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

ANNUAL REPORT

2026

1 April 2025–31 January 2026

Rangi kōrero

Contents

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 2026 relates to the year ending 31 January 2026.

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Photo:
Dr Jade Robertson (right)
with a patient.

Ngā tūranga

Roles

Board

Governs the College and sets the direction with the Strategic Plan 2025–2030. Our Rautaki Māori sits within this document.

Dr Samantha Murton
President and Chair
December 2018 – July 2025

Dr Luke Bradford
President and Chair
July 2025 – current

Dr Kiriana Bird
(Ngāti Tukorehe, Ngāti Porou)
Te Akoranga a Māui representative

Dr Melanie (Mel) Wi Repa
(Ngāti Porou, Taranaki, Te Atiawa)
Te Akoranga a Māui representative

Dr Caroline Christie
Elected member

Dr Karl Cole (Ngāi Tahu)
Elected member

Dr Jason Tuhoe
(Hauraki, Ngā Puhi, Ngāti Pikiao)
Elected member

Ms Susan Huria
(Ngāi Tahu, Ngāi Tuahuriri)
Independent Director
July 2019 – July 2025

Mr Michael Crawford
Independent Director

Dr Sophie Ball
Ex officio – National Advisory Council Chair

Dr Andrew Laurenson
Ex officio – Division of Rural Hospital Medicine Chapter Council Chair

Dr Kerryn Lum
Ex officio – Censor in Chief

Dr Manasi Deshpande
Ex officio – Board Associate

Ex officio directors attend Board meetings but do not have any voting rights.
2025 meetings held in May, June, July, September, November, December

Senior Leadership Team

Guides the operations of the College

Toby Beaglehole
Chief Executive

Victoria Harrison
Head of Learning

Rachael Dippie
Head of Membership Services

Rowan Dixon
Head of Corporate Services
October 2025 – current

Sarah Herbert
(Ngāti Kahu ki Whangaroa)
Tumuaki Māori and Head of Equity and Advocacy

National Advisory Council

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

Dr Sophie Ball
Chair
Auckland Faculty

Dr Moira Chamberlain
Northland Faculty
July 2020 – July 2025

Dr Liza Lack
Waikato/Bay of Plenty Faculty

Dr Patrick McHugh
Tairāwhiti Faculty

Dr Philippe (Phil) Weeks
Taranaki Faculty

Dr Louise Haywood
Hawke's Bay Faculty

Dr Paul Nealis
Whanganui Faculty

Dr Jane Laver
Manawatū Faculty

Dr Sally Talbot
Wellington Faculty

Dr Rosland (Ros) Gellatly and **Dr Robert (Rob) Hayes**
Nelson/Marlborough Faculty
June 2024 – May 2025

Dr Jocelyn (Jocy) Wood
Nelson/Marlborough Faculty
June 2025 – current

Dr Dermot Coffey
Canterbury Faculty

Dr Craig Pelvin
Otago Faculty

Dr Kirsten Taplin
Southland Faculty

Dr Vanisi Prescott
Pacific Chapter
June 2023 – October 2025

Dr Francis Katoa
Pacific Chapter
November 2025 – current

Dr Darren O'Gorman
Registrars' and Affiliates' Chapter
September 2024 – June 2025

Dr Ella Barclay
Registrars' and Affiliates' Chapter
September 2025 – current

Dr Mark Smith
Rural General Practitioners' Chapter

Dr Sara Gordon
Division of Rural Hospital Medicine

Dr Jordan Bailey Gibbs
(Ngai Tahu, Te Atiawa)
Te Akoranga a Māui
June 2023 – October 2025

Dr Callum Fowler
(Ngāi Tahu)
Te Akoranga a Māui
September 2025 – current

Dr Jason Tuhoe
(Hauraki, Ngā Puhi, Ngāti Pikiao)
Board representative

Dr Karl Cole
(Ngāi Tahu)
Second Board representative as required
November 2025 – current

2025 meetings held in April, June and October

Medical Director

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

Dr Prabani Wood
August 2025 – current

Audit and Risk Committee

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

Mr Michael Crawford
Chair

Dr Samantha Murton
Until July 2025

Dr Luke Bradford
July 2025 – current

Ms Susan Huria
(Ngāi Tahu, Ngāi Tuahuriri)
Until July 2025

Dr Karl Cole
(Ngāi Tahu)

2025 meetings held in May, July, November

Nominations and Performance Committee

The NPC assists the Board in the establishment and application of remuneration policies and best practice for the Chief Executive and staff, oversees the Board election process, appointed Board members and the Board Registrar position.

Dr Caroline Christie
Chair
May 2025 – current

Dr Samantha Murton
to July 2025

Dr Luke Bradford
July 2025 - current

Dr Karl Cole
(Ngāi Tahu)
to May 2025

Dr Melanie (Mel) Wi Repa
(Ngāti Porou, Taranaki, Te Atiawa)

2025 meetings held in May, November

Division of Rural Hospital Medicine Council

The representative governance body for the vocational scope of rural hospital medicine. The chair is listed below.

Dr Andrew Laurenson
Chair

2025 meetings held in June, October

Division of Rural Hospital Medicine Board of Studies

Sets national standards for rural hospital doctors' vocational education. The chairs are listed below.

Dr Munanga (Muna) Mwandila
Chair
April 2023 – June 2025

Dr Joel Tissingh
Chair
October 2025 – current

2025 meetings held in June, October

Research and Education Committee

Considers funding requests for research and education that is of benefit to general practice or rural hospital medicine. The chairs are listed below.

Dr James (Hemi) Enright
(Ngāpuhi, Ngāti Ruanui, Ngāruahine)
Chair
August 2024 – July 2025

Dr Philippe (Phil) Weeks
Chair
August 2025 – current

2025 meetings held in April, July, November

Censor in Chief

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

Dr Kerryn Lum

Te Akoranga a Māui – Tokorima

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

Dr Nina Bevin
(Waikato, Ngāti Māhanga)
Kaihutū | Chair

Dr Katrina Kirikino-Cox
(Ngāti Porou, Te Aitanga a Mate)
Kaihutū Tuarua | Deputy Chair

Dr Amber-Lea Rerekura
(Te Ātihaunui-a-Papārangi)
Hekeretari, Kaitiaki Putea | Secretary and Treasurer

Dr Kiriana Bird
(Ngāti Tukorehe, Ngāti Porou)
College Board representative

Dr Melanie (Mel) Wi Repa
(Ngāti Porou, Taranaki, Te Atiawa)
College Board representative

General Practice Education Programme (GPEP) Board of Studies

Set national standards for general practice vocational education. The chairs are listed below.

Dr David Henry
Chair
August 2022 – August 2025

Dr Aniva Lawrence
Chair
August 2025 – current

2025 meetings held in April, July, September

Journal of Primary Health Care

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

Prof. Felicity Goodyear-Smith and **Prof. Tim Stokes**
Co-editors

Our members at a glance

Total members

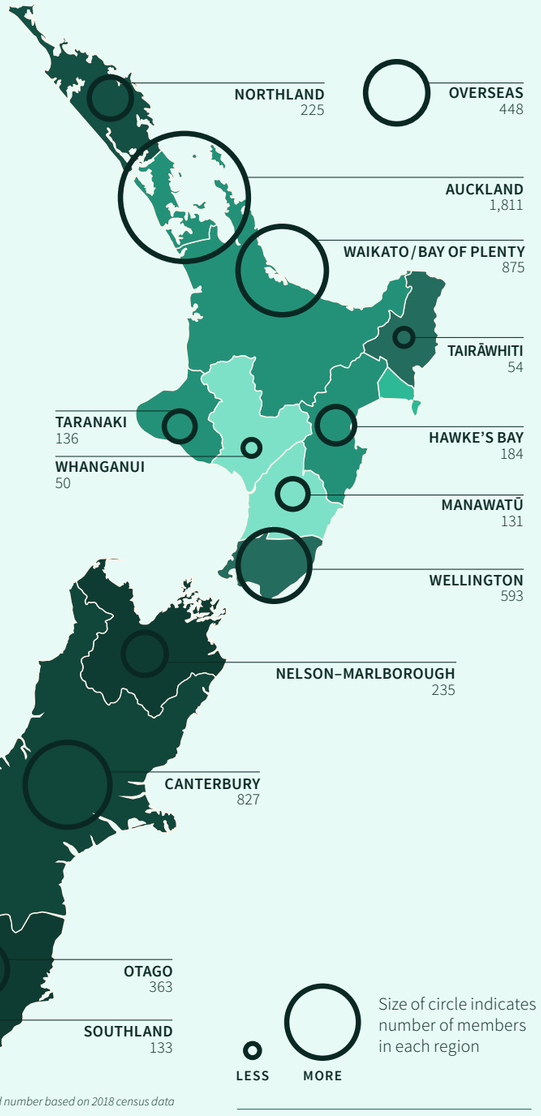
6,065

Te Akoranga a Māui

Māori representative group

321

By region



By gender

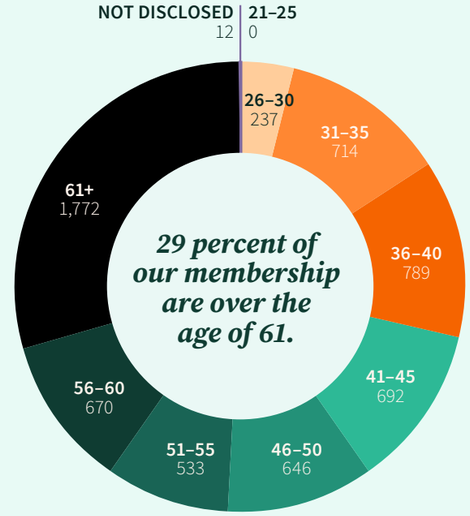
Female
3,354

Male
2,704

Gender diverse
2

Not disclosed
5

By age



Our chapters

1,134
Registrars' and Affiliates Chapter

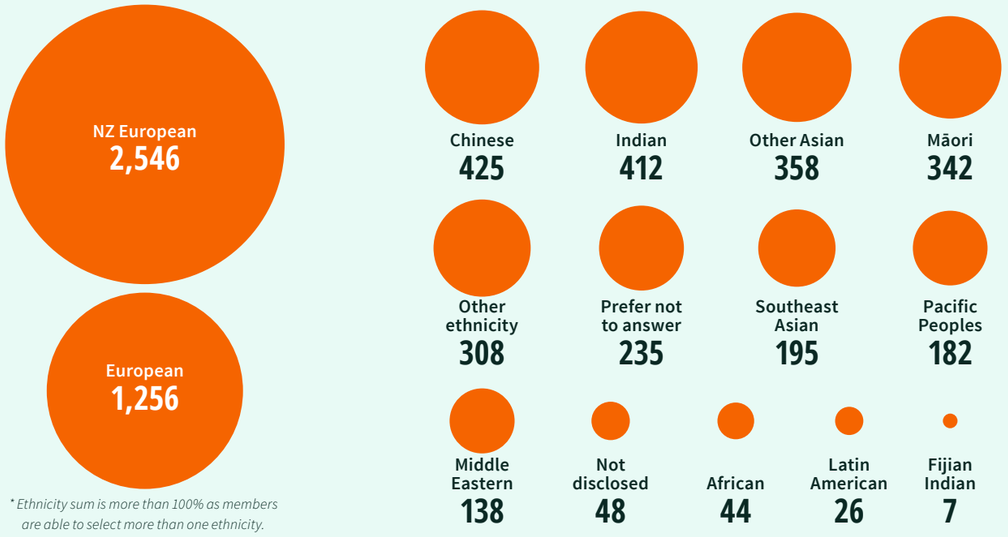
659
Rural GPs' Chapter

291
Division of Rural Hospital Medicine Chapter

181
Pacific Chapter

*calculated number based on 2018 census data

By ethnicity*



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

Photo:
Dr Andrew Boyd.

Te rautaki

Strategic Plan

The College's *Strategic Plan 2025–2030* outlines the College's guiding principles and strategic priorities for the next five years.

He ihu waka, he ihu whenua, he ihu tangata, he Rautaki Māori

Honouring Māori rights to Pae Ora in accordance with Te Tiriti o Waitangi

HONOURING TE TIRITI O WAITANGI

Embed Te Tiriti o Waitangi across College operations.

Ensure the College has a comprehensive understanding of Te Tiriti o Waitangi and its application across our work.

Develop Māori cultural capability across the College to ensure a culturally safe, capable and responsive environment for all kaimahi and members.

ADVANCING HAUORA MĀORI

Proactively work to ensure the GP and rural hospital specialist workforce is pro-equity, Te Tiriti compliant, culturally safe and anti-racist to enhance the provision of health care services for whānau Māori in Aotearoa.

Support and grow the number of Māori GP Fellows and RHM Fellows to ensure proportionality with total population.

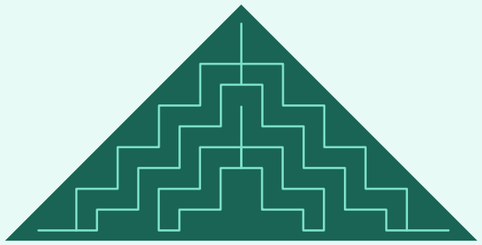
Strongly advocate for Māori health equity.

Drive provision of equitable and culturally safe care at a practice level through our role as accreditors of general practice.

MĀORI LEADERSHIP AND PARTNERSHIP

Proactively support and grow Māori leadership within the College and across primary care more broadly whilst seeking to understand and mitigate cultural loading.

Build and maintain active and genuine partnerships between the College and Māori, including iwi, mana whenua, hauora Māori providers and the Māori health workforce.



Delivery

ADVOCACY AND INFLUENCE

Advocate for, and influence, improved and sustainable health care outcomes.

EDUCATION AND TRAINING

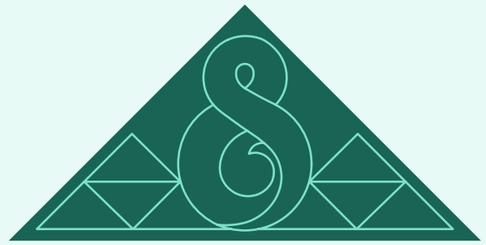
Provide vocational training and life-long learning to enable a sustainable, culturally safe, responsive and future-focused workforce.

BELONGING AND COMMUNITY

Members and their communities are at the heart of what we do.

SUSTAINABLE OPERATIONS AND GOVERNANCE

We will govern and operate in a responsible, sustainable and effective manner.



Equity

Embedding a needs-based response to health equity among priority populations

TANGATA WHENUA

Improve Māori health and achieve Māori health equity.

PACIFIC PEOPLES

Improve Pacific Peoples health and achieve Pacific Peoples' health equity.

RURAL COMMUNITIES

Improve rural communities' health and achieve rural health equity.

Focus on rural communities with high health needs and acknowledge the influential roles of rurality, socioeconomic deprivation and ethnicity in understanding rural health needs.

Te pūrongo o te Tumu Whakarae

President's Report

Photo:
Dr Luke Bradford.

As I reflect on the achievements and successes we have had over these 10 months, I acknowledge the mahi of everyone who has been involved – members and College staff alike.

I ahau e whakaaroaro ana mō ngā whakatutukitanga me ngā angitu o ngā marama 10 nei, e mihi ana ahau ki ngā mahi katoa a tēnā, a tēnā – ngā mema me ngā kaimahi a te Kāreti.

I'd also like to thank Medical Director Dr Prabani Wood who started in August 2025. She has worked steadily to build relationships with members and important sector groups and has been instrumental in progressing a lot of our mahi.

Collaboration, engagement and consistent evidence-based advocacy are how we gained results that benefited our workforce – additional funding for GP registrars, the primary care tactical action plan, changes to capitation and commitments to growing the workforce pipelines, all of which show that the value of general practice and specialist GPs is being seen.

Ka mihi hoki ahau ki te Whakataka Hauora a Tākuta Prabani Wood i tīmata i te marama o Ākuhata 2025. I āta mahi ia ki te tuitui taura here me ngā mema me ngā rōpū rāngai hira, ā, i tū rangatira ia ki te koke haere i ā tātou mahi nui.

Nā te mahi tahi, te kōrerorero tahi me te ōrite o te taunaki ā-whakaaturanga i puta ai ngā hua ki tō tātou ohu mahi – i whai pūtea tāpiri mō ngā rata, te mahere mahi rauhanga hauora matua, ngā huringa ki ngā pūtea tūroro me ngā paiherenga whakatipu i ngā ara ohu mahi, huihui katoa e whakaatu ana kei te kitea te uara o ngā whare rata me ngā rata arowhānui kua whakawhāitihia tō rātou anō wāhi mātanga.

There is a lot more work to be done and much more we want to achieve, including for rural hospital medicine. A lot of it is already in progress as we continue our journey to ensuring health care is equitable, accessible and affordable at the first point of contact for all New Zealanders. This work includes recognition of the general practice specialism, the Foundation Standard review, IMG support, and redefining years 2 and 3 of GPEP to ensure it is fit for future generations – to name a few. We have appreciated member feedback and guidance so far and will be asking for more engagement as this work progresses.

At a time of increasing pressure on hospitals and emergency departments, investment in general practice is not optional. It is one of the most effective ways to improve access, relieve downstream pressure and ensure system sustainability.

We continue to advocate for you and ensure patients receive continuous, comprehensive and equitable care. To provide this, we know that the invisible (but essential) clinical work GPs carry out must be properly remunerated, focus must be on training and retention, and we must see recognition of the scope and expertise of vocationally registered general practitioners and rural hospital specialists.

Like every year, our annual College conference is a prime opportunity to get as many members together as possible to discuss the challenges, solutions, wins and future-focus areas for general practice and rural hospital medicine. GP25 in Christchurch was no exception, and it was great to see people catching up with new and familiar faces, participating in robust discussions and taking the time to learn, educate and network. I always leave conference feeling refreshed and recharged and with a newfound appreciation for our workforce. Even more of a privilege was undertaking my first official act as President and getting to congratulate all our new GP, DRHM and Dual Fellows as they crossed the stage and thanking our award recipients for their amazing contributions to the College and their communities.

He nui tonu ngā mahi hei mahi, ā, he nui atu anō hoki ngā mea e hiahia ana mātou ki te whakatutuki, tae atu ki ngā rata o ngā hōhipera tuawhenua. E mahia kētia ana te nuinga o aua mahi i a mātou e whai tonu ana i te ara kia tautika, kia taea, kia tareka ā-utu hoki ngā manaaki hauora i te pānga tuatahi mō Ngāi Aotearoa katoa. Kei roto i ēnei mahi ko te whakamana i te whakawhāitihanga o te wāhanga mātanga a te rata arowhānui, te arotake i te Standard Foundation, ngā tautoko IMG, me te whakahou i ngā tau 2 me te 3 o te GPEP, kia mātua tika ai mō ngā reanga o muri mai – koinei ētahi o ngā mahi. Ka pai kē ngā whakaaro me ngā tohutohu a ngā mema, ā, ka inoi anō hoki kia kōrerorero tahi haere tonu i te wā e koke tonu ēnei mahi.

I te wā e nui haere atu ngā pēhitanga ki ngā hōhipera me ngā tari ohotata, ehara i te mea he kōwhiringa te haumitanga. Koinei tētahi o ngā tikanga tino whaitake e pai ake ai te toro atu, te whakangāwari i ngā pēhitanga reremuri me te whakarite ka toitū te pūnaha.

Ka taunaki tonu mātou mōu me te whakarite ka whiwhi tonu ngā tūroro i ngā manaaki ukiuki, matawhānui, tautika hoki. Hei whakarato i tēnei, e mōhio ana mātou me tika te utu i ngā mahi haumanu a ngā rata kāore i te kitea (engari he waiwai), me aro ki te whakangungu me te pupuri, ā, me āhukahuka hoki i te whānuitanga me te tohungatanga o ngā rata arowhānui rēhita whai whakamanatanga hei mātanga me ngā rata hōhipera tuawhenua mātanga.

I ia tau hoki, ko tā tātou hui Kāreti ā-tau te tino wā e huihui tahi ai te tokomaha o tātou ki te kōrerorero mō ngā whakapātaritari, ngā rongoā, ngā wikitōria me ngā wāhi hei aronga anamata mō ngā rata arowhānui me ngā rata hōhipera tuawhenua. Kāore i rerekē ake a GP25 i Ōtautahi, ā, ka rawe te kite i te tūtakitaki anō o te tangata ahakoa tauhou mai, hoa mai, e wānanga ana me te whai wā ki te ako, te tohutohu me te whakawhanaunga. I ahau ka hoki atu i ngā hui taumata nei ka oho taku mauri me te hihiri o tōku ngākau, otirā me te kauanuanu hou anō ki tō tātou ohu mahi. Otirā ko te hōnore nui ko te whakatinana i taku ōkawa tuatahi hei Perehitini me te whakamihi atu ki ā tātou rata arowhānui, DRHM, me ngā Pūkenga Takirua hou i tā rātou eke ki runga i te atamira me te mihi hoki ki ngā kaiwhakawhiwhi tohu mō ā mātou mahi whakamīharo ki te Kāreti me ō mātou hapori.

Recently, we've seen more members taking up governance, leadership or teaching positions. This is fantastic to see, as more GP and rural hospital voices being part of discussions and decision-making is another way we can advocate for proper recognition of the value of vocationally trained GPs and rural hospital specialists.

I look forward to another year full of discussion and engagement and working together to ensure our specialisms are recognised and valued and our workforces appropriately invested in so we can continue to do what we do best – improving the health outcomes of our patients and communities.

Thank you again for all that you do.

Nō nā tata nei, kua nui atu te hunga e whakauru ana ki ngā tūranga poari, kaihautū me te whakaako. Ka rawe te kite i tēnei, nā te nui atu o ngā reo o ngā rata arowhānui me ngā rata hōhipera tuawhenua e whai wāhi ana ki ngā kōrerorero me ngā whakatau tikanga ka taea e tātou te āki kia tino whakamanahia te wāriu o ngā rata whai whakamanatanga whakawhāiti me ngā rata mātanga o ngā hōhipera tuawhenua.

E rikarika ana ki tēnei e nui ana ngā wānanga, ngā kōrerorero tahi me te mahi tahi kia mātua whakamanatia, wāriutia hoki ō tātou wāhi whakawhāiti me te haumi tika ki ō tātou ohu mahi kia taea tonutia ai e tātou ā tātou mahi tiketike – te hāpai ake i ngā painga hauora o ā tātou tūroro me ō tātou hapori.

Ngā mihi anō ki a koutou mō ā koutou mahi.

Dr Luke Bradford

President ◆

Tākuta Luke Bradford

Perehitini

Te Pūrongo Whakahaere

Chief Executive's Report

Photo:
Toby Beaglehole.

He waka eke noa
we are all in this together.

I want to begin by acknowledging our members. Thank you for the work you do every day in communities across Aotearoa, and for the time, judgement and energy you bring to the College. The strength of this organisation rests on that contribution.

Our role is practical and important: to educate and train registrars, support members throughout their careers, promote learning, and advocate for the conditions that allow general practice and rural hospital medicine to serve New Zealanders well. Over this shorter reporting period, we have made good progress across each of those areas.

Honouring Te Tiriti o Waitangi and advancing hauora Māori remain central to the College's work. The development of the position statement *Te Tiriti o Waitangi and Māori health equity* sets out our commitment to Te Tiriti, to Māori health rights, and to eliminating long-standing inequities in health outcomes for Māori.

Tuatahi, ka mihi ahau ki ō tātou mema. Tēnā rawa atu koutou mō ā koutou mahi i ia rā i roto i ō tātou hapori puta noa i Aotearoa, me te wā, te mārama, te kaha hoki mō te Kāreti. Kei runga te kaha o tēnei whakahaere i ā koutou mahi.

He mahi whaitake, hira tā tātou: he whakaako me te whakangungu rata rēhita, te tautoko i ngā mema puta noa i ō rātou aramahi, te hāpai i ngā akoranga, me te taunaki kia pai ake ngā āhuatanga mahi e pai ai te mahi a ngā rata arowhānui me ngā rata o ngā hōhipera tuawhenua mō te painga o te iwi o Aotearoa. I roto i tēnei wā pūrongo poto, i koke whakamua tātou i tēnā wāhi, i tēnā wāhi.

Ko te whakamana i Te Tiriti o Waitangi me te kauneke whakamua i te hauora Māori te mea matua ki ngā mahi a te Kāreti. E whakatakoto ana i te waihanga i te tauākī whakatau mō Te Tiriti o Waitangi me te tautika hauora Māori i tō tātou pūmau ki Te Tiriti, ki ngā tika hauora Māori, me te whakakore i ngā ōrite-kore o ngā tika hauora Māori, me te whakakore i ngā ōrite-kore pūmau o ngā putanga hauora mō te Māori.

The statement also commits us to embedding Te Tiriti across our work, and to maintaining genuine, transparent partnership with Māori in the way we shape priorities and make decisions. That work must continue to be visible in what we say and more importantly, in what we do.

In education, we have welcomed the recognition of the value of specialist general practice through additional funding to support GP registrars beyond their first year of training. This funding supports current registrars, strengthens the training pathway, and gives practical weight to the message that the future of general practice needs to be properly invested in.

For members and Fellows, we have continued to expand opportunities to learn, connect and update skills. The new pathway with the Royal Australasian College of Physicians for Palliative Medicine Training for DRHM Fellows is one example. The development of the ADHD Specific Interest Group, with more groups to follow, is another. In the Quality space, the launch of the Equity reaccreditation module gives practices another way to deepen their health equity focus.

The College has also been strengthened by new leadership. We welcomed our new College President, Dr Luke Bradford, in July at GP25: Conference for General Practice, and our new Medical Director, Dr Prabani Wood, in August 2025. Both have brought energy, perspective and a clear commitment to the College's work.

These examples are only a snapshot of what has been achieved over the past 10 months. The following pages provide more detail on our advocacy, achievements and mahi. As you read them, I trust you will see both the scale of the work and the impact of your continued contribution to a sustainable and high-quality workforce.

E paihere ana te whakatau i a mātou kia whakaūngia Te Tiriti puta noa i ā mātou mahi, me te manaaki i te patuitanga tūturu, pūrangiaho me te Māori i roto i te āhua o tā tātou waihanga kaupapa matua me te whakatau tikanga. Me mātua kitea ngā mahi ka kōrerohia e tātou, otirā ko te mea nui, ka mahia e tātou.

I roto i te mātauranga, ka pai te kite i te whakamanatanga o te wāriu o ngā rata arowhānui mātanga mā ngā pūtea tāpiri hei tautoko i ngā rata rēhita ki tua atu o tō rātou tau whakangungu tuatahi. Ka tautoko tēnei pūtea i ngā rata rēhita onāianei, he whakakaha i te ara whakangungu, ka mutu he tōtika te tautoko i te kōrero me tika te haumi ki ngā rata arowhānui.

Mō ngā mema me ngā pūkenga, i haere tonu ngā mahi whakawhānui arawātea ako, tūhono me te whakapakari pūkenga. Ko te ara hou me te Royal Australasian College of Physicians for Palliative Medicine Training mō ngā Pūkenga DRHM tētahi tauira. Ko te whakatū i te ADHD Specific Interest Group, me ētahi atu anō ka whai mai, tētahi atu tauira. I te wāhanga Kounga, nā te whakarewa i te whakamana anō i te Tautika tētahi atu huarahi o te whakawhānui ake i te aronga tautika hauora.

I whakapakaritia hoki te Kāreti e ngā kaihautū hou. I te marama o Hūrae i uru mai te Perehitini hou o te Kāreti, a Tākuta Luke Bradford, i te Hui Taumata GP25: mō ngā Rata Arowhānui, me tō tātou Whakataka Hauora hou, ā, a Tākuta Prabani Wood, i te marama o Ākuhata 2025. E haere mai ana rāua me ō rāua ihi, tirohanga me te tino pūmau ki ngā mahi a te Kāreti.

He tirohanga poto noa iho ēnei tauira ki ngā mea kua tutuki i roto i ngā marama 10 kua hipa. Kei roto i ngā whārangi e whai ake ko ngā kōrero whānui mō ā mātou mahi taunaki, ngā whakatutukitanga me ngā mahi. I a koe ka pānui haere i ēnei, ko te tikanga ka kite koe i te whānui me te pānga o ō mahi pūmau kia eke ai he ohu mahi toitū me te tino kounga.

We should be clear-eyed about the pressures facing general practice and rural hospital medicine. We should also recognise progress when it happens. Our voices are being heard and there is movement in the system. The task now is to keep that momentum, stay focused on what matters, and continue pressing for change that improves training, supports members, and benefits patients and communities.

The College is also changing how it works. Artificial intelligence is one example. Used well, AI can help us work more efficiently and free up capacity for the projects that need deeper thinking, judgement and human connection. Used poorly, it just adds noise. We are taking a deliberate approach, building capability and confidence so these tools are used safely, effectively and in service of the College's purpose.

I am grateful to the College team for their commitment and to our members for the expertise and perspective they continue to bring. Together, we are building a College that is practical, credible and ambitious for the future of specialist general practice and rural hospital medicine.

There is plenty still to do. That should not discourage us; it should sharpen our focus. I began by thanking our members because that is where the College's strength comes from. It is right to finish there too. Thank you for being part of this kaupapa, for challenging us when we need it, and for continuing to help the College move forward with purpose and confidence.

Toby Beaglehole

Chief Executive ◆

Me mārama tātou mō ngā pēhitanga kei runga i ngā rata arowhānui me ngā rata o ngā hōhipera tuawhenua. Me kōrero hoki tātou mō te anga whakamua ina tutuki tērā. Kei te rongohia ō tātou reo, ā, kei te aro mai te pūnaha. Ko te mahi ināianei he koke haere tonu i aua mahi, me aro ki ngā mea hira, me te kōkiri tonu i ngā huringa e pai ake ai ngā whakangungu, te tautoko i ngā mema, me ngā painga mō ngā tūroro me ngā hapori.

Kei te huri hoki te āhua o te mahi a te Kāreti. Ko te atamai hangahanga (AI) tētahi tauira. Ka tika ana te whakamahi, ka āwhina te AI i a tātou kia tōtika ake te mahi, kia nui ake ngā mahi ka taea mō ngā kaupapa me hōhonu ake te whakaaro, te māramatanga me te hononga tangata. Ki te kore e tika te whakamahi, he koretake noa iho. E hāngai ana te aronga o ngā mahi, te whakatipu kaha me te ngākau titikaha kia haumaru, kia tōtika ai, ā, kia ū hoki te whakamahi i ēnei utauta ki te kaupapa a te Kāreti.

E whakamihi ana ki te rōpū o te Kāreti mō tō rātau pūmau, ā, ki ō tātou mema hoki mō tō rātou tohungatanga, tirohanga hoki. E mahi tahi ana tātou ki te waihanga i te Kāreti kia whaikiko, tōtika, hao nui hoki mō te anamata o ngā rata arowhānui mātanga me ngā rata hōhipera tuawhenua.

He nui tonu ngā mahi hei mahi. Kaua rawa tērā e whakapāhunu i a tātou; me whakawhāiti kē i tā tātou titiro. I tīmata ahau mā te whakamihi atu ki ō tātou mema i te mea nō koinei te kaha o tō tātou Kāreti. Ka tika kia whakairia hoki ki reira. Tēnā rawa atu ki a koe mōu i whakauru ki tēnei kaupapa, mō te werowero i a mātou ina tika ana, ā, mō te āwhina tonu i te Kāreti kia anga whakamua i runga i te kaupapa me te ngākau titikaha.

Toby Beaglehole

Tumuaki

Te pūrongo a
Te Akoranga a Māui

Te Akoranga a Māui report

Photo:
Dr Nina Bevin.

As we draw towards the end of another year, we reflect with gratitude on our tuakana who formed Te Akoranga a Māui over 20 years ago. We now have over 300 members, and our Fellows work tirelessly to advance the kaupapa, and develop our registrars – our future leaders.

I a tātou ka whakatata atu ki te mutunga anō o tētahi tau, ka hoki ngā whakaaro me te whakamoemiti mō ngā mahi a ō tātou tuākana nā rātou i whakatū a Te Akoranga a Māui neke atu i te rua tekau tau ki mua. Kua neke atu i te 300 ō tātou mema, ā, e whakapau kaha ana ō tātou Pūkenga ki te kōkiri i te kaupapa, me te whakapakari i ō tātou rata rēhita – ō tātou kaiārahi o āpōpō.

In June, Te Akoranga a Māui was represented at Tā Māui Pōmare day in Waitara, alongside other tākuta Māori to acknowledge the important mahi of Tā Māui, who paved the way for all of us as Māori doctors.

Te Akoranga a Māui plays an important role in College affairs, with representation on all College committees. This year we also supported the College in its advocacy role, contributing to submissions on:

- The Pae Ora Amendment Bill
- The Regulatory Standards Bill
- The College's 12-month prescribing in general practice position statement
- Supporting RSV vaccines through MedSafe and PHARMAC approval processes
- Letter to Minister regarding lack of Māori representation on the Primary Care Advisory Committee
- Smoking and vaping policy statement

I te marama o Hune, i whakakanohitia a Te Akoranga a Māui i te rā o Tā Māui Pōmare i Waitara, i te taha o ētahi atu rata Māori e whakanui ana i ngā mahi hira a Tā Māui, nāna i para te huarahi mō tātou katoa ngā rata Māori.

He wāhanga hira tō Te Akoranga a Māui i roto i ngā take a te Kāreti, ā, e whai māngai ana ki ngā komiti katoa o te Kāreti. I tēnei tau i tautokona hoki e tātou te Kāreti i roto i ana mahi taunaki, te tautoko i ngā tāpaetanga kōrero mō:

- Te pire menemana i Te Pae Ora
- Te pire paerewa whakature
- Te tūranga o te Kāreti mō te tūtohu rongoā a te rata arowhānui mō te tekau rua marama
- Te tautoko i ngā rongoā āraimate RSV mā ngā tukanga whakaae a MedSafe me PHARMAC
- Te reta ki te Minita mō te kore Māngai Māori ki te Komiti Tohutohu Ratonga Hauora Matua
- Te tauākī kaupapahere kai paipa me te momirehu

In 2025 we acknowledged seven Te Akoranga a Māui members who were presented awards at the conclusion of GP25: Conference for General Practice.

Dr Jason Tuhoe (Hauraki, Ngā Puhi, Ngāti Pikiao) was awarded Distinguished Fellowship for services to medical education and his commitment to seeing health equity achieved for Māori and all New Zealanders.

Dr Glenn Doherty (Ngāti Porou) was awarded a Distinguished Fellowship for over 40 years of clinical excellence, leadership transforming Pacific health services, advancing diabetes research, championing health equity, and contributing significantly to GP education and training.

Dr Bryce Kihirini (Ngāti Moko, Tapuika, Tūhourangi) received a President's Service Medal for his contributions to the College as a clinical examiner, an in-practice medical educator and mentor to junior doctors, as well as to overseas clinicians who have moved to Aotearoa to practise.

Dr Maia Melbourne-Wilcox (Ngāi Tūhoe, Ngāti Porou) was awarded a Community Service Medal for her work as Lead Hauora Māori Medical Educator for the delivery of Te Ahunga, the College's orientation, and for her role as the College's Pou Whirinaki for four years, providing personalised clinical and pastoral support to an unprecedented number of Māori registrars.

Dr Raewyn Paku (Ngāti Kahungungui Te Wairoa) was awarded a Community Service Medal for dedicating her career to improving Hauora Māori and to serving her community, and for her services as Lead Medical Educator in the Hawke's Bay and Gisborne regions.

I te tau 2025 i whakanuitia ngā mema e whitu o Te Akoranga a Māui, ā, he mea whakawhiwhi ki ngā tohu i te mutunga o te *GP25: Hui Taumata a Ngā Rata Arowhānui*.

I whakawhiwhia a Tākuta Jason Tuhoe (Hauraki, Ngā Puhi, Ngāti Pikiao) ki te Pūkenga Hira mō te whakapau kaha ki te mātauranga hauora me tōna pūmau ki te whakatutuki i te tautika hauora mō te Māori me Ngāi Aotearoa.

I whakawhiwhia a Tākuta Glenn Doherty (Ngāti Porou) ki tētahi Pūkenga Hira mōna i whakapau kaha mō ngā tau neke atu i te 40 tau o te haumanu tiketike, tōna ārahi i te whakapai ake i ngā ratonga hauora o Te Moananui-a-Kiwa, te kauneke i ngā rangahau matehuka, te taunaki i te tautika hauora, me te tino tautoko i te mātauranga me te whakangungu rata arowhānui.

I whakawhiwhia a Tākuta Bryce Kihirini (Ngāti Moko, Tapuika, Tūhourangi) ki te mētara uakaha a te Perehitini mō ana tautoko i te Kāreti hei kaitirotiro haumanu, he kaiwhakaako hauora rata mahi me te tohutohu i ngā rata pūhou, tae atu ki te whakahaere i ngā mātanga haumanu kua hūnuku mai ki Aotearoa mahi ai.

I whakawhiwhi a Takuta Maia Melbourne-Wilcox (Ngāi Tūhoe, Ngāti Porou) ki te mētara uakaha ki te hapori mō ana mahi hei Kaiwhakaako Hauora Māori Matua mō te whakarato i Te Ahunga, te kaupapa whakaangatanga a te Kāreti me tana mahi hei Pou Whirinaki mā te Kāreti mō te whā tau, e tuku tautoko haumanu whaiaro me te tohutohu ki ngā rata rēhita Māori huhua noa.

Dr Sara Simmons (Ngāi Tahu, Ngāti Māmoe, Waitaha) received a community service medal for her work alongside Dr Rachel Inder to improve Māori health equity by bringing a Kaupapa Māori primary care service to their region of Nelson/Marlborough.

Dr Sarah Callaghan (Ngāti Porou | Tairāwhiti) received a Community Service Medal for her work improving access to death certificates for whānau after hours and to GP-led minor surgery by removing the need for a dermatologist review.

E poho kererū ana mātou i a koutou.

We also celebrated the confirmation of 20 new Māori Fellows to join our rōpu. Ngā mihi nunui ki a koutou.

Like all general practitioners, our most important mahi occurred in our communities, striving to achieve oranga for whānau, hapū, iwi, and ngā tāngata katoa.

Ehara taku toa i te toa takitahi engari taku toa he toa takitini – My strength is not that of one but of many.

Dr Nina Bevin

Te Akoranga a Māui Chair ◆

I whakawhiwhia a Tākuta Raewyn Paku (Ngāti Kahungunu ki Te Wairoa) ki tētahi mētara uakaha ki te hapori mōna i pūmau mahi ki te hāpai i te Hauora Māori i roto i āna mahi me te whakapau kaha ki tōna hapori, me āna mahi hoki hei Kaiwhakaako Hauora Matua i ngā rohe o Te Matau-a-Māui me Tūranganui-a-Kiwa.

I whiwhi a Tākuta Sara Simmons (Ngāi Tahu, Ngāti Māmoe, Waitaha) i tētahi mētara uakaha ki te hapori mō āna mahi i te taha o Tākuta Rachel Inder ki te hāpai i te tautika hauora Māori mā te whakarato i tētahi ratonga hauora matua kaupapa Māori ki tō mātou rohe o Whakatū me Wairau.

I whiwhi a Tākuta Sarah Callaghan (Ngāti Porou | Tairāwhiti) i tētahi mētara uakaha ki te hapori mō āna mahi kia whiwhi tiwhikete mate ai ngā whānau i ētahi haora i muri o te mahi, ā, me ngā hāparapara iti a te rata arowhānui mā te whakakore i te hiahia i tētahi arotake mātanga kiri.

E poho kererū ana mātou i a koutou.

I whakanuitia hoki e mātou te whakapūmautanga o ngā hoa Māori rua tekau kia whakauru ki tō tātou rōpū. Ngā mahi nunui ki a koutou.

Pērā i ngā rata arowhānui katoa, ko ā tātou mahi tino hira katoa i tutuki i roto i ō tātou hapori, e whakapau werawera ana mō te oranga o ō tātou whānau, hapū, iwi me ngā tāngata katoa.

Ehara taku toa i te toa takitahi engari taku toa he toa takitini.

Tākuta Nina Bevin

Hea o Te Akoranga a Māui

He ihu waka, he ihu whenua, he ihu tangata, he Rautaki Māori

Honouring Māori rights to Pae Ora in accordance with Te Tiriti o Waitangi

Te whakamana i Te Tiriti o Waitangi

Honouring Te Tiriti o Waitangi

MĀORI CULTURAL CAPABILITY DEVELOPMENT FRAMEWORK

This year the College took an important step in strengthening its commitment to Te Tiriti o Waitangi through the launch of its Māori Cultural Capability Framework. The framework will support staff to build confidence and capability in te ao Māori and Māori Crown relations.

This piece of work began with a baseline survey to help inform where staff would like more training or support. From that survey three key capability areas were identified – te ao Māori, te reo Māori and Te Tiriti o Waitangi. A working group has been set up to help coordinate activities over the coming year.

INTRODUCTION OF MIHI WHAKATAU PROCESS FOR COLLEGE STAFF

In July 2025 the College introduced a mihi whakatau process to welcome all new staff to its Wellington office. The tikanga (protocols) surrounding mihi whakatau is grounded in the principles of whakawhanaungatanga (building relationships), manaakitanga (hospitality) and kaitiakitanga (stewardship).

The mihi whakatau process is conducted in an informal tikanga-led way. To support new staff, the College also provides pre-arrival guidance to help them feel prepared and comfortable prior to taking part. All College kaimahi are encouraged to attend mihi whakatau and introduce themselves to new staff members and their whānau through mihimihi and pepehā.

"I've never felt so welcomed into an organisation before."

New staff member and their family

Advancing hauora Māori

WEEKLY KARAKIA SESSIONS FOR STAFF

The College continued to embed mātauranga Māori (Māori knowledge) into everyday practice through regular karakia, waiata and basic te reo Māori practice in a social setting to build familiarity and confidence in everyday use. Additionally, the College has reintroduced its organisational pātere Te Whare Tohu Rata o Aotearoa and acknowledges this tāonga composed by past kaimahi. The weekly karakia, waiata and te reo Māori practice supports the normalisation of Māori ways of beginning the day and creating space for shared learning and building confidence in dialect, pronunciation and tikanga Māori. Together, these initiatives strengthened Māori cultural engagement, collective learning and a sense of belonging across the organisation.

TE TIRITI O WAITANGI AND MĀORI HEALTH EQUITY POSITION STATEMENT

The College, alongside Te Akoranga a Māui, published its Te Tiriti o Waitangi and Māori Health Equity Position Statement. The statement sets out our commitment to honouring Te Tiriti o Waitangi, upholding Māori health rights and working to eliminate long-standing inequities in health for Māori.

It recognises that achieving health equity is not optional, but a core responsibility of the College and an essential part of building a fair and accessible health system in Aotearoa New Zealand.

The College supports and advocates for a health system that gives effect to Te Tiriti o Waitangi through tino rangatiratanga, and the principles of equity, active protection, options and partnership (WAI 2575). This includes:

> advocating for whānau, hapū, iwi and hāpori Māori to determine health priorities and outcomes
>
> supporting sustained investment in hauora Māori, te ao Māori and kaupapa Māori solutions
>
> recognising ethnicity as a critical determinant of health outcomes and inequities.

The statement also commits the College to embedding Te Tiriti o Waitangi across all our work and to maintaining genuine, transparent partnerships with Māori to co-govern and co-design our strategic priorities and actions, now and into the future.

MĀORI FELLOWSHIP UPDATE

During the reporting period, all 15 Māori registrars eligible for Fellowship successfully passed their final assessment. This outcome reflects the strength of the College's training pathways and the commitment of Māori registrars to completing their vocational journey.

It also highlights the importance of culturally responsive support, mentorship, and training environments that enable Māori registrars to thrive. Growing the number of Māori Fellows remains a key priority for the College, contributing to a workforce that is better equipped to deliver equitable, culturally grounded care for whānau and communities across Aotearoa.

MĀORI REGISTRARS ENTERING GPEP

On 2 February 2026, a total of 210 new registrars entered the General Practice Education Programme (GPEP), including 29 who identified as Māori (14 percent). This represents continued progress towards our Rautaki Māori goals, including increasing the Māori workforce and upholding Māori health rights under Te Tiriti o Waitangi.

Increasing the number of Māori GPEP registrars remains a key focus of our strategic plan, which sets a measure of success that "the annual intake of Māori GPEP registrars reflects, at a minimum, parity with the Māori population."

"Let's stop talking about it, and actually do something about providing culturally safe, equitable care."

Dr Jake Aitken
(Ngāti Ruapani, Ngāti Tūhoe, Ngāti Manawa)
when receiving his Fellowship.

Te kaihautū me te patuitanga Māori

Māori leadership and partnership

In the 2025 annual report, 12 percent of the intake identified as Māori, indicating a positive shift towards the population benchmark of 17.8 percent.*

While there is more work to do, these results reinforce the importance of targeted initiatives to support a culturally responsive and equitable primary care workforce across Aotearoa.

**In 2023, 17.8 percent of the population identified as Māori (Stats NZ Census data).*

TE ORANGA AND TE ORA SPONSORSHIP

In September the College provided sponsorship to Te Oranga for their kura reo at Mangatoatoa Marae, Kihikihi, Waikato. Kura Reo is an annual te reo Māori weekend wānanga, bringing together Māori medical students and doctors to nurture and grow their te reo Māori. The College also sponsored Te Ora Hui-ā-Tau hosted in Ōtaki at Te Wānanga ō Raukawa in September. This event included four days of connection, learning, and celebration with the Māori medical community.

Photo below:
Dr Ros Wall (right) with a patient.

29
Māori registrars who started GPEP

8
Māori registrars who started RHMTP

NEW HAUORA MĀORI CLINICAL FELLOW ROLE

Dr Jessica Keepa (Ngāti Porou) was appointed as the College's first Hauora Māori Clinical Fellow in July 2025, marking an important step in strengthening internal cultural capability at the College. Previously supported through external contractors, this new role reflects the College's commitment to embedding Hauora Māori expertise and leadership from within.

Dr Keepa provides clinical and pastoral support to Māori registrars across the General Practice Education Programme, helping to create a culturally grounded and supportive training environment. She also contributes to the ongoing development of the Hauora Māori curriculum and broader equity initiatives. The role plays a key part in advancing Māori health outcomes by supporting registrars and building a workforce equipped to deliver equitable, culturally responsive care for whānau and communities.

COLLEGE ENGAGEMENT WITH TE AKORANGA A MAUI

Between 1 April 2025 and 31 January 2026, the College maintained structured and active engagement with Te Akoranga a Māui, supporting Māori leadership across key kaupapa.

Engagement occurred through monthly College reports, formal hui and Summit Hui attendance. During this period, roughly 69 engagement items were submitted for input or consideration by Tokorima – Te Akoranga a Māui executive committee. Key focus areas included Summit Hui preparation, Rautaki Māori development, Whakaharatau oversight, and GP25: Conference for General Practice planning, with increasing emphasis later in 2025 on policy and data governance, communications coordination, and workforce insights. The College attended Summit Hui on 9 April and 29 October 2025, reflecting an ongoing commitment to respectful, genuine kaupapa Māori–aligned partnership.

Te whakarato

Delivery

Te taunaki
me te mana

Advocacy and influence

ADHD PRESCRIBING

As of 1 February 2026, vocationally registered general practitioners and some nurse practitioners (NPs) working within their area of practice became able to assess, diagnose and prescribe specialist (stimulant) ADHD medications for adults (18 years and older).

This change was designed to make it easier for some specialist GPs and NPs to prescribe medications for tangata whaiora (people seeking wellness) with a new diagnosis of adult ADHD.

The College created an ADHD 'hot topics' webpage to keep members informed of the changes, key clinical guidelines, endorsed education and advocacy initiatives along with messages and resources for patients.

College Medical Director Dr Prabani Wood took part in a webinar alongside Dr Justine Lancaster and psychiatrist Dr David Codrye outlining the changes and providing guidance on assessment, prescribing and using HealthPathways to support safe, consistent care.

12-MONTH PRESCRIPTIONS

From 1 February 2026, specialist GPs were able to offer eligible patients a prescription for up to 12 months, instead of the previous three months. This national change aimed to make it easier for some people to access their regular medicines – especially if they live rurally or find it difficult to get to their appointments.

The College advocated strongly in the lead-up to this change to ensure the public knew that not everybody would be eligible for a 12-month prescription. We highlighted in communications that any change to prescription lengths would take into consideration a patient's health situation, their specific medications and how stable their condition is.

The College created a 12-month prescription 'hot topics' webpage to keep members informed of the changes, key clinical guidelines, updates, and advocacy initiatives along with messages and resources for patients such as posters and FAQs.

WORKFORCE SURVEY

The College Workforce Survey took a deep dive into the experiences of College members, capturing the pulse of the specialist GP and rural hospital specialist workforces and how they continue to evolve.

At GP25: Conference for General Practice, College President Dr Luke Bradford presented the findings from the snapshot report, highlighting key findings that were of the most interest to members. These findings included the increasing complexity of the specialist GP role, the use of artificial intelligence (AI) in primary care, the roles and scopes that make up multidisciplinary teams, as well as comparing ethnicity, burnout levels and hours worked data, retirement intentions and intentions to leave New Zealand with previous survey results.

Results from the 2024 survey were picked up by health and mainstream media outlets and used to advocate for general practice and rural hospital medicine, and their wider teams, and showcase why urgent change is required to ensure we have well-resourced, resilient and sustainable workforces in the future.

ENGAGEMENT WITH MEDICAL STUDENTS

The College strengthened engagement with medical students through its presence at key medical student–focused conferences. The College hosted a workshop and a stand at the 2025 Early Learning in Medicine Clinical Conference Otago (ECCO) held at the University of Otago, providing information and answering questions about careers in general practice and rural hospital medicine.

College representatives also attended the NZ Medical Students' Association's (NZMSA) Vā Conference in Wellington, hosting a stand to engage directly with students and discuss training pathways. College President Dr Luke Bradford presented a workshop about our GP and Rural Hospital Medicine training programmes as part of the NZMSA 'Beyond the Med School Gates' series

There was strong interest in the General Practice Education Programme and the Rural Hospital Medicine Training Programme, with many students seeking clarity on career progression, scope of practice and workforce needs.
This targeted engagement supported early awareness of general practice and rural hospital medicine and reflects the College's commitment to building a sustainable workforce pipeline through direct connection with future doctors.

Photo left:
Dr Luke Bradford.

Photo below:
Dr Coll Campbell with a patient.

College mentions in the media

2025	1,173
2026	1,055

Your voice contributed to

54
SUBMISSIONS

made to government, agencies and decision makers

OVERSEAS DOCTOR RECRUITMENT WITH HEALTH NEW ZEALAND

The College partnered with Health New Zealand | Te Whatu Ora on a coordinated UK-trained GP recruitment initiative to support the longterm sustainability of New Zealand's GP workforce. The partnership focused on making it easier for overseas-trained doctors to understand general practice in Aotearoa New Zealand, including vocational training pathways, supervision requirements and the support available through the College. The recruitment campaign positioned general practice as a specialist career offering continuity of care, community connection and professional development. The College contributed its expertise in marketing and engagement to support clear and accurate information for international doctors considering general practice in New Zealand. This partnership reflects a shared commitment to strengthening the GP workforce and supporting safe, high quality care across both urban and rural communities.

EQUITY REACCREDITATION MODULE LAUNCHED

In July 2025 the College launched the Equity Reaccreditation module, designed to support the three-yearly reaccreditation of practices, deepen their health equity focus and continue improving outcomes for patients and whānau. The module builds on the original Te Mana Taurite Equity Module and is designed to help practices reaffirm their ongoing commitment to health equity, strengthen relationships with their communities and continue improving the health outcomes for their patients and whānau.

The reaccreditation module was piloted from February to May 2025, with six practices successfully completing the module and earning their Equity reaccreditation. Since the launch, the reaccreditation module has received positive engagement and feedback. Thirty-six practices have been reaccredited, building on the 268 practices accredited through the original module.

QUALITY PRACTICE SURVEY

The 2025 Quality Practice Survey provided valuable insight into how general practices experience the College's Quality Programmes and what support is most useful in day-to-day practice.

Feedback from 238 practices showed that existing resources were generally well regarded, and respondents also rated the Quality Programmes Team positively. Practices identified time pressure, staff capacity and complexity as the main barriers to completing the Foundation Standard. They also valued practical tools such as templates, checklists and clear guidance. The survey further showed that awareness of the overall Quality Framework was reasonably strong, but understanding of specific Cornerstone module requirements was more mixed, with practices interested in becoming teaching practices pointing to barriers such as space, staffing, cost, time and administrative burden. These findings are informing improvements to programme support and communication, helping create more responsive and sustainable practice environments for teams delivering patient- and whānau-centred care.

998
practices with Foundation Standard

317
practices with CQI/CQI reaccreditation

295
practices with Equity/Equity reaccreditation

Te mātauranga me te whakangungu

Education and training

NEW PATHWAY FOR PALLIATIVE MEDICINE TRAINING FOR DIVISION FELLOWS

In 2025, the College supported an important development for Fellows and registrars in the Division of Rural Hospital Medicine with an interest in palliative medicine. From 2026, the Royal Australasian College of Physicians will recognise Fellowship of the Division of Rural Hospital Medicine for entry into their Advanced Training in Palliative Medicine Programme.

This establishes a clear training pathway for rural hospital specialists to pursue specialist palliative care training. Over time, this change is expected to strengthen the rural medical workforce and improve access to specialist palliative care for rural communities across Aotearoa New Zealand. The College acknowledges the role of its registrars in raising this issue and thanks Dr Ralston D'Souza for his advocacy with the Royal Australasian College of Physicians.

Photo top-right: Fellowship and Awards ceremony.

NEW FUNDING FOR COLLEGE TRAINING PROGRAMMES

At GP25: Conference for General Practice, the Minister of Health Hon Simeon Brown announced significant new funding to support General Practice Education Programme (GPEP) training. The 2025 academic year training fees for GPEP years 2, 3 and postyear 3 trainees were covered, alongside Fellowship assessment costs for approximately 200 trainees. Since then, the College has been working with Health New Zealand | Te Whatu Ora (Health NZ) on the future of this funding, which has continued through 2026.

Additionally, Health NZ announced they would cover the 2026 annual membership and training fees for Rural Hospital trainees directly employed by Health NZ.

The College had been advocating for this funding for some time. Growing the GP and Rural Hospital doctor workforce is a major priority for the College, and we are delighted our advocacy efforts have resulted in this funding support for our registrars.

GPEP

Written exam

217
candidates participated in the GPEP written examination

85.71%
written exam pass rate

GPEP

Clinical exam

214
candidates participated in the GPEP clinical examination

75.23%
clinical exam pass rate

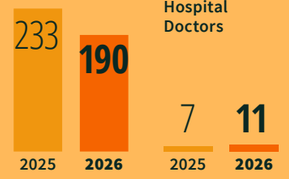
RURAL HOSPITAL MEDICINE TRAINING PROGRAMME

StAMPS exam

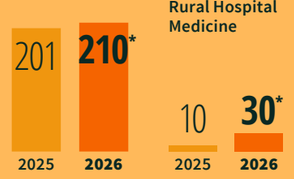
13
rural hospital medicine training programme registrars participated in the StAMPS examination

85%
exam pass rate

New Fellows



New Registrars



**While this annual report covers the period 1 April 2025 to 31 January 2026, these registrars started their training programme on 2 February 2026.*

PRIMARY CARE PATHWAY

During the year, the College supported Health NZ's development and promotion of a new Primary Care Pathway to help strengthen New Zealand's GP workforce. Announced in March 2025, the pathway creates new opportunities for postgraduate year 2 (PGY2) doctors to work in general practice and other eligible primary care settings, with up to 50 funded placements available each year. Developed in collaboration between Health NZ, the Medical Council of New Zealand and sector partners, the pathway aims to provide early career doctors with meaningful exposure to community-based care and the specialist GP role. The College advocated for the pathway as part of its broader workforce strategy, highlighting the importance of continuity of care, supervision and sustainable training pathways.

Photo right:
New specialist GP Fellows.

Te noho huānga me te hapori

Belonging and community

MEMBER ENGAGEMENT SURVEY

In August and September 2025, we conducted our second member engagement survey to capture feedback and thoughts across the College's functional areas and to help us identify areas for improving the members' College experience.

The 2025 survey showed an improvement in member engagement and satisfaction compared to the 2024 survey. Members placed high importance on the College's core functions, particularly training and supporting specialist GPs and attracting the future workforce, although gaps remain between expectations and perceived performance, especially in workforce sustainability, advocacy and training support.

Satisfaction has improved in customer service and the usability of the Te Whanake CPD programme. Engagement with communications remains constrained by time pressures, with members preferring concise, relevant and primarily email-based updates. Awareness and perceived value of membership benefits remain mixed, indicating an opportunity to strengthen clarity and relevance. Overall, the findings provide a clear and actionable view of member priorities, with feedback informing ongoing improvements and future planning to enhance the member experience.

GP25: CONFERENCE FOR GENERAL PRACTICE

GP25: Conference for General Practice took place from 24 to 26 July 2025 at Te Pae Convention Centre in Ōtautahi Christchurch. The day before conference we hosted a dedicated CME workshop day, which was the first time we have offered this to College members. GP25 followed with two days of keynote, plenary and concurrent sessions that supported clinical practice, education and professional wellbeing. Highlights included keynote addresses from New Zealander of the Year Professor Bev Lawton (Ngāti Porou), Olympic rower Emma Twigg and technology leader Sir Ian Taylor, along with the Peter Anyon Memorial Address given by Dr Gemma Herbison and a range of sessions led by members and sector experts

The feedback received from members who attended the pre-conference CME workshop day and/or the conference was overwhelmingly positive.

Photo above:
GP26 keynote
Professor Bev Lawton
(Ngāti Porou).

Photo right:
Workshop at CME day.

COMMUNITY HUB PILOT

This year the College advanced member engagement by piloting a new online community platform over a three-month period with the Nelson/Marlborough and Northland faculties and the Division of Rural Hospital Medicine Chapter.

The goal of the initiative was to support stronger professional networks, improve access to shared resources, and enhance members' sense of belonging. While there was an appetite for an online community, it was felt that the platform used wasn't meeting the expectations of members.

The College has since explored an alternative platform with the community hubs going live from early June 2026.

Te mahi a o tātou wāhanga i ngā hapori

Our Faculties continued to support members at a local level

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

NORTHLAND

Northland Faculty experienced a year of renewal, with a new Faculty Executive Committee bringing fresh energy and a strong focus on member engagement and professional development. The faculty executive has supported a new programme of CME and networking events, creating valuable opportunities for members to connect, learn and share experiences across the region.

The faculty also fostered stronger connections with specialist colleagues, promoted research and CME funding opportunities through the Charitable Education and Research Trust, and continued its commitment to registrar development through Kapa Kaiaka activities and funding support.

Member wellbeing remained a priority through ongoing professional supervision support for local GPs. The faculty also invested in strengthening its governance foundations and ensuring a sustainable future through the development of new leadership and increased member involvement. Regular communications have helped keep members informed and connected, while an expanding programme of CME events continues to provide valuable opportunities for learning, collaboration and professional development across Northland.

AUCKLAND

Medical education and social events were accompanied by governance training and cultural learning opportunities for Auckland Faculty GPs in 2025-6.

The annual large education event in Oct 2025 saw over 300 GPs gather for a surgical update symposium. Earlier in the year GP careers were nurtured with a panel of local GPwSI working in areas like lifestyle medicine, sports medicine, cosmetics, teaching alongside GP.

Specific sessions were held for registrars and new fellows aimed at reducing anxiety about the fellowship visit and understanding what comes next as a Fellow of RNZCGP.

A culturally grounded whānau friendly session at Auckland Museum received positive feedback and there are plans to hold this and other events again in future for those who are keen to attend. Governance training was added to the options for Auckland GPs in 2025-6 with both a series of online governance training sessions and an in-person day covering topics from what is governance, how to understand finances in a governance setting and the role of strategy. The end of 2025 was marked with the Great Summer Holiday Quiz which featured team theme outfits, emojis, a high-scoring music round and special guest, the college president.

Looking ahead the Faculty Executive are excited to have more new members involved in subcommittees and the exec team, this is assisting with increasing the variety and number of events available for local GPs.

WAIKATO/BAY OF PLENTY

The Waikato/Bay of Plenty Faculty delivered a balanced programme over the past year, prioritising member wellbeing alongside education and connection. The Medical Educators Day and AGM in Rotorua brought members together for a full day of learning; supporting international medical graduates, managing learners in difficulty, reflective practice, AI in healthcare, and the Meihana Model.

A strong emphasis was placed on practical wellbeing support. Mindfulness sessions were delivered within practices, while the Restore and Revive retreat offered a more immersive opportunity for rest and reconnection, supporting resilience in the GP workforce through a dedicated day focused on wellbeing.

Further support included Ka Hono collegial mentoring and hardship grants for registrars. Informal connection was encouraged through quiz nights and participation in community events such as Tauranga's City to Surf and Waikato's Round the Bridges.

Together, the faculty is committed to the ongoing support of member wellbeing, resilience, and professional development.

TAIRĀWHITI

Tairāwhiti Faculty remained focused on supporting the local medical workforce and strengthening connections across the region. A key priority during the year was encouraging medical students and trainee interns to experience general practice in Tairāwhiti, with the faculty providing financial support for local trainee intern programmes and student opportunities. These initiatives reflected the faculty's ongoing commitment to recruitment, workforce development, and creating pathways into rural and regional general practice.

The faculty also navigated several governance and administrative changes, including transitions within the faculty committee and secretary role, ensuring continuity of leadership and support for members. Strong collaboration between faculty leaders, Health New Zealand representatives, and College staff continued throughout the year.

With a strong focus on workforce development, collegiality, and member engagement, the faculty is well placed to continue supporting and advocating for general practice across the region.

TARANAKI

The Taranaki Faculty enjoyed a positive and community-focused year, with a strong emphasis on member engagement, wellbeing and collegial connection. Members were encouraged to come together through a range of initiatives, including a GP Wellness Morning featuring sauna, yoga and shared kai, as well as participation in the Coastal Five community event, where discounted entry was offered to Faculty members and their families. The faculty also explored ways to better support GP wellbeing and mental health, including discussions around access to independent support services for doctors.

Faculty leadership met regularly throughout the year to discuss College matters, workforce challenges, equity, supervision requirements and local priorities. A highlight was the Faculty Dinner Dance and AGM in New Plymouth, which celebrated both existing and new Fellows while providing an opportunity for members and their partners to connect and celebrate the profession. The faculty also continued to strengthen communication with members through regular updates and local initiatives that fostered a strong sense of community. Toward the end of the year, Phil Weeks took on the role of Chair, supported by the committed Executive Dr Susan Oldfield - Secretary, Dr Thaya Ashman - Treasurer, Dr Jack Earp, Dr Lucy Gibberd, Dr Christina Jenkins, Dr Abigail Poole, Dr Unre-Anne Rapley, Dr Dawn Elizabeth White together they are focused on sustaining engagement and activity across the faculty.

HAWKE'S BAY

The Hawke's Bay Faculty enjoyed an active year focused on member engagement, professional development and celebrating local achievements. Faculty executive members delivered regular communications, supported networking opportunities, and helped keep members connected with activities throughout the year.

A highlight was the Hawke's Bay Faculty AGM and dinner at Peak House in Havelock North, which brought members together for governance, collegiality and the recognition of newly admitted Fellows. The event provided an opportunity to celebrate local achievement and encourage new Fellows to remain actively involved in the College and Faculty.

The faculty has been actively building links between GPs and SMOs, community care providers, and hospital RMOs. A "speed dating and cocktails" night brought around 25 interested RMOs along to discuss primary care careers with different GPs. A pub quiz brought almost a hundred GPs and SMOs together for a great night of slightly competitive socialising.

The annual Primary Care Awards in association with Health Hawke's Bay recognised many of the incredible contributions to the community that have been made by primary care workers, including Faculty Kaumatua awards recognising some of our long-serving GPs for their years of dedication.

The faculty also supported members to attend GP25, making funding and discount opportunities available for new Fellows attending the Fellowship ceremony and other members wishing to participate in the conference.

WHANGANUI

The Whanganui Faculty continued to run regular Balint peer review meetings, facilitated by a local psychologist. These sessions provide a valued forum for members to reflect on the challenges of general practice, share experiences with colleagues, and strengthen peer support. The meetings remain well attended and are highly regarded by participants as a meaningful and enjoyable form of peer review.

The faculty's continued commitment to fostering connection and reflective practice has helped maintain a strong sense of engagement among local members and contributed positively to the professional wellbeing of the Whanganui general practice community.

MANAWATŪ

The Manawatū Faculty enjoyed a busy and engaging year, bringing members together through a range of educational, networking and social activities. Members gathered for the Faculty AGM and dinner in September, providing an opportunity to reconnect with colleagues, share Faculty updates and strengthen professional relationships across the region.

A key highlight was the Annual Manawatū Faculty General Practice Conference in Palmerston North in November. The well-attended event attracted more than 50 participants and featured a strong multidisciplinary programme, with presentations covering paediatrics, pain management, gastroenterology, orthopaedics and ENT. The conference offered valuable continuing professional development opportunities for local general practice teams and was supported by both members and non-members.

Throughout the year, the faculty maintained regular communication with members and celebrated local achievements, including recognising new Fellows and award recipients, reflecting its ongoing commitment to supporting and strengthening general practice across the Manawatū region.

WELLINGTON

Wellington Faculty enjoyed an active year of education, networking and member engagement, bringing GPs together through a diverse range of professional and collegial events. A standout occasion was the faculty's Matariki Celebration, hosted by then-President Dr Samantha Murton at her farm. The event provided a unique opportunity for members and whānau to come together, reflect on the significance of Matariki and strengthen connections within the general practice community.

The faculty also partnered with Evolution Healthcare to deliver two hands-on clinical workshops covering proctology, minor surgery and gynaecology, providing practical skills-based learning relevant to everyday general practice. The Faculty AGM, social events and networking opportunities throughout the year helped members stay connected, including a fun and relatable evening with Dr Lucy O'Hagan.

Another highlight was the Old Fellows, New Fellows Dinner, which celebrated Fellowship and brought together newly qualified and retiring Fellows. Through its ongoing commitment to professional development, collegiality and connection, Wellington Faculty continues to foster a strong and community across the region.

NELSON MARLBOROUGH

Nelson Marlborough Faculty had an active year focused on member engagement, governance, and strengthening connections across the region. A highlight was the Faculty Annual General Meeting held at St Arnaud in May, which brought members together for governance discussions, networking, and professional development, including an educational session presented by infectious diseases specialist Dr Richard Everts.

Throughout the year, the Nelson Marlborough team has encouraged participation and have ensured members remained connected with Faculty activities. The faculty was also part of the College's Community Hub pilot programme, contributing to the development and launch of the Nelson Marlborough Faculty Community Hub. The hub provides members with a dedicated online space to access CME resources, AGM minutes, Faculty information, event registrations, and important updates, helping to strengthen communication and engagement across the Nelson Marlborough region.

CANTERBURY

The Canterbury Faculty enjoyed a positive and productive year, with a strong focus on member engagement, professional connection, and collegial support. A highlight was the Canterbury Faculty AGM and Dinner held in Christchurch in November 2025, which attracted significant interest from members across the region. The event brought together members for an evening of networking, learning and celebration, featuring guest speaker Vui Suli Robert Tuitaupe, who spoke on health promotion, wellbeing and community leadership.

The Faculty also demonstrated its commitment to supporting access to continuing professional development by offering discounted registrations for members to attend GP25. To encourage interest in general practice among future doctors, the faculty provided complimentary GP25 registrations for medical students and again hosted the annual GP, Medical Student and Trainee Intern Evening, creating valuable opportunities for students to connect with experienced GPs and registrars and learn more about careers in general practice. The faculty also supported a successful pilot offering supervision groups for Canterbury GPEP2 registrars; seeking to help bridge the gap in support from GPEP1 to GPEP2, while also normalising supervision as being of value to GPs throughout their careers.

Throughout the year, the faculty worked to welcome new registrars, strengthen communication with members and promote faculty activities. These efforts reflect the faculty's ongoing commitment to supporting its members and fostering the future general practice workforce in Canterbury.

SOUTHLAND

Southland Faculty enjoyed a busy and successful year, bringing members together through a range of educational, networking and governance activities. CME events provided valuable opportunities for professional development, knowledge sharing and collegial connection, while the popular Te Anau Educational Weekend continued as a longstanding highlight of the faculty calendar, supporting high-quality learning in a rural setting.

The faculty remained committed to supporting members at all stages of their careers, promoting access to conference opportunities, providing financial support for registrars achieving Fellowship with a travel grant to help with the cost of attending the Fellowship Ceremony, and keeping members informed through regular communications throughout the year.

A focus has been on supporting the Southland general practice workforce. The faculty advocated for and promoted initiatives aimed at attracting, training and retaining GPs in the region, recognising the importance of a sustainable workforce to meet the health needs of Southland communities. We continued to support member education through our twice-yearly Collaborative CME evenings, providing a valuable opportunity for primary and secondary care colleagues in our region to engage with each other. Through these efforts, the faculty continued to foster a strong sense of community, celebrate member achievements, strengthen recruitment initiatives, and support the ongoing development of general practice across Southland.

OTAGO

Otago Faculty continued to provide a strong programme of professional development, member engagement and collegial connection throughout the year. In partnership with the University of Otago, the Faculty delivered a series of well-attended Continuing Medical Education (CME) events on clinically relevant topics including the Protection of Personal and Property Rights (PPPR) Act and capacity assessment, women's health and lichen sclerosus and supporting patients following weight-loss surgery. These sessions provided valuable learning opportunities for members across the region.

The faculty also maintained an active governance programme through regular executive and faculty meetings, culminating in the 2025 Annual General Meeting at the Otago Golf Club. Despite severe weather, power outages and challenging travel conditions affecting parts of the region, members showed their commitment to the faculty by attending in person where possible, while others joined via Zoom. Providing an opportunity for members to connect and discuss faculty and College priorities.

Throughout the year, the faculty continued to focus on delivering CME events, maintaining regular member communications and providing opportunities for GPs across Otago to learn, connect and stay engaged with the profession. The faculty remains committed to offering relevant educational opportunities and fostering strong professional connections for members across the region.

O tātou pekanga

Our Chapters and Division

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

Pacific Chapter

The Pacific Chapter had a significant and productive year, marked by strong advocacy, member engagement and leadership across the College. A major achievement was the successful motion at the RNZCGP AGM to establish a dedicated Pacific representative seat on the College Board, strengthening Pacific representation in College governance. The Chapter celebrated a record number of Pacific Fellows and award recipients at the Fellowship and Awards Ceremony and continued to recognise and support the achievements of Pacific GPs.

A highlight of the year was Pacific Health Day 2025, which brought together members, health professionals and community leaders to Auckland to explore Pacific health priorities and showcase Pacific leadership, research and innovation. The Chapter also fostered connections across the College through a joint social event with Te Akoranga a Māui and highlighted opportunities for mentoring, education, research and leadership development. Planning also commenced for a Wellington-based Pacific Health Day 2026, which will coincided with celebrations marking the Pacific Chapter's 10-year anniversary.

The Chapter supported initiatives to strengthen the Pacific GP workforce, including registrar scholarships, hardship funding, governance training opportunities, and efforts to encourage greater participation from registrars and medical students. Further opportunities are being explored to improve communication and engagement with members, ensuring the Chapter remains connected and responsive to its growing membership.

Photo right:
Dr Hirara Nielsen (right) with intern.

Division of Rural Hospital Medicine Chapter

The Division of Rural Hospital Medicine (DRHM) Chapter remained active throughout the year, supporting rural hospital doctors and registrars through governance, professional development, workforce initiatives and regular member communications. Members were kept informed about College awards, rural-specific award nominations, the Rural Hospital Locum Service and other professional development opportunities. The Chapter also provided governance oversight of key strategic initiatives to support the future development of rural hospital medicine training in Aotearoa New Zealand, including curriculum review, fellowship standards, and accreditation of training sites.

The Chapter completed its annual governance activities, including the AGM and executive nominations, while maintaining strong engagement through The No. 8 Wire newsletter, which provided regular updates on Chapter activities, workforce issues and member achievements.

The DRHM Chapter was one of the early groups to pilot the College's new online Community hub. The community hub provides members with a dedicated space to connect with colleagues, share resources, access AGM materials and continue discussions between meetings and events.

The successful introduction of the online community, alongside regular communications, has strengthened connections across the rural hospital medicine workforce and enhanced opportunities for members to engage with the Chapter and one another throughout Aotearoa.

Photo left:
Dr Andrew Riddell (middle) receiving his Division of Rural Hospital Medicine Fellowship from College President Dr Luke Bradford (left) and Division of Rural Hospital Medicine Chair Dr Andrew Laurenson.

Registrars' and Affiliates' Chapter

The Registrars' and Affiliates' Chapter had a significant year focused on advocacy, representation, governance, and supporting registrars across Aotearoa. A major milestone was achieved at the Chapter AGM during GP25, where members approved a motion to provide registrar representation on the College Board, strengthening the registrar voice in College governance. The Chapter also welcomed the Government's increased investment in GP training, which resulted in the removal of learning fees for registrars, a positive outcome reflecting sustained advocacy efforts.

Throughout the year, the executive maintained regular engagement with registrars through newsletters, surveys, meetings and advocacy activities. The Chapter encouraged participation in governance and leadership opportunities, promoted initiatives such as the Medical Council's Torohia training survey, and provided feedback on key issues affecting training and workforce development, including the proposed Primary Care Pathway.

Registrars were supported with guidance on training requirements, supervision expectations, learning fee refunds and professional development opportunities. Regular executive meetings and ongoing engagement with College leadership ensured registrars remained informed, represented and connected during a period of significant change for general practice training.

Rural General Practitioners' Chapter

The Rural General Practitioners' Chapter had an active year supporting rural doctors through advocacy, education and workforce development. The Chapter maintained strong member engagement through regular communications and newsletters covering rural health updates, workforce initiatives, educational opportunities and member achievements.

A significant focus was the development of the proposed Rural GP Training Pathway, with the Chapter contributing rural perspectives to training, supervision and accreditation discussions. This work aims to strengthen recruitment and retention in rural communities and better support future rural practitioners.

The Chapter continued its commitment to growing the rural workforce pipeline by promoting the Rural Medical Immersion Programme, Community Contact Week and other rural medical student initiatives. Support was also provided for wilderness medicine weekends and student-led activities that encouraged interest in rural practice.

Members were supported to attend the National Rural Health Conference through discounted registrations. The year also celebrated the achievements of rural doctors and reinforced the Chapter's advocacy role alongside partners such as Hauora Taiwhenua Rural Health Network, helping strengthen rural general practice across Aotearoa New Zealand.

Photo above:
From left to right: Dr Maryann Heather, Dr Luke Bradford, Dr Jason Tuhoe, Dr Glenn Doherty, Dr Aniva Lawrence, Dr Juliet Walker, Dr Andrew Webster.

He whakamānawa

Celebrating our College award recipients

A highlight of the year is the presentation of awards at the Fellowship and Awards ceremony, which was held after GP25: Conference for General Practice in Ōtautahi Christchurch. Congratulations to all of the 2025 award recipients.

Distinguished Fellowship

Dr Glenn Doherty
Dr Juliet Walker
Dr Andrew Webster
Dr Aniva Lawrence
Dr Jason Tuhoe

President's Service Medal

Dr Andrew Corin
Dr Maryann Heather
Dr Bryce Kihirini
Dr Linda Pirrit

Community Service Medal

Dr Sarah Callaghan
Dr Christine Coulter
Dr Brendon Eade
Dr Rachel Inder
Dr Jonathan Kennedy
Dr Monica Liva
Dr Samuel Mayhew
Dr Raewyn Paku
Dr Sara Simmons
Dr Juliet Tay
Dr Shelley Louw
Dr Maia Melbourne-Wilcox

Dr Amjad Hamid Medal

Dr Madeline Carpenter and Dr Bronwyn Kjestrup

Humphrey Rainey Award

Dr Charlotte Trevella

Eric Elder Medal

Dr Margaret Fielding

James Reid Award

Dr Robyn Carey

Ngā whakahaere toitū
me te mana whakahaere

Sustainable operations and governance

Photo:
Dr Jenny Linsell.

TE KĀPEHU WHETŪ

Te Kāpehu Whetū is a multiyear programme modernising the College's systems and ways of working to better support members and deliver high quality training. The programme focuses on simplifying how people interact with College systems, reducing manual effort and improving the reliability of information that underpins education, training and oversight.

Over the past year, Te Kāpehu Whetū has delivered steady and phased progress. For 2026 GPEP year 1 and Rural Hospital Medicine registrars, key programme information is now in one place, providing clearer visibility of progress, requirements and upcoming milestones. Educators and assessors benefit from more consistent access to registrar information and clearer processes, supporting timely and informed engagement.

For the College, increased automation and clearer data flows are strengthening programme oversight and reducing operational risk. Together, these changes are shifting effort away from administration and towards learning, teaching and effective oversight, supporting the College's strategic commitment to a sustainable, future ready training system to support registrar success.

OUR FINANCIAL POSITION

The annual reporting period (1 April 2025 to 31 January 2026) reflected steady financial stewardship, with a continued focus on delivering value for members while maintaining resilience to achieve a break-even position.

Overall, financial performance remained sound, with revenues broadly in line with expectations and underpinned by stable core income streams. Inflation has slowed and persisting cost pressures were largely absorbed through disciplined budget management, prioritisation of spend and targeted efficiency initiatives.

The College continues to invest deliberately in capability-building and infrastructure to support long-term organisational strategy, while maintaining strong liquidity and balance sheet strength. Financial controls, forecasting accuracy and risk management processes were further strengthened during the year, supporting effective decisionmaking by management and the Board.

GOVERNANCE REVIEW

The College undertook a comprehensive review of its Governance Framework in 2025. The review confirmed that the current structure remains fundamentally fit for purpose, while identifying opportunities to strengthen effectiveness, particularly in clarifying roles, enhancing collaboration between governance bodies and ensuring equitable resource allocation.

One of the actions from the review was to strengthen the National Advisory Council's (NAC's) role and relationship with the Board, including the standardisation of terms of reference and policies and procedures. The Chair tenure has increased to two years to provide continuity and a Board 'deep dive' with Chapters in conjunction with the NAC is also embedded. These changes support a skills-based Board with active NAC involvement for member voice and engagement.

The review also highlighted the importance of collective responsibility in upholding the College's commitment to Te Tiriti o Waitangi.

EMPLOYEE ENGAGEMENT

In 2025, the College continued to monitor employee engagement and change readiness through the annual People and Change Benchmark Survey. With an 84% participation rate, the survey showed improvement across all people-related measures compared with 2024, including collaboration, change readiness and overall employee engagement. The survey also identified opportunities to strengthen support for change across the organisation. This feedback is helping inform ongoing work to support our people and ensure the College continues to serve members effectively as it grows.

Tautika

Equity

Tangata whenua

RELATIONSHIPS WITH HAUORA MĀORI PROVIDERS, MANA WHENUA, IWI, MĀORI COMMUNITIES

At a strategic level, the College's whakawhanaungatanga approach is reflected in formal reporting and planning, including documented engagement with mana whenua for GP26: Conference for General Practice, partnerships with Health New Zealand Hauora Māori services, and the initiation of whanaungatanga with hauora Māori leaders and Iwi Māori Partnership Boards to support our Hauora Māori noho marae delivery. Relationships with Te Oranga and Te ORA are recognised as part of the College's wider hauora Māori network, including engagement through sponsorship, workforce and leadership connections.

At an operational level, the College's Quality Programmes support assurance of quality, safety and equitable delivery of care through the certification and accreditation of general practices, including Hauora Māori providers and practices serving Māori communities.

Our approach to whakawhanaungatanga is reflected primarily through engagement with Tokorima, Te Akoranga a Māui and the College's internal Equity team, providing a strong advisory and relational pathway for Māori health and equity. Māori perspectives are embedded through structured co-design and engagement with representatives from Hauora Māori providers. This enables the integration of Te Tiriti o Waitangi principles, cultural safety, and equity into the Foundation Standard and the Cornerstone modules, ensuring that development is grounded in Māori perspectives and supports improved health outcomes for Māori.

Ngā Iwi o Te Moananui-a-Kiwa

Pacific Peoples

HAUORA MĀORI NOHO MARAE EXPERIENCE FOR GPEP YEAR 1 REGISTRARS

The Learning and Equity teams partnered to successfully deliver the Hauora Māori Noho Marae for GPEP year 1 registrars in early 2026. Through noho marae, registrars gained firsthand experience of tikanga (customs) and mātauranga Māori (Māori knowledge) in a marae setting, participated in a pōwhiri (formal welcome), hākari (sharing of a meal) and poroporoaki (farewell). Registrars also heard from mana whenua (people belonging to the area) who generously shared local Hauora Māori aspirations in the context of primary care, including some of their various mahi among our communities.

The noho enabled registrars, educators and kaimahi to wānanga (learn) about Hauora Māori, Māori models of health, equity and cultural safety and to begin to apply these learnings to general practice.

The Hauora Māori Noho Marae were held across four urban centres at Te Māhurehure Marae in Auckland, Ngā Hau e Whā National Marae in Christchurch, Te Pā: Ko Te Tangata Marae in Hamilton and Takapūwāhia Marae in Porirua.

PACIFIC HEALTH DAY

In partnership with the Equity and Marketing and Engagement teams, the Pacific Chapter delivered an inspiring and culturally rich event that celebrated Pacific health leadership and innovation, alongside learning, connection, and community. The day opened with a warm welcome from Chair Dr Alvin Mitikulena, followed by a traditional kava ceremony and prayer led by the Auckland Fiji Catholic Community and Dr Leone Vadei. Professor Steve Ratuva's keynote on Pacific leadership in health set the tone for a diverse programme of clinical and community-focused presentations. Pacific health professionals shared insights across key areas, including musculoskeletal health, ophthalmology, community engagement, pain management, pharmacy, physiotherapy and health care equity.

COLLEGE RELATIONSHIP WITH THE PACIFIC CHAPTER

The Pacific Chapter continues to play an important role in strengthening the College's connection with Pacific members and communities.

The College has continued to work in close partnership with the Pacific Chapter, with the relationship evolving to enable more active and intentional support for Chapter-led priorities and activities. This includes collaboration on key initiatives such as the Pacific Medical Specialist Pilot Funding and strengthened support for the planning and delivery of Pacific Health Day 2026.

Through cultural leadership, pastoral support and member engagement, the Pacific Chapter remains central to supporting Pacific member success and workforce development, in line with the College's Rautaki and commitment to improving equity and health outcomes for Pacific peoples.

TE WHATU ORA PACIFIC MEDICAL WORKFORCE PILOT FUNDING

The Pacific Medical Specialist Pilot Funding supports the College's work to grow and strengthen the Pacific general practice and rural hospital medicine workforce. The pilot responds to long-recognised financial and wellbeing pressures that can affect Pacific medical students, Registrars and Fellows at key points in their training and careers.

Delivered in partnership with the Pacific Chapter and Equity team, the pilot includes five initiatives. These provide financial support for Pacific registrars experiencing hardship, scholarships to help meet training-related costs, and sponsorship support for Pacific medical students to engage early with the College and Pacific GP community. The pilot also supports the growth of the Pacific Medical Educator workforce through targeted top-up funding and includes a one-off wellbeing initiative to support Pacific registrars preparing for final examinations.

Together, these initiatives aim to support progression, connection and sustainability across the Pacific medical workforce.

Ngā hapori tuawhenua

Rural communities

PARTNERED WITH HAUORA TAIWHENUA RURAL HEALTH NETWORK FOR WONCA WORLD RURAL HEALTH CONFERENCE

The College endorsed Hauora Taiwhenua Rural Health Network's successful bid to host the 21st WONCA World Rural Health Conference in Aotearoa New Zealand. As the national medical college responsible for education and training standards for family doctors, the College supported the bid in recognition of Hauora Taiwhenua's leadership, expertise and longstanding commitment to rural health and wellbeing. Hosting the conference in Aotearoa provided an opportunity to showcase indigenous leadership, rural innovation and community-based models of care to an international audience. The conference was held in Whanganui-a-Tara Wellington in April 2026 and aligns closely with the College's strategic focus on rural communities, workforce sustainability and equity in health care.

HAUORA TAIWHENUA RURAL HEALTH NETWORK CONFERENCE

The College was proud to be part of the National Rural Health Conference hosted by Hauora Taiwhenua in Ōtautahi Christchurch in May 2025 which brought together leaders, practitioners and trainees committed to strengthening rural health outcomes across Aotearoa.

College staff attended to engage with members, support the Rural General Practitioner Chapter and Division of Rural Hospital Medicine AGMs and encourage attendees to consider applying to the General Practice Education Programme and the Rural Hospital Medicine Training Programme. The Rural Registrar Meeting Day was a highlight with strong attendance and engagement throughout.

College President Dr Samantha Murton attended the conference and spoke on a panel about the opportunities and barriers in leveraging new technologies to support rural training.

RURAL ENDORSEMENT PATHWAY

The College continued work on the Rural Endorsement Elective, progressing phase three with a focus on developing a clear and credible educational framework to support doctors training for rural general practice.

This phase concentrated on defining the academic, clinical and support components required for a quality assured rural endorsement, informed by working group and sector input. Key areas of development included postgraduate academic requirements, rural general practice experience, emergency and resuscitation capability and structured mentorship and support.

Equity considerations were embedded throughout the framework, with particular attention to access, workforce sustainability and improving outcomes for rural and rural Māori communities. This work was progressed through the General Practice Education Programme (GPEP) governance processes and provides a foundation for future implementation planning once funding considerations are addressed.

Photo below: Dr Yan Wong.

Pūrongo ahumoni take whānui

General purpose financial report

Directory

For the 10-month period ended 31 January 2026

Nature of Business

Provide advice, information and advocacy, act as an umbrella and a resource body.

Education delivery and development of Quality Standards.

Business address

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

Postal address

PO Box 10440, Wellington 6143

IRD number

023-994-275

IRD Status

Registered charity, exempt from income tax

Board Members

Luke Bradford
Jason Kohamutunga Tuhoe
Michael Crawford
Caroline Christie
Karl Cole
Kiriana Bird
Melanie Wi Repa

Registered office

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

NZBN Number

9429042800927

Date of Incorporation

13 August 1973

Registered Charity no

CC37545

Auditor

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

Bankers

Australia and New Zealand Banking Group Limited (ANZ)

Solicitors

Buddle Findlay, PO Box 2694 Wellington 6140

Independent Auditor's Report

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

OPINION

We have audited the general purpose financial report of The Royal New Zealand College of General Practitioners (the "College"), which comprises the financial statements on pages 34 to 44, and the statement of service performance on page 45. The complete set of financial statements comprise the statement of financial position as at 31 January 2026, the statement of comprehensive revenue and expense, statement of changes in net assets/equity, statement of cash flows for the period then ended, and notes to the financial statements, including a summary of significant accounting policies.

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

> the financial position of the College as at 31 January 2026, and its financial performance, and its cash flows for the period then ended; and
>
> the statement of service performance for the period ended 31 January 2026, in that the service performance information is appropriate and meaningful and prepared in accordance with the College's measurement bases or evaluation methods,

in accordance with Public Benefit Entity Standards ("PBE Standards") issued by the New Zealand Accounting Standards Board.

BASIS FOR OPINION

We conducted our audit of the financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the statement of service performance in accordance with the ISAs (NZ) and New Zealand Auditing Standard 1 (NZ AS 1) (Revised) The Audit of Service Performance Information (NZ).

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

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

OTHER INFORMATION

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

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

In connection with our audit of the statement of service performance and financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the statement of service performance and the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

THE BOARD'S RESPONSIBILITIES FOR THE GENERAL PURPOSE FINANCIAL REPORT

The Board are responsible on behalf of the College for:

a. the preparation and fair presentation of the financial statements and statement of service performance in accordance with PBE Standards;

b. the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present a statement of service performance that is appropriate and meaningful in accordance with PBE Standards;

c. the preparation and fair presentation of the statement of service performance in accordance with the College's measurement bases or evaluation methods, in accordance with PBE Standards;

d. the overall presentation, structure and content of the statement of service performance in accordance with PBE Standards; and

e. such internal control as the Board determine is necessary to enable the preparation of the financial statements and statement of service performance that are free from material misstatement, whether due to fraud or error.

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole, and the statement of service performance are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at

https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/auditreport-14-1/

This description forms part of our auditor's report.

WHO WE REPORT TO

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

BDO Wellington Audit Limited

BDO WELLINGTON AUDIT LIMITED
Wellington
New Zealand
18 May 2026

The Royal New Zealand College of General Practitioners

Statement of Comprehensive Revenue and Expenses

for the 10-month period ended 31 January 2026

	NOTES	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
REVENUE FROM NON-EXCHANGE TRANSACTIONS			
Government funding of GPEP Programme		23,212	28,352
REVENUE FROM EXCHANGE TRANSACTIONS			
Membership Fees		4,317	5,918
Learning Programme Fees		1,747	4,225
Finance revenue	*1*	827	965
Faculties' and Chapters' revenue	*2*	483	557
Other revenue	*3*	931	976
Total revenue		**31,517**	**40,993**
EXPENSES			
Employment expenses – Registrars	*4*	(9,746)	(15,407)
Employment expenses – College staff	*4*	(7,395)	(9,036)
Educators and other contractors		(7,742)	(10,251)
ICT costs		(1,186)	(1,337)
Travel and accommodation		(608)	(785)
Occupancy		(739)	(818)
Faculties' and Chapters' expenses	*2*	(605)	(684)
Other operating expenses	*5*	(2,366)	(3,595)
Total expenses		**(30,387)**	**(41,913)**
Surplus or (Deficit) for the period		**1,130**	**(920)**

The accompanying notes on pages 38 to 44 and the accounting policies on page 36 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners

Statement of changes in net assets/equity

for the 10-month period ended 31 January 2026

	NOTES	TOTAL ($000)
Opening balance at 1 April 2024		10,968
Total Comprehensive revenue and expenses		(920)
Members' funds at 31 March 2025	*12*	**10,046**
Total Comprehensive revenue and expenses		1,130
Members' funds at 31 January 2026	*12*	**11,176**

The accompanying notes on pages 38 to 44 and the accounting policies on page 36 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners

Statement of Financial Position

As at 31 January 2026

	NOTES	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
CURRENT ASSETS			
Cash and cash equivalents	*6*	4,238	6,145
Short term deposits	*7*	5,650	1,840
Receivables		547	367
Tax receivable		193	102
Prepayments		434	374
		11,062	**8,828**
NON CURRENT ASSETS			
Managed funds	*8*	8,368	7,840
Plant and equipment	*9*	194	137
Intangible assets	*10*	47	205
		8,609	**8,182**
TOTAL ASSETS		**19,671**	**17,011**
CURRENT LIABILITIES			
Payables		2,055	994
Employee entitlements		524	936
Government funding of GPEP Programme repayable		2,082	1,224
Revenue in advance	*11*	3,834	3,811
		8,495	**6,965**
TOTAL LIABILITIES		**8,495**	**6,965**
NET ASSETS		**11,176**	**10,046**
TOTAL MEMBERS' FUNDS	*12*	**11,176**	**10,046**

These financial statements were approved for issue by the Board on 13 May 2026.

Dr Luke Bradford
President

Michael Crawford
Chair – Audit and Risk Committee

The accompanying notes on pages 38 to 44 and the accounting policies on page 36 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners

Statement of Cash Flows

For the 10-month period ended 31 January 2026

	NOTES	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
CASH FLOWS FROM OPERATING ACTIVITIES			
SURPLUS OR (DEFICIT)		1,130	(920)
Add/(deduct) Non-cash movements			
Depreciation		235	355
Managed funds asset management fee		47	57
Managed funds unrealised gain on investments		(574)	(575)
Add/(deduct) movements in working capital items			
Trade and other payables		1,919	(373)
Employee benefits		(412)	108
Revenue in advance		23	(534)
Trade and other receivables		(331)	1,188
Net cash flows (used in)/from operating activities		**2,037**	**(694)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment	*9*	(134)	(70)
Purchase of intangible assets	*10*	-	(20)
Managed funds withdrawal	*8*	-	747
Deposits of funds into term deposits		(10,654)	(4,212)
Matured term deposits		6,844	6,160
Net cash flows (used in)/from investing activities		**(3,944)**	**2,605**
Net decrease in cash and cash equivalents		**(1,907)**	**1,911**
Cash and cash equivalents at beginning of year		6,145	4,232
Cash and cash equivalents at end of year	*6*	**4,238**	**6,145**

The accompanying notes on pages 38 to 44 and the accounting policies on page 36 are to be read in conjunction with these financial statements.

The Royal New Zealand College of General Practitioners

Statement of Accounting Policies

For the 10-month period ended 31 January 2026

REPORTING ENTITIES

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

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

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

STATEMENT OF COMPLIANCE

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

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

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

The financial statements were authorised for issue by the Board on 13 May 2026.

CHANGES IN ACCOUNTING POLICY

For the year ended 31 January 2026, there have been no changes to accounting policies.

SPECIFIC ACCOUNTING POLICIES

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

A. BASIS OF PREPARATION

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

B. FINANCE INCOME

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

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

C. FINANCIAL INSTRUMENTS

Financial assets and liabilities are recognised on the College's Statement of Financial Position when the College becomes a party to the contractual provisions of the instrument. The College shall offset financial assets and financial liabilities if the College has a legally enforceable right to set off recognised amounts and interest and intend to settle on a net basis. Financial assets are classed as either amortised cost or financial assets at fair value through surplus or deficit.

(i) Managed funds

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

(ii) Receivables

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

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

(iii) Cash and cash equivalents

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

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

(iv) Short Term deposits

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

(v) Accounts payable

Trade and other payables represent the liabilities for goods and services provided to the College prior to the end of the financial year that are unpaid. These amounts are usually settled within 30 days, are non-interest bearing and are initially recognised at their fair value and subsequently at amortised cost.

(vi) Fair value of financial instruments

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

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

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

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

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

All financial instruments recognised on the College's Statement of Financial Position at fair value are within Level 2 of the valuation methodology hierarchy on the basis that the fair value is determined with reference to prices which are observable, but not directly quoted given the fund is unitised. There have been no transfers between Level 1 and Level 2 of the fair value hierarchy during the year ended 31 January 26 (2025: Nil).

D. PLANT AND EQUIPMENT

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

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

E. DEPRECIATION

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

Office Equipment	3 - 10 years
Furniture & Fittings	3 - 10 years
Computer Equipment	2 - 3 years

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

F. INTANGIBLE ASSETS

Software are finite life intangibles and are recorded at cost less accumulated amortisation and impairment. Amortisation of intangible assets is charged on a straight line basis over their estimated useful lives of 2 - 6 years. The estimated useful lives are reviewed at the end of each reporting period.

G. IMPAIRMENT

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

H. TAXATION

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

I. GOODS AND SERVICES TAX (GST)

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

J. LEASES

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

K. EMPLOYEE ENTITLEMENTS

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

L REVENUE RECOGNITION

The College derives revenue from both exchange and non-exchange transactions.

Government funding received in relation to the General Practice Education Programme (GPEP) and other funded initiatives where the College receives value from the Government without directly giving approximately equal value in exchange, is classified as non-exchange revenue in accordance with PBE IPSAS 23 – Non-Exchange Transactions.

All other revenue is classified as exchange revenue in accordance with PBEIPSAS9–Revenue from Exchange Transactions as it arises from transactions in which the College provides goods or services to external parties in return for consideration of approximately equal value.

Revenue is recognised on the following bases:

(i) Membership fees

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

(ii) Government funding contracts non-exchange revenue

Government funding contracts revenue, including GPEP revenue, is recognised by reference to the stage of completion of service by the College. Amounts received in advance of the service being provided are deferred and recognised as Revenue in Advance.

Where any amount is repayable under the terms of the GPEP contract at balance date, it is recognised as a liability "Government funding of GPEP Programme repayable"

This funding is recognised in accordance with PBE IPSAS 23 – Non-Exchange Transactions, when the criteria for recognition are met and any conditions attached to the funding have been satisfied.

(iii) Fee revenue

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

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

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

Examination fee revenue is recognised upon completion of the examinations.

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

(iv) Interest income

Interest income is recognised using the effective interest method.

M. CASH FLOWS

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

(i) Operating activities

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

(ii) Investing activities

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

(iii) Cash and cash equivalents

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

N SIGNIFICANT JUDGEMENT AND ESTIMATES

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

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

O. STANDARDS ISSUED NOT YET EFFECTIVE

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

Comparative Figures

During the current reporting period, the Charity changed its financial year end from 31 March to 31 January. This change was made to align the Charity's financial reporting period with the Health New Zealand academic year for General Practice Education Programme (GPEP) registrars, improving alignment between financial reporting, funding arrangements, and programme delivery.

As a result of this change, the financial statements for the current period cover a 10-month period from 1 April 2025 to 31 January 2026, while the comparative financial statements cover a 12-month period from 1 April 2024 to 31 March 2025.

Accordingly, the comparative information presented in the Statement of Financial Performance, Statement of Cash Flows, and related notes is not entirely comparable with the current period due to the difference in the length of the reporting periods. Users of the financial statements should exercise caution when comparing financial performance, cash flows, and other trends between periods.

Accounting policies have been applied consistently across both periods, and comparative information has not been restated, as the lack of comparability arises solely from the change in balance date.

The Royal New Zealand College of General Practitioners

Notes to the Financial Statements

For the 10-month period ended 31 January 2026

1. Finance Revenue

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Interest	253	390
Gain/(Loss) on managed funds held at fair value	574	575
Total finance revenue	**827**	**965**

2. Faculties' and Chapters' Revenue and Expenses

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

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

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

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Membership levies	365	404
Interest income	68	110
Sundry income	50	43
Total Faculties' and Chapters' revenue	**483**	**557**

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

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

	2026			2025		
	REVENUE ($000)	EXPENSES ($000)	SURPLUS/ (DEFICIT) ($000)	REVENUE ($000)	EXPENSES ($000)	SURPLUS/ (DEFICIT) ($000)
Auckland Faculty	97	142	(45)	133	116	17
Northland Faculty	19	27	(8)	23	45	(22)
Wellington Faculty	34	13	21	47	48	(1)
Hawke's Bay Faculty	10	16	(6)	12	19	(7)
Nelson/Marlborough Faculty	12	2	10	17	2	15
Whanganui Faculty	3	6	(3)	4	8	(4)
Taranaki Faculty	9	14	(5)	13	7	6
Manawatū Faculty	9	10	(1)	12	11	1
Canterbury Faculty	36	47	(11)	50	68	(18)
Waikato/Bay of Plenty Faculty	47	79	(32)	68	83	(15)
Tairāwhiti Faculty	3	7	(4)	5	4	1
Otago Faculty	28	28	-	27	46	(19)
Southland Faculty	17	16	1	29	16	13
Te Akoranga a Māui	65	65	-	43	60	(17)
Pacific Chapter	37	27	10	33	39	(6)
Rural General Practitioners' Chapter	18	34	(16)	23	23	-
Division of Rural Hospital Medicine Chapter	76	58	18	91	67	24
Registrar and Associates in Practice Chapter	20	14	6	17	22	(5)
Total including College Contribution	**540**	**605**	**(65)**	**647**	**684**	**(37)**
Less College contributions	(57)	-	(57)	(90)	-	(90)
Net Revenue and Expenses	**483**	**605**	**(122)**	**557**	**684**	**(127)**

3. Other Revenue

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Event and other income	931	976
Total other revenue	**931**	**976**

4. Employment Expenses

Registrars	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Salaries and wages	8,906	13,456
Contribution to superannuation schemes	468	655
Other employment related expenses	372	1,296
Total employment expenses – Registrars	**9,746**	**15,407**
College staff		
Salaries and wages	6,865	8,387
Contribution to superannuation schemes	196	231
Other employment related expenses	334	418
Total employment expenses – College staff	**7,395**	**9,036**

5. Other Operating Expenses

	NOTES	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Conferences and seminars		662	994
Venues for education delivery		445	560
Office running costs		163	421
Directors' and ex Officios' fees	*16*	318	371
Accounting, taxation and legal		100	322
Amortisation of intangibles	*10*	158	263
Other committee fees		117	120
Education related expenses		18	105
Depreciation of plant and equipment	*9*	77	92
Information delivery		67	85
Marketing and advertising		48	66
Audit fees – external		47	63
Asset management fee		47	57
Research grants		47	42
Sponsorship		52	34
Total other operating expenses		**2,366**	**3,595**

6. Cash and Cash Equivalents

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Cash at bank and in hand	4,238	6,145
Short-term deposits *(with an original maturity of less than 3 months)*	-	-
Total cash and cash equivalents	**4,238**	**6,145**

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

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

7. Short Term Deposits

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Short-term deposits *(with an original maturity of more than 3 months)*	5,650	1,840
Total short term deposits	**5,650**	**1,840**

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

Deposits are with Registered Banks for terms between 153 and 365 days, at interest rates between 3.15% and 3.95%.

8. Managed Funds

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
Opening balance at the beginning of financial year	7,840	8,069
Asset Management Fees	(47)	(57)
Unrealised gain	574	575
Withdrawal for strategic initiatives	-	(747)
Closing balance at balance date	**8,368**	**7,840**

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

It is acknowledged that investment funds support the College in achieving its strategic goal of being a contemporary and sustainable organisation. Managed funds are re-classified as non-current assets as the Board does not intend to withdraw from the managed funds in the next financial year.

9. Plant and Equipment

Movements for plant and equipment are as follows:

2026	OFFICE EQUIPMENT ($000)	FURNITURE AND FITTINGS ($000)	COMPUTER EQUIPMENT ($000)	TOTAL ($000)
COST				
Balance at 1 April 2025	123	586	689	1,398
Additions	-	-	134	134
Disposals	-	-	(89)	(89)
Balance at 31 January 2026	**123**	**586**	**734**	**1,443**
ACCUMULATED DEPRECIATION				
Balance at 1 April 2025	102	568	591	1,261
Depreciation expense	9	7	61	77
Disposals	-	-	(89)	(89)
Balance at 31 January 2026	**111**	**575**	**563**	**1,249**
Net Book Value at 31 January 2026	**12**	**11**	**171**	**194**

During the period, the College acquired property, plant and equipment with an aggregate cost of $134k, by means of purchase.

2025	OFFICE EQUIPMENT ($000)	FURNITURE AND FITTINGS ($000)	COMPUTER EQUIPMENT ($000)	TOTAL ($000)
COST				
Balance at 1 April 2024	123	584	688	1,395
Additions	(0)	9	61	70
Disposals	-	(7)	(60)	(67)
Balance at 31 March 2025	**123**	**586**	**689**	**1,398**
ACCUMULATED DEPRECIATION				
Balance at 1 April 2024	91	562	583	1,236
Depreciation expense	11	13	68	92
Disposals	-	(7)	(60)	(67)
Balance at 31 March 2025	**102**	**568**	**591**	**1,261**
Net Book Value at 31 March 2025	**21**	**18**	**98**	**137**

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

10. Intangible Assets

Movements for intangible assets are as follows:

2026	ASSETS UNDER CONSTRUCTION ($000)	COMPUTER SOFTWARE ($000)	OTHER INTANGIBLES ($000)	TOTAL ($000)
COST				
Balance at 1 April 2025	-	1,576	42	1,618
Additions	-	-	-	-
Transfer	-	-	-	-
Disposals	-	-	-	-
Balance at 31 January 2026	**-**	**1,576**	**42**	**1,618**
ACCUMULATED DEPRECIATION				
Balance at 1 April 2025	-	1,409	4	1,413
Amortisation expense	-	152	6	158
Disposals	-	-	-	-
Balance at 31 January 2026	**-**	**1,561**	**10**	**1,571**
Net Book Value at 31 January 2026	**-**	**15**	**32**	**47**

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

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

11. Revenue in Advance

	2026 ($000)	2025 ($000)
Ministry of Health contract revenue	2,332	3,216
Fellowship assessments fees	119	74
GPEP2/3 programme	-	51
Membership Fees in advance	1,088	-
Other fees in advance	295	470
Total revenue in advance	**3,834**	**3,811**
Current	3,834	3,811
Total revenue in advance	**3,834**	**3,811**

12. Members' Accumulated Funds

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

	COLLEGE ($000)	FACULTIES' & CHAPTERS' ($000)	TOTAL ($000)
Opening balance at 1 April 2024	8,898	2,070	10,968
Total Comprehensive revenue and expenses	(883)	(37)	(920)
Members' funds at 31 March 2025	**8,015**	**2,033**	**10,046**
Total Comprehensive revenue and expenses	1,195	(65)	1,130
Members' funds at 31 January 2026	**9,209**	**1,967**	**11,176**

	2026 ($000)	2025 ($000)
Total Members' Funds in the statement of financial position	**11,176**	**10,046**

Strategic Reserve – Subsequent Event (non-adjusting)

Subsequent to balance date, at its March 2026 meeting, the Board resolved to establish a Strategic Reserve from accumulated operating surpluses. The purpose of the reserve is to designate funding for future strategic initiatives approved by the Board.

The establishment of the Strategic Reserve represents a Board designation of equity and will result in a reclassification within Members' Funds in a future reporting period. This reclassification will not affect total equity and does not give rise to any present obligation at balance date.

12. Members' Accumulated Funds *(cont'd)*

Faculties' and Chapters' Accumulated Funds

	2026		2025	
	FUNDS ($000)	SURPLUS/ (DEFICIT) ($000)	FUNDS ($000)	SURPLUS/ (DEFICIT) ($000)
Auckland Faculty	347	(45)	391	17
Northland Faculty	74	(8)	83	(22)
Waikato/Bay of Plenty Faculty	267	(32)	297	(15)
Tairāwhiti Faculty	15	(4)	20	1
Wellington Faculty	183	21	161	(1)
Hawke's Bay Faculty	40	(6)	46	(7)
Nelson/Marlborough Faculty	73	10	63	15
Taranaki Faculty	99	(5)	104	6
Whanganui Faculty	24	(3)	27	(4)
Manawatū Faculty	77	(1)	78	1
Canterbury Faculty	62	(11)	74	(18)
Otago Faculty	83	-	83	(19)
Southland Faculty	79	1	78	13
Pacific Chapter	40	10	31	(6)
Te Akoranga a Māui	1	-	1	(17)
Rural General Practitioners' Chapter	74	(16)	89	-
Division of Rural Hospital Medicine Chapter	419	18	401	24
Registrar and Associates in Practice Chapter	11	6	6	(5)
	1,968	**(65)**	**2,033**	**(37)**

13. Operating Lease Commitments

Non-cancellable operating lease rentals are payable as follows:

	2026 ($000)	2025 ($000)
No later than one year	683	683
More than one year less than 5 years	2,479	2,732
More than 5 years	-	285

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

14. Financial Instruments

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

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

All of the College's financial instruments are unhedged.

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

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

FAIR VALUE

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

LIQUIDITY RISK

Liquidity risk is the risk that, at any time, the College may not have sufficient funds to settle a liability on the due date.

The College manages liquidity risk by maintaining adequate cash reserves and by continuously.

CREDIT RISK

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

INTEREST RATE RISK

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

EQUITY PRICE RISK

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

14. Financial Instruments *(cont'd)*

CURRENCY RISK

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

SENSITIVITY ANALYSIS

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

	Interest Rate			Exchange Rate			Market Rate		
	SENSITIVITY	2026 ($000)	2025 ($000)	SENSITIVITY	2026 ($000)	2025 ($000)	SENSITIVITY	2026 ($000)	2025 ($000)
Impact on profit	+/- 50bps	65	54	+/- 5%	282	224	+/- 10%	835	784

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 $65,000 (2025: $54,000). 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 $282,000 (2025: $224,000).

EXPLANATION OF SENSITIVITY ANALYSIS - MARKET RATES

The College held assets with exposure to equity price risk in investments held in its managed fund. A movement in the value of the managed fund of plus or minus 10% would result in a movement of $835,000 (2025: $784,000).

14. Financial Instruments *(cont'd)*

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

Balance at 31 March 2026 ($000)	Financial Assets		Financial Liabilities		
	FAIR VALUE THROUGH SURPLUS & DEFICIT	AMORTISED COST	AMORTISED COST	TOTAL AS AT 31 JANUARY 2026	LEVEL OF FAIR VALUE HIERARCHY
Subsequently measured at fair value					
SECURITIES					
Managed Fund	8,368	-	-	**8,368**	2
Subsequently not measured at fair value					
Cash and cash equivalents *(assets)*	-	4,238	-	**4,238**	
Short Term Deposits	-	5,650	-	**5,650**	
Receivables	-	547	-	**547**	
Payables	-	-	(2,055)	**(2,055)**	
	8,368	**10,435**	**(2,055)**	**16,748**	

Balance at 31 March 2025 ($000)	Financial Assets		Financial Liabilities		
	FAIR VALUE	LOANS AND RECEIVABLES	AMORTISED COST	TOTAL AS AT 31 MARCH 2025	LEVEL OF FAIR VALUE HIERARCHY
Subsequently measured at fair value					
SECURITIES					
Managed Fund	7,841	-	-	**7,841**	2
Subsequently not measured at fair value					
Cash and cash equivalents *(assets)*	-	6,145	-	**6,145**	
Short Term Deposits	-	1,840	-	**1,840**	
Receivables	-	367	-	**367**	
Payables	-	-	(994)	**(994)**	
	7,841	**8,352**	**(994)**	**15,199**	

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

Balanced Fund investment mix

	31 JANUARY 2026 ($000)	31 MARCH 2025 ($000)
SECURITIES		
Debt - New Zealand	1,104	598
Debt - Overseas	1,902	1,899
Property - New Zealand	505	432
Equity - New Zealand	616	611
Equity - Overseas	3,736	2,572
Effective Cash	505	1,729
Total managed funds	**8,368**	**7,841**

15. Capital Management

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

16. Related Party Transactions

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

KEY MANAGEMENT PERSONNEL REMUNERATION

The College classifies its key management as:

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

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

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

Board Members

	2026			2025		
	BOARD FEES ($000)	REPRESEN-TATION FEES ($000)	OTHER FEES ($000)	BOARD FEES ($000)	REPRESEN-TATION FEES ($000)	OTHER FEES ($000)
Dr Luke Bradford	35	31	1	-	-	-
Dr Samantha Murton	23	17	-	70	52	8
Caroline Christie	29	-	-	35	-	-
Ms Susan Huria	12	-	-	35	-	3
Dr Daniel McIntosh	-	-	-	18	-	-
Dr Kiriana Bird	29	-	4	35	-	5
Dr Karl Cole	29	-	-	35	-	3
Jason Tuhoe	29	-	17	26	-	33
Michael Crawford	29	-	1	18	-	-
Dr Mel Wi Repa	29	-	8	6	-	1
	244	**48**	**31**	**278**	**52**	**53**

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

Ex Officio Members

	2026			2025		
	EX OFFICIO FEES ($000)	REPRESEN-TATION FEES ($000)	OTHER FEES ($000)	EX OFFICIO FEES ($000)	REPRESEN-TATION FEES ($000)	OTHER FEES ($000)
Pip Sleigh	-	-	-	5	-	-
Sophie Ball	9	-	25	8	-	101
Kerryn Lum	9	-	74	10	-	95
Stephan Lombard	-	-	-	3	-	2
Andrew Morgan	-	-	-	-	-	2
Andrew Laurenson	-	-	-	-	-	-
Manasi Deshpande	8	-	-	8	-	-
	26	**-**	**99**	**34**	**-**	**200**

OTHER FEES

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

Dr Samantha Murton received a complimentary annual College membership in their capacity of the College President (till AGM held on 26 July 2025) valued at $1,625 each including GST (2025: $1,580).

Dr Luke Bradford received a complimentary annual College membership in their capacity of the College President (since AGM held on 26 July 2025) valued at $1,625 each including GST (2025: $1,580).

Senior Leadership Team

	2026			2025		
	REMUNERATION ($000)	KIWISAVER EMPLOYER CONTRIBUTION ($000)	FTE	REMUNERATION ($000)	KIWISAVER EMPLOYER CONTRIBUTION ($000)	FTE
Executive Management	1,070	33	5.4	1,135	34	4.8

17. Contingencies and Capital Commitments

The College has no contingent liabilities or capital commitments as at 31 January 2026 (2025: nil)

Tauākī whakamaunga atu

Statement of service performance

As a registered charity, we are required to report back on some non-financial KPIs related to our Strategic Plan. These figures are as of 31 January 2026.

WHY THE COLLEGE EXISTS

Purpose:

To improve health outcomes and achieve health equity in general practice and rural hospital medicine.

Role:

We educate and connect our members and advocate for them and their communities.

Goal 1

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

We highlighted member concerns through **54 submissions** to government and related agencies

(2025: 46)

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

(2025: 100 percent)

The College's name (and variations of it) were mentioned in **1,050 media stories** online and in print

(2025: 1,173)

Goal 2

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

The College aims to have the representation of Māori and Pacific equal to or greater than the proportional percentage of the population. In 2023, 17.8 percent of the population identified as Māori and 8.9 percent as Pacific Peoples (Stats NZ Census data).

215 Māori Fellows, 4.5 percent of 4,825 Fellows

(2025: 200, 4 percent of 4,723)

112 Pacific Fellows, 2 percent of 4,825 Fellows

(2025: 96, 2 percent of 4,723)

12 percent* of the annual intake of 201 were Māori registrars

(In 2025 academic year)

9.18 percent of 403 College medical education contracted roles were held by Māori

(2025: 9 percent of 590)

*Academic year starts on 2 February 2026 which falls outside financial year end.
Maori registrars form 14% of the annual 2026 intake of 210.

Goal 3

We provide world class vocational training.

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

Recognised 190 new GP Fellows

(2025: 233)

Recognised 11 new Division of Rural Hospital Medicine Fellows

(2025: 7)

75.2 percent of GPEP year 1 registrars passed the clinical exams

(2025: 89 percent)

85.71 percent of GPEP year 1 registrars passed the written exams

(2025: 91 percent)

Goal 4

We set and maintain quality assurance standards in general practice.

The College's Foundation standard is a prerequisite for practices to be eligible for capitation funding through Primary Health Organisations. 1,088 (2025: 1,085) practices engage with us to achieve these standards.

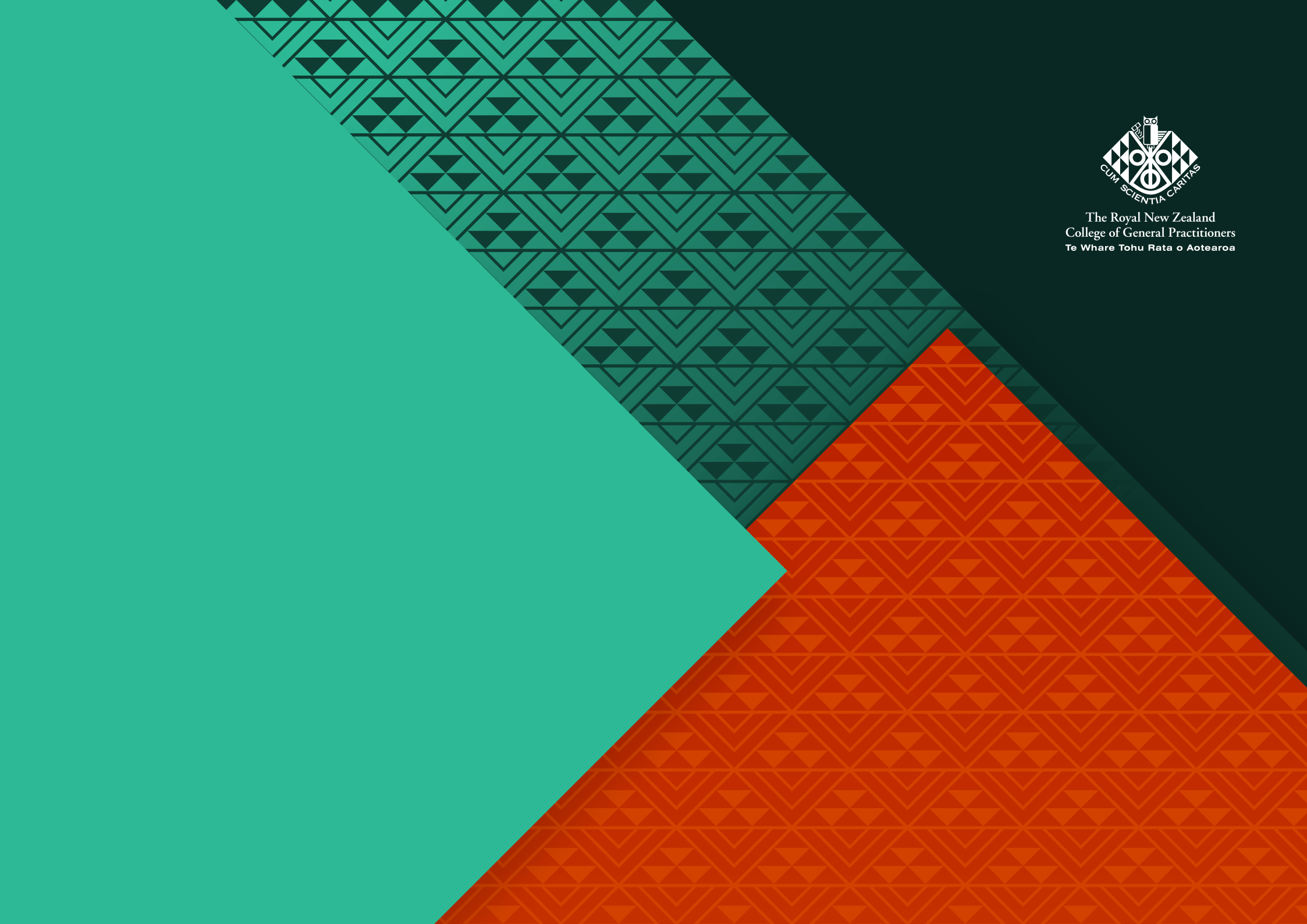
92 percent of practices with Foundation Standard

(2025: 89 percent)

27 percent of practices have completed Cornerstone Equity module

(2025: 26 percent)

Note: Comparative figures (2025) are for a 12-month period.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