 266 |
| Equity – New Zealand | 877 | 560 |
| Equity – Overseas | 3,049 | 1,553 |
| Cash and cash equivalents <i>(assets)</i> | 834 | 2,216 |
| Total managed funds | 6,828 | 5,917 |

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.

10. Faculties' and Chapters' Accumulated Funds

| | 2021 | | 2020 | |
|--------------------------------------|------------------|----------------------------------|------------------|----------------------------------|
| | FUNDS (\$000) | SURPLUS/ (DEFICIT) (\$000) | FUNDS (\$000) | SURPLUS/ (DEFICIT) (\$000) |
| Auckland Faculty | 437 | 6 | 431 | (41) |
| Northland Faculty | 92 | 7 | 85 | 6 |
| Waikato Faculty | 308 | 20 | 288 | 25 |
| Tairāwhiti Faculty | 15 | 3 | 12 | 4 |
| Wellington Faculty | 224 | (17) | 241 | (16) |
| Hawkes Bay Faculty | 62 | - | 62 | (3) |
| Nelson Faculty | 33 | 7 | 26 | 5 |
| Taranaki Faculty | 98 | 8 | 89 | 8 |
| Whanganui Faculty | 36 | (1) | 37 | (1) |
| Manawatu Faculty | 83 | 9 | 74 | (5) |
| Canterbury Faculty | 127 | 32 | 95 | (12) |
| Otago Faculty | 117 | (6) | 123 | (10) |
| Southland Faculty | 46 | - | 46 | (7) |
| Pacific Chapter | 17 | 9 | 8 | (8) |
| Te Akoranga a Māui | 41 | 14 | 27 | (2) |
| Rural General Practitioners' Chapter | 55 | 13 | 42 | 2 |
| Rural Hospital Generalists' Chapter | 241 | 37 | 204 | 30 |
| The Registrars' Chapter | 68 | 11 | 57 | 9 |
| | 2,100 | 152 | 1,947 | (16) |

11. Income in Advance

| | 2021 (\$000) | 2020 (\$000) |
|-------------------------------------|-----------------|-----------------|
| Ministry of Health contract revenue | 5,540 | 6,984 |
| CORNERSTONE fees | 365 | 1,026 |
| Fellowship assessments fees | 176 | 139 |
| GPEP2/3 programme | - | - |
| Membership Fees in advance | 5,455 | 5,220 |
| Other fees in advance | 119 | 1,227 |
| Total income in advance | 11,655 | 14,596 |
| Current | 11,527 | 13,521 |
| Non-Current | 128 | 1,075 |
| Total income in advance | 11,655 | 14,596 |

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

12. Operating Lease Commitments

Non-cancellable operating lease rentals are payable as follows:

| | 2021 (\$000) | 2020 (\$000) |
|--|-----------------|-----------------|
| No later than one year | 516 | 516 |
| More than one year, less than five years | 1,291 | 1,807 |
| 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.

13. 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 Group 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 Group, causing the Group 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 Group invests surplus cash into term deposits, which gives rise to credit risk. The Group also minimises credit risk by limiting these investments to registered banks with a Standard and Poor's credit rating no less than AA-. The Group 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.

13. 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 Group's financial instruments at the balance date. The impact on Equity is the same as, the surplus/(deficit) impact below. The sensitivity analysis is based on a deviation in either the interest rate by +/- 50 basis points, the exchange rate by +/- 5% or the total value of the managed fund by +/- 10%.

| | Interest Rate | | | Exchange Rate | | | Market Rate | | |
|------------------|---------------|-----------------|-----------------|---------------|-----------------|-----------------|-------------|-----------------|-----------------|
| | SENSITIVITY | 2021 (\$000) | 2020 (\$000) | SENSITIVITY | 2021 (\$000) | 2020 (\$000) | SENSITIVITY | 2021 (\$000) | 2020 (\$000) |
| Impact on profit | +/- 50bps | 29 | 34 | +/- 5% | 224 | 123 | +/- 10% | 683 | 592 |

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 \$29,000 (2020: \$34,000). Term deposits and debt securities have not been included in this analysis as they are all held at fixed interest rates.

Explanation of Sensitivity analysis – Foreign exchange rates

The College held assets with exposure to currency risk in investments held in international equities and debt. A movement in all exchange rates of plus or minus 5% would result in a movement of \$224,000 (2020: \$123,000).

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 \$683,000 (2020: \$592,000).

13. Financial Instruments (cont'd)

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

| 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 | |

| Carrying Amount (\$000) | Financial Assets | | Financial Liabilities | TOTAL AS AT 31 MARCH 2020 | LEVEL OF FAIR VALUE HIERARCHY |
|--|------------------|--------------------------|-----------------------|---------------------------------|-------------------------------------|
| | FAIR VALUE | LOANS AND RECEIVABLES | AMORTISED COST | | |
| Subsequently measured at fair value | | | | | |
| SECURITIES | | | | | |
| Managed Fund | 5,917 | - | - | 5,917 | 2 |
| Subsequently not measured at fair value | | | | | |
| Cash and cash equivalents (<i>assets</i>) | - | 6,732 | - | 6,732 | |
| Short Term Deposits | - | 3,225 | - | 3,225 | |
| Receivables | - | 7,356 | - | 7,356 | |
| Payables | - | - | (517) | (517) | |
| | 5,917 | 17,313 | (517) | 22,713 | |

14. 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.

15. Dissolution of the 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.

16. Related Party Transactions

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

i. Related party transactions

| | 2021 (\$000) | 2020 (\$000) |
|---------------------------------------|-----------------|-----------------|
| Members' levies paid to the Trust | 23 | 47 |
| Amount owing at year end to the Trust | - | 80 |

16. Related Party Transactions (cont'd)

ii. Key management personnel remuneration

The Group 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:

| | 2021 | | | 2020 | | |
|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|--------------------------------|-----------------------|
| | BOARD FEES (\$000) | REPRESENTATION FEES (\$000) | OTHER FEES (\$000) | BOARD FEES (\$000) | REPRESENTATION FEES (\$000) | OTHER FEES (\$000) |
| Dr Samantha Murton | 54 | 45 | 14 | 54 | 45 | - |
| Dr Sue Crengle | 20 | - | 8 | 27 | - | 6 |
| Dr Lauren McGifford | 27 | - | 100 | 27 | - | 108 |
| Dr Joseph Scott-Jones | - | - | - | 9 | - | - |
| Dr Joanna Blakey | 27 | - | 39 | 27 | - | 42 |
| Dr Gregory Judkins | 27 | - | 23 | 18 | - | 22 |
| Ms Susan Huria | 27 | - | - | 19 | - | - |
| Dr Daniel McIntosh | 27 | - | - | 23 | - | - |
| Dr Kiriana Bird | 7 | - | 15 | - | - | - |
| | 216 | 45 | 199 | 204 | 45 | 178 |

Other fees

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.

| | 2021 | | 2020 | |
|----------------------|-------------------------|--------------------------|-------------------------|--------------------------|
| | REMUNERATION (\$000) | NUMBER OF INDIVIDUALS | REMUNERATION (\$000) | NUMBER OF INDIVIDUALS |
| Executive Management | 955 | 4 | 1,212 | 6 |

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

| | GROUP 2021 (\$000) | GROUP 2020 (\$000) |
|--|-----------------------|-----------------------|
| Comprehensive revenue and expenses for the year | 2,006 | 30 |
| ADD NON-CASH ITEMS | | |
| Amortisation | 198 | 186 |
| Depreciation | 131 | 155 |
| Loss on disposal | - | 1 |
| Net (gains)/loss on investments | (1,411) | 22 |
| MOVEMENTS IN WORKING CAPITAL | | |
| Accounts receivable | 1,968 | (6,272) |
| Prepayments | 23 | (145) |
| Accounts payable | 445 | (141) |
| Provisions | (91) | 91 |
| Employee entitlements | 190 | 197 |
| GST payable | (858) | 834 |
| Income in advance | (2,941) | 6,172 |
| Net cash (outflow)/inflow from operating activities | (340) | 1,130 |

18. Contingencies and Capital Commitments

The Group has no contingent liabilities or capital commitments as at 31 March 2021 (2020: nil)

19. Subsequent Events

There were no material subsequent events after the balance date.

In Memoriam



Dr Joe Williams *(1934-2020)*

Dr Joe Williams, a long-serving Auckland GP and pillar of the Pasifika community, died of COVID-19 in September 2020. Dr Williams was an example of the essential role GPs play in their community every day, but even more so during a pandemic like COVID-19.

