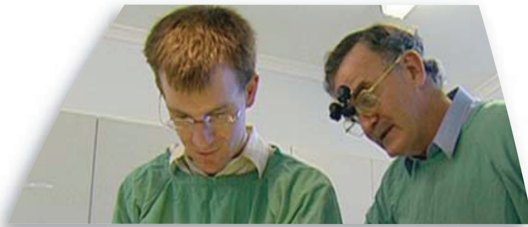
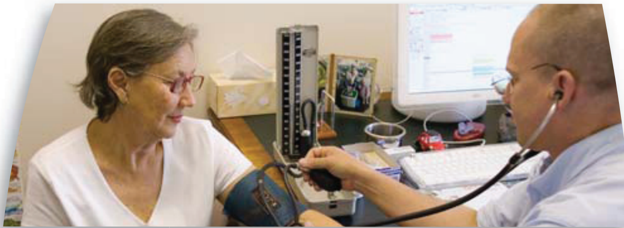
Annual Report
2008 | 2009





Australian College of Rural and Remote Medicine

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President's Report

This is my final report as President of our College. Over the past two years we have made significant advances towards realising ACRRM's broader vision: to improve the health of our rural and remote communities through education and training and providing the high standards of care our communities deserve. Some positive outcomes have been wrought from the changing and often challenging political and policy environments, though we experienced some setbacks—especially in the articulation of our pathways with the loss of the PGPPP program. This change demonstrates how implementing a government "tidying up" policy without due consideration can have perverse and damaging implications for successful programs.

Progressing our Australian Medical Council accreditation has been a major strategic activity that should be completed in March 2010. We have also been developing a process for assessing International Medical Graduates through the Specialist Pathway into the Australian health system. Though complex and time consuming, the pathway is pivotal to sustaining our rural workforce and, subsequently, underpinning the health of our communities. This assessment process has been considered by the Australian Medical Council and will be carefully monitored to ensure practitioners who are approved will be safe for their communities.

The College continued to innovate in the development of our rural and remote medical workforce. Following the Stream Six "Rural Generalist" Systematic Review for the Australian Primary Healthcare Research Institute, ACRRM took a lead role in setting the policy environment for the development of an appropriately skilled procedural workforce. The College's success has had a major influence in Australia and internationally with similar programs under consideration in Scotland, New Zealand, United Kingdom and Canada.

The implementation of the Queensland Rural Generalist program is now well underway. Recognition of Prior Learning and Assessment of the current experienced Rural Generalists has been largely completed with individual bridging plans in place for those who are yet to achieve their Fellowship of ACRRM. The training program has been developed and implemented for new applicants. There are 42 people in the current cohort. This number is similar to the previous two intakes. Expansion of this program into the Northern Territory is supported at the highest level by the NT Department of Health and Families. There has been strong interest and impressive selection results for the program from Rural Clinical School graduates. This reflects the changing attitudes of the students to rural and remote medical practice. It is now their first preference followed by procedural specialties such as Emergency Medicine, Surgery, and well ahead of non-procedural General Practice. One especially rewarding outcome has been the rising number of female graduates seeking Rural Generalist training.

From the Rural Generalist program has emerged the Generalist Emergency Medicine (GEM) program, which is now established in Queensland and has the potential to expand into other states. This program has recognised the historical independent pathways travelled by many practitioners working in rural, provincial and outer-metropolitan hospitals and emergency departments. Many rural practitioners within salaried practice end up in such units at senior directorial levels without formal qualifications and often are the enablers of continuity of service. The GEM program provides many of our rural salaried medical officers with a career structure that allows them to continue practicing their hard won skills. ACRRM has worked in collaboration with the Australasian College of Emergency Medicine (ACEM) to set curriculum and requirements for GEM. It has been pleasing to witness ACEM's support for GEM and its efforts to meet the long-term needs of our rural and remote communities.

Similar rural procedural workforce issues exist in surgery, anaesthetics and obstetrics. While the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian and New Zealand College of Anaesthetists have worked with generalist colleges to fill the gaps in procedural rural obstetrics and anaesthetics, the issue of rural and remote surgical services remains a major deficit in the health care system. The scarcity of graduates in rural general surgery (2 out of 211 in 2007, according to MTRP Report 2007-2008) should concern everyone living in rural Australia. ACRRM has refused to endorse the Royal Australian College of Surgeon's curriculum for GP Surgery as the proposed standards are well beneath those required by rural GP surgeons. Fellows of ACRRM with advanced surgical skills offer a cohort of support for the few remaining rural and remote surgeons, and survival for their community. On behalf of our rural general surgeons and general specialists, ACRRM has strongly advocated that the Commonwealth provide appropriate expanded training and support opportunities to enhance skills and increase practitioner numbers.

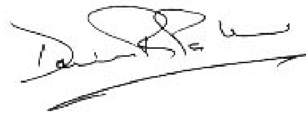
The current national health reform agenda has created a good deal of uncertainty. To counter this, the staff and Board of ACRRM made contributions to many of the current reform processes including National Health and Hospital Reform Commission, National Primary Health Care Strategy, National Registration and Accreditation System, and National and various State Maternity Services Reviews. By giving the policy process a rural and remote perspective, ACRRM has tried to ensure that the quality and volume of services to rural communities are not affected by inappropriate decisions.

Also at a national level, United General Practice Australia (UGPA) was established. Members include ACRRM, Rural Doctors Association of Australia, Australian Medical Association, Royal Australian College of General Practitioners, Australian General Practice Network, GP Registars Association and General Practice Education and Training Ltd. UGPA has made a number of joint statements to government on issues that are critical in the current environment of reform. The rules of engagement agreed upon are such that UGPA has for the first time allowed general practice to present a strong, unified view. The importance of having a common voice to address the implementation of upcoming changes — including Workforce Australia, (the national workforce

President's Report (continued)

agency and new national accreditation body) — cannot be underestimated. It is my hope that the UGPA will continue and expand as common goals are achieved.

In finishing I would like to thank my Board, its executive, and, especially, the CEO and staff of ACRRM. It has been my privilege to work with such a dedicated and hard-working group of people. Our Board has shared a common vision and purpose that is extraordinary, and rare, for a group of such strong, independently minded, and determined people. Their commitment to a belief in the viability of our rural and remote communities and their health providers has been unwavering. It is this leadership that has allowed ACRRM to be such an effective innovator in rural and remote medical workforce, its training, and service to its members' communities.



Associate Professor Dennis Pashen
President

CEO's Report

This has been another year of development, consolidation, and achievement for the College.

For the first time, registrars were able to choose ACRRM training as a viable, independent pathway to rural practice and to vocational recognition as a GP. This marks the beginning of a new era for general practice training — one where registrars will have the choice to give first priority to the skills and values required for quality rural and remote medical practice, and enjoy a professional career with the widest scope for variety, challenge, reward and mobility anywhere in Australia.

This change has been possible because of last year's successful initial accreditation of the College's education and training programs by the Australian Medical Council (AMC). Initial accreditation provided external validation of the quality of the College's standards and programs. It paved the way for government to approve ACRRM as a body able to determine and certify vocational recognition as a GP for Medicare purposes. State medical boards and other key certifying agencies across Australia have also been able to properly recognise the College and its fellowship qualification in a range of registration and industrial arrangements.

ACRRM will complete the final stage of accreditation with AMC in the coming year. This will involve a detailed assessment of College programs and their outcomes on the ground. The AMC will assemble an assessment team to test every aspect of our activities against the national standards for specialist medical education and training. Findings from this review will help ACRRM ensure its programs continue to develop and meet the highest possible standards for postgraduate medical education.

As we all know, there are a range of factors which make ACRRM unique amongst the large number of organisations working in the general practice space. One key operational difference is that all of the positions on our College Board and committees are honorary, including the Presidency. It is inspiring to know we work in a collegiate environment where so many people are so willing to invest their personal expertise, energy, and time in a cause that will ultimately benefit remote and rural communities and the vigour of the profession.

To this end, I would particularly like to acknowledge the decisive and positive leadership of our retiring president, Associate Professor Dennis Pashen, and thank him for the counsel and support he has provided to me and to College staff during his term. He has been a determined and tireless champion for the rights of rural and remote communities to access safe and high quality health care.

CEO's Report (continued)

Another special feature of ACRRM is our staff. This extraordinarily committed and talented team has continued to build on our reputation for innovation and responsiveness by breaking new ground with programs and services that support our members' needs. This report outlines only a sample of the wide range of projects and activities which have been achieved this year. I would like to thank all of our staff and program managers for their hard work and ongoing contributions to the College.

Our education providers and partners continue to play a vital role in delivering our programs throughout the country. Regional training providers, divisions of general practice, and the Remote Vocational Training Scheme have worked closely with the College to engage doctors in training and professional development activities. Similarly, our universities, rural clinical schools, and university departments of rural health have maintained their strong support for, and collaboration with, ACRRM to establish clear, high quality career paths for doctors to train and work in remote and rural Australia.

Special note must be made of our ongoing partnerships with James Cook University and Flinders University, which assist us to ensure the academic rigour of our assessment program. Particular thanks and acknowledgement also to Professor David Prideaux, Associate Professor Tarun Sen Gupta, Dr Rick McLean, Dr Louise Stone and Professor Geoff Riley, who have provided significant support and leadership alongside our College Board and committee members.

No doubt the coming year will be critical to the College's continued growth and success. I look ahead confidently that we will meet those key goals and am excited by the new opportunities that shared vision, team work and talent will invariably generate.

Marita Cowie
CEO

Censor's Report

Throughout the year, ACRRM has had a particular focus on promoting the College's registrar training program and reviewing, revising and re-launching the Independent Pathway. This built on work done the previous year to finalise and roll out all assessment program components, and to introduce and promote the registrar training program to RTPs throughout Australia.

Training Pathways

The Independent Pathway (IP) was reviewed and, after significant changes, was reopened in January 2009. The pathway retains a high degree of flexibility and has been strengthened with a formal program of structured teaching, learning, and learner support to meet the diverse vocational requirements of general practice. The additional College staffing and resources that were required to deliver the program is supported by registrar contributions as training fees. The Independent Pathway is particularly suited to the more experienced practitioner who is motivated and prefers self-directed learning. At the end of a competitive selection process, 34 of the 53 applicants for the February 2009 IP intake were offered a place in the Independent Pathway.

All together, 136 new registrars joined ACRRM across three training pathways. This includes 78 in the vocational preparation pathway (through Australian General Practice Training), 27 through Remote Vocational Training Scheme (RVTS), and 31 through the Independent Pathway.

Assessment

All assessment modes were fully bedded down and more than 140 registrars were enrolled for assessment during the year. The examinations were held in the home community of candidates with 22 completing the assessment in the most remote regions (RRMA 7) of Australia, one in East Timor and one in Cambodia.

Professional Development

The ACRRM Professional Development Program (PDP) continues to assure maintenance of professional standards while permitting flexibility to accommodate rural and remote context and the diverse practice settings for members and Fellows. The implementation of new requirements for the 2008-2010 triennium was successfully managed. A member survey in October 2008 provided useful feedback for further development. An ever-expanding range of accredited activities is being accessed by a growing number of participants.

Censor's Report (continued)

Fellowship Awards

Over the 2008-2009 financial year, a total of 34 registrars (up from 13 last year) were awarded Fellowship of ACRRM: 19 under the vocational preparation pathway, eight under the Independent Pathway, and seven through RVTS.

Promotional Activity

The College has been involved in a range of activities to promote both the College and the registrar training program. These included exhibition booths at industry sector conferences, speaking to medical students at university career evenings and events, advertising in student and prevocational doctor handbooks and guides, updating and redesigning College brochures and web information, and building relationships with key stakeholders such as RTPs.

Challenges Ahead

Beyond the important work associated with satisfying the accreditation requirements of the Australian Medical Council, key issues for the College Censorial process included:

- managing the increasing volume of activity associated with Censorial determinations around recognition of prior learning, assessment, advanced specialised training, and accreditation;
- bedding down internal College training program delivery arrangements;
- building on achievements such as the Queensland Rural Generalist and Generalist Emergency Medicine programs through further engagement with industry, policy-makers, the community and the profession;
- evidence-based advocacy to defend and promote clinical generalism in the quality and safety arena—in particular to resist pressure for excessive credentialing and specialisation; and
- the importance of training capacity in rural, remote, and regional areas to produce the skilled generalist medical practitioners needed in regional Australia (and increasingly in cities with ageing population and urban sprawl).

I offer my sincere thanks to all members of the Censorial Committee and Sub-Committees for generously giving their time and talent as well as all the College staff who have laboured tirelessly to achieve some genuinely historic outcomes for the cause of rural and remote medicine over the year.

Associate Professor Richard Murray
Censor

Vocational Training and Assessment

The 2008-2009 year was one of consolidation and growth for ACRRM Vocational Training and Assessment. The ACRRM training program gained traction as an exciting, high quality and relevant qualification, particularly for those intending to pursue careers in rural and remote practice.

The Training and Assessment team expanded its ongoing program of support and partnership with key education providers and stakeholders. Activities and services included:

- facilitating workshops for medical educators and supervisors;
- attending training providers' workshops;
- conducting assessment information sessions for registrars and educators;
- providing individual advice to training providers and registrars; and
- providing explanation and documentation on the structure of the training program and its standards.

ACRRM registrar enrolments up 25%

A total of 286 registrars were enrolled with ACRRM for training towards Fellowship, an increase of 25% on the previous year. Registrars again had the option of training for their FACRRM through one of three pathways:

- Vocational Preparation Pathway (AGPT);
- Remote Vocational Training Scheme; or
- ACRRM's Independent Pathway.

ACRRM's Independent Pathway to Fellowship was re-opened in January 2009. Registrars on this pathway train directly with the College. Thirty one registrars were enrolled on this pathway from amongst a very strong and competitive field of candidates. An extensive education program of live classroom sessions and workshops are scheduled to commence in August 2009.

Training enrolments overview:

Vocational Preparation Pathway	182
Remote Vocational Training Scheme	44
Independent Pathway	70
TOTAL	296

Vocational Training and Assessment (continued)

Accredited ACRRM teaching posts and practices up 11%

At 30 June 2009, a total of 372 new teaching posts and practices were accredited to provide registrar training — an increase of 11% over last year.

The diverse range of ACRRM-accredited teaching posts and practices includes:

- Aboriginal medical services;
- rural and metropolitan hospitals;
- rural general practices; and
- Royal Flying Doctor Service positions.

All rural training providers accredited by ACRRM

ACRRM has accredited all 17 of the Regional Training Providers that are contracted by GPET to provide rural training for GP registrars. The Remote Vocational Training Scheme (RVTS) also achieved ACRRM accreditation in February 2009, and continues to be an ACRRM flagship, with more registrars training towards FACRRM than any other single Australian training provider.

Assessment

ACRRM continues to demonstrate that world-class assessment modalities can be managed remotely, with exam candidates sitting for various assessment components in their home locations. The modalities have proven to be valid, cost effective, reliable methods of assessing candidates seeking Fellowship.

The College continued to develop item banks (exam questions), recruit and upskill training examiners, provide assistance to candidates to prepare for assessment, and provide detailed feedback to candidates after assessment.

Assesment overview:

	Candidates	Advanced Standing Candidates	Registrars	RRMA						
				7	6	5	4	3	2	1
MCQ	42	15	27	2	5	9	6	4	5	11
miniCEX	15	3	12	10	0	2	3	0	0	0
MSF	69	50	19	10	3	19	14	8	2	13
StAMPS	19	6	13	0	4	4	2	4	1	4
Total	145	74	71	22	12	34	25	16	8	28

Vocational Training and Assessment (continued)

Queensland Rural Generalist Program

The Rural Generalist program is a Queensland Health funded initiative that provides a fully supported, incentive based career pathway for junior doctors wishing to pursue a vocationally registered career in Rural Generalist Medicine. Fellowship of ACRRM is the preferred end point and qualification for the program which may be integrated with ACRRM's Vocational Preparation or RVTS pathways.

The program offers junior doctors and registrars:

- an advisory and support service comprised of experienced rural medical and administrative staff who are dedicated to assisting junior doctors achieve a career in rural medicine;
- quarantined training opportunities at select rural generalist training hospitals providing access to priority terms including paediatrics, obstetrics and anaesthetics;
- attendance at an intensive two and a half day simulated, procedural skills workshop in both postgraduate years one and two;
- support and advice regarding appropriate Advanced Specialised Training (AST) posts; and of great significance:
- access to the Senior Medical Officer pay scale as a Provisional Fellow, following successful completion of the pre-vocational skills set and AST in a nominated discipline, and appointment to a Provisional Fellow position on merit.

ACRRM has worked closely with Queensland Health to implement the Rural Generalist Program. This has included developing and testing a program of activity and certification for prevocational doctors, as well as integrating rural generalists into the existing AGPT and RVTS programs.

42 doctors graduated from the prevocational stage of the program in June 2009.

Professional Development Program

Membership

ACRRM's Professional Development Program (PDP) continued to grow in participant numbers and scope.

At 30 June 2009, there were 1750 participants, an increase of 66 over 2007-2008. This number is comprised of members maintaining their Fellowship and/or VR requirements as well as members engaged in general continuing professional development activities.

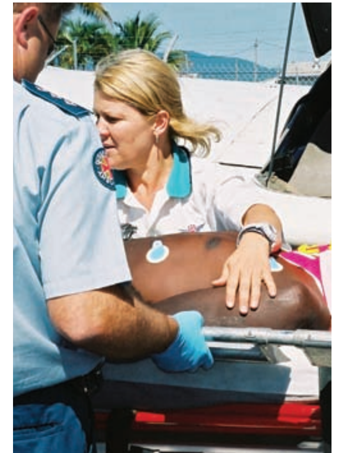
Over the year, the number of ACRRM members requiring third party reporting increased in over 60% of the disciplines. The most dramatic increase occurred in Emergency Medicine, where registrations rose 21%.

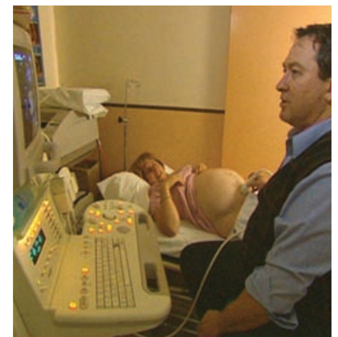
The transition to new compliance requirements for the 2008-2010 triennium, which included simplifying the points allocation framework, was managed smoothly.

Findings from the PDP Member Survey conducted in October 2008 played a vital role in reviewing the current triennium's new requirements and have guided subsequent program development. Feedback helped refine the PDP's focus on the unique requirements of contemporary rural and remote medicine and the particular needs of our members. The monthly PDP e-newsletter was launched early in 2009. Each issue alerts members to educational activities recently accredited with the College, and to relevant professional events and training opportunities. Our improved liaison with Local Divisions has made learning about professional development activities easier for many members.

Innovation and increases in activities

Participant feedback has also inspired the development of a number of new, innovative activities to address member needs. Starting in November 2008, ACRRM has delivered two new Mental Health Core and Advanced Skills modules for rural medical practitioners. These courses are conducted completely online, providing important mental health education to members at a location of their convenience. Both Level One and Level Two modules are also fully accredited with the General Practice Mental Health Standards Collaboration. It is the first time in Australia that a distance based program has been awarded Level Two accreditation.





Professional Development Program (continued)

The number of activities listed on ACRRM's educational inventory steadily increased (up 1111 to 9938) as did in the number of educational activities developed by ACRRM for members.

The number of education providers seeking ACRRM accreditation also increased during the period. In the year to 30 June 2009, an additional 81 external providers applied for activity accreditation.

Procedural Training Grants Program

ACRRM continued to administer the Australian Government's Training for Rural and Remote Procedural GPs program (Procedural Training Grants). Over the year, ACRRM supported 848 doctors in the emergency medicine component of the program, and 765 doctors registered in the procedural medicine component.

This program continues to provide crucial assistance and recognition for the value of services that our procedural members and colleagues provide to their rural and remote communities. External evaluation of the program in 2008 was extremely positive and also complementary about the collaboration between ACRRM and RACGP in managing this program.

Prevocational Training Programs

Junior doctors

Prevocational General Practice Placements Program (PGPPP)

The Prevocational General Practice Placements Program arranges for junior doctors to have supervised placements in remote, rural, and regional locations. It is an important link in the vertical integration of rural training — from medical students through to rural career pathways.

ACRRM has provided the secretariat services for the PGPPP National Advisory Committee and acted as the managing organisation for the rural and remote component of the program, disbursing almost $7.5 million in grants to regional training sites.

Over the year, ACRRM was also responsible for overseeing a major expansion of the program, increasing the number of training places and raising PGPPP's national profile. The College also played a crucial role in the ongoing promotion of the program to potential participants and attracting quality medical practitioner supervisors. A number of strategies were used, including brochures, newsletters, key medical conferences, rural workforce agencies and rural doctors' associations.

At 30 June 2009, a total of 589 interns and residents had completed or were undertaking a PGPPP placement in a rural or remote area. The College established training places in over 50 practices, covering all Australian states and territories. ACRRM's program team worked with 36 training hospitals, which act as feeders to the program as well as local fundholders.

Surveys of all participants at the end of their placements indicated that 43% of junior doctors would be interested in undertaking vocational training in a rural or regional area. Sixty-five percent of the junior doctors had their existing interest in rural medicine 'confirmed' by the placement, while 60% of junior doctors indicated that they plan to work in a rural area. Table 1 provides effectiveness ratings for components of the program, including comments from junior doctors.

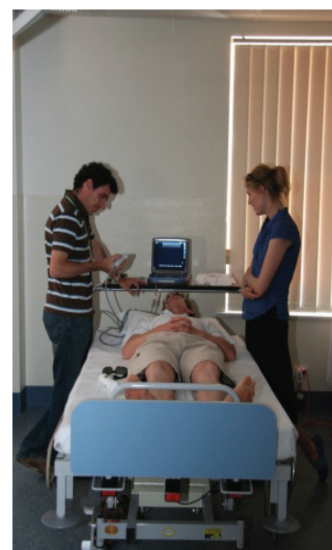
Originally designed and developed by ACRRM, but now administered jointly with the RACGP, this program has been consistently successful and has demonstrated a very positive impact on the intentions and decisions of junior doctors considering general practice careers. Despite this success, the government has announced that in January 2010 the management of the program will be transferred to GPET. ACRRM will work closely with GPET and RACGP to try to ensure that this transition is managed as smoothly and effectively as possible.

Prevocational Training Programs (continued)

The College and PGPPP team would like to thank all participating doctors, medical practices, hospitals, and rural organisations for playing such a vital part in this important national program.

Table 1: Effectiveness ratings for PGPPP experiences managed by ACRRM

	Highly Effective %	Effective %	Less Effective %	Junior Doctor Comments
Good professional relationships with colleagues – practitioners	95% (480)	4% (13)	1% (3)	*Fantastic program, excellent to be able to participate wholly in the busy country practice & appreciate various aspects of rural care - both good & bad. Particularly a good opportunity to meet 'old-fashioned,' multi-skilled, highly experience general practitioners - very inspiring.*
Appreciating the differences in access to specialists and other health professionals in the treatment of patients	92% (330)	7% (27)	1% (4)	*I really appreciate the great opportunity that the PGPPP provides. This has been a life changing experience.*
Experience of a different spectrum of illness/injury seen in general practice as distinct from the teaching hospital setting	92% (335)	6% (22)	2% (3)	*The PGPPP is a nice rotation to be done as a junior doctor… It gives more exposure to GP as well as a nice break from routine hospital work.*
A satisfactory level of medical and professional responsibility given to treat patients	92% (332)	4% (16)	4% (1)	*I have very much enjoyed my placement & the increased responsibility I have taken on.*
Treating people in context	91% (329)	8% (28)	1% (4)	*A fantastic opportunity, should be undertaken by more junior doctors as gains in understanding of rural & remote health issues are enormous.*
Good 'hands on' experience	88% (316)	10% (37)	2% (7)	*Overall, a very valuable experience. I have done things & handled emergencies that I wouldn't have dreamt of doing 3 years ago! Thanks to the PGPPP & especially Gundagai.*
Knowledgeable and interested supervision	88% (316)	9% (33)	3% (12)	Supervision & nurses very helpful & keen to teach



Prevocational Training Programs (continued)

Table 1 (continued)

A sense of autonomy as a doctor	88% (320)	8% (29)	4% (13)	*A very positive experience, highlight was gaining autonomy & greater decision making power.*
Attainment of a broad range of clinical skills in general practice	86% (309)	12% (42)	2% (9)	*This has been a great rotation for learning & extending my skills.*
Capacity to practice continuity of care	86% (311)	11% (38)	3% (11)	*This placement in the rural setting was an excellent opportunity to get some knowledge about culture & medical issues associated with aboriginal people, as well as to train my communication skills - very challenging at times. It also allowed me to explore a part of the NT - many thanks!*
Opportunity to practice preventive care at the community level	85% (307)	13% (47)	2% (8)	*This placement was an excellent opportunity to get some knowledge about culture & medical issues of aboriginal people.*
Capacity for personal and professional growth in a different setting to the hospital	85% (310)	12% (42)	3% (11)	*An excellent opportunity for personal & professional growth - well organised, good support & plenty of good medicine. I am happy with the way my placement was run.*

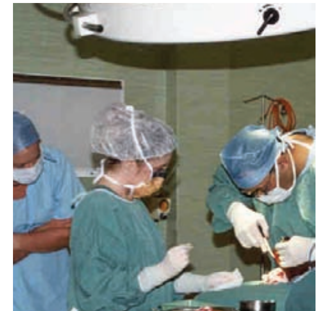
Medical students

John Flynn Placement Program (JFPP)

The purpose of the John Flynn Placement Program (JFPP) is to expose medical students to rural general practice and rural community lifestyles during their undergraduate years. Over four consecutive years, a student spends two weeks each year in the same community, mentored by the same doctor. JFPP is an Australian Government initiative funded through the Department of Health and Ageing.

ACRRM has administered the program since 2002 and, in 2008, successfully tendered to continue as manager through to 2012. Initially, ACRRM was placing 150 students a year. When awarding the current contract, the Australian Government committed to doubling the annual intake of participants to 300. The popularity of the program continues to grow. In 2007, ACRRM received 500 applications for places. The 2009 intake drew 640 applications, an increase of 22%.

Prevocational Training Programs (continued)



At 30 June 2009, a total of 720 were in the program, with an additional 300 students selected to do their first placement in late 2009.

Over the year, students undertook a total of 420 placements; while 126 students completed their final placement.

With few exceptions, students rate their clinical experiences as valuable opportunities for learning. These can include exposure to general practice, nursing practice, hospital practice, aged care, and community public health. On average, students spent 27% of their time engaged in social and rural activities including discovering the local region and building social connections with the community.

ACRRM's management of this program supports the College's commitment to a vertically integrated approach to education and training for rural practice. All 20 of Australia's medical schools participate in this program. Many ex-JFPP students go on to experience a rotation as a junior doctor in the Prevocational General Practice Placement Program, and/or join an ACRRM vocational training pathway.

The College strongly supports this program because of its proven ability to inspire medical students to pursue a career in rural medicine. Since its inception in 1997, the program has provided 1365 students with a taste for the variety and independence of rural medicine. Longitudinal tracking shows that participation in JFPP positively influenced the rural career ambitions of 87% of participants and is playing an integral role in recruiting future rural doctors. At the end of their final JFPP placement, nine percent are interested in general practice while four percent will pursue a career in rural medicine. At the end of their intern year 11 percent have a preference for a career in rural medicine.

Student Comments

Overall my JFPP placement is wonderful and very educational. This is largely due to having an excellent mentor who is a great teacher and makes me feel at home.

ACRRM staff I thought were excellent – really helpful. The doctors and nurses at Town and the aboriginal communities really seemed to enjoy their work which made me enjoy working there too.

Mentor was an excellent teacher and the placement offered a wide range of clinical experiences. Although confronting my experience gave me a realistic idea of what to expect.

Further increased my desire to practise rurally.

The positive experience encouraged my ambitions to practise rurally but there are also harsh realities which have become apparent in regard to rural practice.

Previously I had not considered practising rurally now I am almost certain that I will.

Prevocational Training Programs (continued)

Medical Rural Bonded (MRB) Scholar Support Scheme

This marked the seventh year that ACRRM managed and administered the Medical Rural Bonded (MRB) Scholar Support Scheme. The program is an initiative of the Australian Government funded through the Department of Health and Ageing. It provides a suite of support services for medical students and junior doctors in the scheme.

ACRRM's support program enhanced participants' medical training experience with a range of support services. These included:

- facilitating attendance of 221 participants at 29 medical related conferences throughout Australia;
- arranging access via RRMEO to:
    - discussion forums, a personalised learning planner, and online education modules;
    - a dedicated MRB online community to learn from topic based e-mentoring and experience interactive educational sessions on Emergency Medicine, Anaesthetics, and Internship. (A total of 757 participants registered more than 4,000 hits during the year).
- creating networking opportunities with MRB participants at conferences and university-based events;
- introducing students to ACRRM members willing to provide education and professional support;
- informing students about training opportunities;
- opening access to existing rural doctor support networks and relevant medical agencies; and
- regularly communicating with participants through quarterly newsletters.

Each year, 100 students join the scheme. At 30 June 2009, there were 783 MRB participants; 596 are students and 187 are graduated doctors at different stages in their medical training.

Bonded Medical Placements (BMP) Student Support Scheme Pilot

The Bonded Medical Placements (BMP) Student Support Scheme is a pilot program designed to assist medical students and junior doctors gain early exposure to issues relating to practising medicine in outer metropolitan, regional, rural and remote areas of Australia. It is an Australian Government initiative funded through the Department of Health and Ageing. The design of BMP Support Scheme was based on the format of the successful MRB Support Program.

Again in 2008-2009, 600 students joined the scheme. The BMP Student Support Scheme commenced in July 2007.

Prevocational Training Programs (continued)

The number of participants registered with the scheme has reflected strong growth from the initial 450 participants to the present cohort of 1257. Of these, 895 are medical students and 362 are junior doctors.

Through the BMP program, ACRRM organised a range of support services designed to enhance their medical training experience. These included:

- facilitating the attendance of 174 participants at 23 medical conferences throughout Australia;
- arranging access via RRMEO to online discussion forums, a personalised learning planner, and online education modules;
- creating networking opportunities with BMP participants at conferences and university-based events;
- arranging access to a dedicated BMP virtual community on RRMEO to participate in topic-based e-mentoring sessions (e.g. emergency medicine, dermatology, how to get onto a training program). The value of the e-community to students is demonstrated by 1188 participants registering over 15,000 hits during the year;
- introducing students to ACRRM members willing to provide education and professional support;
- informing students about training opportunities;
- opening access to existing support networks and relevant medical agencies; and
- regularly communicating with participants through quarterly newsletters.

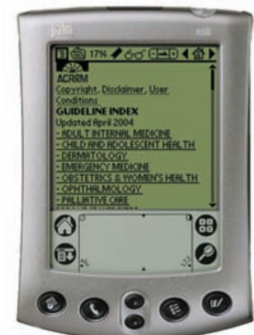
Prevocational Training Programs (continued)

Comments:

Feedback from evaluations as well as direct comments from participants is indicative of the effectiveness of both the MRB and BMP support programs.

Topic	Feedback
Conferences and Networking	*Conferences are the absolute best way to meet other BMP students and reinforce our love for rural medicine and our career path. I think it's also invaluable for those unsure if they want to be going rural to meet others who are passionate about that direction, so it has the potential to change and shape student's views of the benefits of a rural career.*
	I found the conference an excellent learning experience, particularly as a final year student.
	Thank you again for all the organisation you did for our trip to Bunbury, everything ran very smoothly and we had no problems with transport or accommodation. The conference and all the activities were fantastic and it was great to interact with the students and doctors from different states and universities. I think everyone who went had a brilliant time.
	Networking opportunities with other BMP/MRB students were really good with the organised dinners on the first 2 nights a really good way for everyone to get to know each other.
	The conference + workshop were very useful. Had a wonderful time and it was a pleasure to meet the other MRB scholars.
Virtual Community	*Just wanted to say thanks for providing us with 'emergency medicine dental' last night - it was a great presentation, very helpful.*
	Thanks a bunch for organising the Elluminate session tonight and giving me the opportunity to attend. I really enjoyed it and got a lot out of it. I am very interested in attending a Part Two if Dr Muir is keen to do one. I am also very interested in any future sessions that may be available. I think it is a very effective media.
Newsletter	*I like the newsletter and hearing articles/photos from other students whom I have met at conferences.*
	The newsletter is a good way of keeping up to date with staff changes and policy changes, and the conference reports are interesting.

Online Services



The Online Services team continued to expand services to ACRRM members through Rural and Remote Medical Education Online (RRMEO), real-time virtual classrooms, candidate online assessment services and online form submission.

RRMEO

At 30 June 2009, more than 13,000 people were registered as users of RRMEO. Over 2,400 of these were ACRRM members using the learning planner and record keeping systems to maintain their learning records (for vocational training, professional development, and other reporting requirements).

RRMEO scored 4.8 million hits (visits) with almost 700,000 pages viewed and 80 Gigabytes of data downloaded across the site.

The Online Services team continued to improve RRMEO's utility, versatility, and user access. For instance, the search capability in the Educational Inventory was made simpler and more flexible. The format of the annual PDP statements was changed to make the process of producing the statements more accurate and efficient.

A new edition of the college's downloadable Clinical Guidelines was released in January 2009. The Obstetrics and Women's Health guidelines were completely rewritten and those for other disciplines were updated. The popular guidelines — developed initially for Palm and Pocket PCs— are now also available for Blackberry, Symbian and iPhone.

Online Services staff moved the RRMEO platform over to a newer and faster server, resulting in accelerated speeds across the system.

During the year ACRRM partnered with the National Breast and Ovarian Cancer Centre to develop two online modules:

- 'Management of Secondary Lymphoedema'; and
- 'Investigating a New Breast Symptom'.

ACRRM's strong working relationship with Queensland Health (QH) continued to produce practical, mutually beneficial outcomes. For instance, RRMEO access was extended to include all PGY1 and PGY2 interns throughout the state, bringing the total number of RRMEO users in QH to more than 1,100.

Online Services (continued)

The number of practitioners using the popular tele-medicine programs mushroomed over the year.

	2007-2008	2008-2009	% change
Tele-Derm	1,518	2,006	+30%
Radiology Online	1,058	1,752	+65%

Real-time Virtual Classroom

Online Services launched an exciting new real-time virtual classroom for ACRRM members. This online technology allows users in all parts of Australia (or the world) to login and engage in 'real time' education using voice, text, video, interactive whiteboard, software sharing, and online polling. The system has been very well received. Users report that having the equivalent of face-to-face education without extensive travel and absences is a welcome advance for busy rural and remote doctors.

The system successfully hosted a number of online education courses — including accredited Level 1 and Level 2 Mental Health courses — and to convene meetings across the ACRRM program areas.

Assessment

The Online Services team assisted to plan and run two successful online Multiple Choice Question exams during the year. These nationwide events included managing the assessment server, entering questions in the question bank, generating assessments, creating user accounts, and monitoring the software functions on exam day. Candidates sat in a range of remote, rural and metropolitan locations in Australia as well as in East Timor.

ACRRM Website

The team commissioned a new server and installed a new website content management system. The versatile new system will be used to rebuild and revitalise the ACRRM website creating new information, interaction, and education opportunities for members with online tools such as blogs, RSS feeds, and online polling.

Simulated 'real time' trials of functions - such as online form submission - indicate that the new system has the capacity, robustness, and flexibility needed to meet members' growing demands for fast and efficient online services.

For the year ended
30 June 2009

Directors' Report

The Directors submit the following report for the year ended 30 June 2009 made in accordance with a resolution of the Board of Directors.

Directors

The names of the Directors of the Australian College of Rural and Remote Medicine Limited in office at any time during the year or since the end of the year:

Associate Professor Dennis Pashen
Dr Patrick Giddings
Associate Professor Ruth Stewart
Dr Kris Bascomb (resigned 26 October 2008)
Associate Professor Elizabeth Chalmers
Dr Aniello Iannuzzi
Dr Jennifer Delima (resigned 26 October 2008)
Dr Louise Stone (resigned 26 October 2008)
Dr Nola Maxfield (resigned 26 October 2008)
Dr Jonathan Outridge
Dr Michael Eaton
Dr John Russell
Dr John Robson
Dr Jeffrey Ayton
Dr Tim Kelly (appointed 17 March 2009)
Dr Sarah Strasser (appointed 26 October 2008)
Dr Lachlan McIver (appointed 14 August 2009)
Dr Graham Morris (appointed 21July 2009)

Principal Activities

The principal activity of the Company during the year ended 30 June 2009 was the provision of medical education and training services to doctors.

No significant changes in the nature of the above activity occurred during the year.

Review and Results of Operations

The surplus from ordinary activities for the year ended 30 June 2009 amounted to $341,900 (2008 deficit: $223,953).

Dividends and Options

The company is limited by guarantee and consequently no dividends have been paid or options issued.

Directors' Report (continued)

Likely Future Developments and Expected Results

ACRRM anticipates a continuation in 2009-2010 of its positive performance and growth with a focus on providing high quality education and training services to rural and remote medical practitioners in Australia.

It will expand its role in setting professional standards for Rural and Remote Medicine and work with key stakeholders to support relevant training that responds to the needs of practitioners and their communities.

Significant Changes in State of Affairs

There were no significant changes in the state of affairs of the company during the year.

Information on Directors

The following persons were Directors of the Australian College of Rural and Remote Medicine during this financial year. No payments (financial or otherwise) were made for their services.

Associate Professor Dennis Pashen
MBBS, MPHTM, FRACGP, FACRRM

Associate Professor Dennis Pashen was elected President of ACRRM in November 2007. He has previously held the office of Censor and Vice President. He is currently the Director of James Cook University's Mt Isa Centre for Rural and Remote Health. Associate Professor Pashen has a background in procedural rural practice, medical education and population health and has held a number of positions on statutory bodies, including the Northern Regional Health Authority, and held a position on the Rural Health Advisory Council to the Minister of Health in Queensland from 1997 until it ceased to exist in 2009. He was awarded the Centenary of Federation Medal in 2001 for rural medical education.

Dr Patrick Giddings
MBBS, FACRRM, FRACGP, DRANZCOG, Grad. Dip. Family Med

Dr Pat Giddings has been Treasurer of ACRRM for four years following on from two years as the Victorian Director on the Board. As Treasurer, Pat is chair of the Finance Committee. He lives in Albury NSW and is CEO of RVTS Ltd. Until 2007 he was the CEO of a regional training provider, Bogong Regional Training Network, and played a key role in the establishment of that organisation. Pat's previous board appointments include the North East Victorian Division of General Practice, including three years as chair. Pat's clinical activities include part time practice at the Albury Wodonga Aboriginal Health Service, as well as Emergency Medicine and Obstetrics commitments at Albury Wodonga Health.

Directors' Report (continued)

Associate Professor Ruth Stewart
MBBS, DRANZCOG, FACRRM

Associate Professor Ruth Stewart was elected Vice President in November 2007, having served previously as the Victorian Director and Women in Rural Practice (WIRP) Director on the ACRRM Board. She serves on the Board of the Greater Green Triangle General Practice Education and Training and represents ACRRM on a number of other external committees including the National Evidence Based Antenatal Guideline Expert Advisory Committee. She is Director of Clinical Studies, Parallel Rural Community Curriculum with the Deakin University School of Medicine.

Dr Kris Bascomb
(resigned 26 October 2008)
MBBS

Dr Kris Bascomb was appointed South Australian Director on the ACRRM Board on 19 November 2006. Kris was previously the Registrar Director on the ACRRM Board. Dr Bascomb has a strong interest and experience in surgery and O&G.

Associate Professor Elizabeth Chalmers
MBChB, MPH, FAFPHM, FAChAM, FACRRM

Associate Professor Elizabeth Chalmers is currently the Academic Director on the ACRRM Board. She is the college nominee to Board of General Practice Education and Training (GPET) and is the Chair of the Northern Territory Post Graduate Medical Education Council.

Dr Aniello Iannuzzi
BA, MBBS, MMed Sci, FACRRM, FRACGP

Dr Aniello Iannuzzi was appointed the New South Wales Director on the ACRRM Board on 19 November 2006. He is a rural doctor in private practice at the Warrumbungle Medical Centre, Coonabarabran, and also a Visiting Medical Officer at the Coonabarabran District Hospital and Cessnock District Hospital. Since 1998, he has been an AMA (NSW) Branch Councillor. He is an Adjunct Senior Lecturer, Department of General Practice, University of Sydney, and the University of Notre Dame School of Medicine, Sydney.

Dr Jennifer Delima
(resigned 26 October 2008)
MBBS, MHA, AFCHSE, FACRRM, FRACGP

Dr Jennifer Delima was appointed the Northern Territory Director on the ACRRM Board on 19 November 2006. She has extensive experience in remote communities in Central Australia and the Top End, as well as Alice Springs. As a former Senior District Medical Officer and Generalist medical practitioner she has been involved with hospital and community based health, aero medical retrieval, emergency medicine, paediatrics, mainstream and indigenous general practice as well as forensic medical practice through custodial and sexual assault medical practice and the teaching of health professionals through each of these fields of medical practice.

Directors' Report (continued)

Dr Louise Stone
(resigned 26 October 2008)
MBBS, BA, GDip Family Medicine, DRANZCOG, FACRRM, FRACGP

Dr Louise Stone was appointed the Women in Rural Practice (WIRP) Director on 19 November 2006 and is a GP with a long-standing interest in mental health. She is a Medical Educator with SIGPET, a regional provider of vocational training for GP registrars in Sydney, where she coordinates their training program in mental health. Louise has also coordinated the Masters in GP Psychiatry program for Monash and Melbourne universities and has written and delivered a web-based distance education program in counselling for rural GPs for ACRRM.

Dr Nola Maxfield
(resigned 26 October 2008)
MBBS, DRANZCOG, FACRRM

Dr Nola Maxfield was appointed the Rural Doctors Association of Australia (RDAA) representative on the ACRRM Board on 13 February 2007. She is the partner of a practice based in Wonthaggi, Victoria.

Dr Jonathon Outridge
MBBS, FACRRM, FRACGP

Dr Jonathan Outridge is the Queensland Director for ACRRM. Dr Outridge is a rural doctor with past anaesthetic and obstetric experience and has a special interest in skin cancer surgery and care of chronic disease and emergency medicine. He is Deputy Chair of the Central and Southern Qld Training Consortium (CSQTC) and is a former President of RDAQ. He was a past director of Health Workforce Queensland and a joint RDAQ/ACRRM representative to the Expert Advisory Panel for the Review of Maternity Services in Queensland. In 2006 he was awarded the RDAA Westpac Rural Doctor of the Year.

Dr Michael Eaton
MBBS, DRANZCOG, FACRRM

Dr Michael Eaton has a strong association with ACRRM's education, training, and student programs and is a procedural practitioner and rural medical educator. He is also the current Vice President of the RDA WA. From 1986 to 2006 he was the Founder-Manager of Coast Road Medical Clinic, a RRMA 5 GP obstetric practice. He now lives and works in rural and remote WA where he is WAGPET's rural medical educator and their rural adviser for ACRRM and the RACGP. He is also Medical Director of Rural Health West.

Dr John Russell
MBBS, FACRRM, DRANZCOG

Dr John Russell has an extensive background in rural general practice in Australia and England up until the year 2001, when he began the role of Director of the Emergency Department at Mildura Base Hospital. In 2002, he was appointed as the Director of the Mildura Regional Clinical School, Monash University, and has since maintained a clinical role as a Senior Medical Officer in the Emergency Department at the Hospital. He has been involved in the Management Committee of the new 5 Year Monash undergraduate curriculum, and is a Board member for Victoria Felix Medical Education as well as being on the board for Rural Workforce Agency Victoria.

Directors' Report (continued)

Dr John Robson
MBChb, Dip Obs, Dip Sports Med.

Dr John Robson has been the Registrar representative since March 2008. John has been a registrar with ACRRM since 2006. He is training with the Remote Vocational Training Scheme and is based in Mount Isa. John worked for the Royal Flying Doctors Service as a medical officer and worked part time in the Emergency Department at Mount Isa Base Hospital. He has a passion for remote training and has worked with Mount Isa Centre for Rural and Remote Health, Queensland Health and the RFDS in delivering simulation training to remote hospitals and clinics in North West Queensland.

Dr Jeffrey Ayton
MBBS, MPH&TM, FRACGP, FACRRM, FACTM, AFFTM, DRANZCOG, DA (UK)

Dr Jeffrey Ayton commenced with the Australian Antarctic Division as Chief Medical Officer in 2002 with responsibility for the Australian Antarctic program, medical support and human biology and medicine research. He is current Australian delegate to Scientific Committee of Antarctic Research Life Sciences Scientific Group and secretary of the SCAR Life Science Expert Group of Human Biology and Medicine and Australian member of MEDINET Antarctic medical support advisory group. In 1992, Dr Ayton wintered at Casey Station, Antarctica, as a remote area general practitioner. He has subsequently gained varied experience in other rural and remote medical practices as a procedural general practitioner obstetrician/anaesthetist including Lorne (Victoria), Norfolk Island, South Pacific, and remote mine sites in Papua New Guinea.

Dr Tim Kelly
(appointed 17 March 2009)
MBBS, DRANZCOG (Adv), Grad Dip Mus Med, FACRRM, FRACGP

Dr Tim Kelly is a procedural rural GP based in Crystal Brook in South Australia's Mid North. Through his clinical work he is involved in medical education at all levels, students, PGPPP and registrars. He has also been employed by Adelaide to Outback GP Training Program since 2003 in several roles and is currently Rural Medical Education Coordinator and ACRRM Medical Advisor to the RTP. He is interested in evolving models of primary care and innovative delivery of training and support to rural and remote clinicians.

Dr Sarah Strasser
(appointed 26 October 2008)
MBBS, FPC, FACRRM

Dr Sarah Strasser was appointed Women in Rural Practice Director on 26 October 2008 and is currently working with Flinders University in Darwin in their Rural Clinical School.

Ms Marita Cowie
BA (Psych), BBus (Com), MEd (T&D)

Marita Cowie was appointed Company Secretary of the College in 1998. She is also the foundation Chief Executive Officer of ACRRM. Marita has more than 15 years experience in medical education, training and company administration.

Directors' Report (continued)

Meetings of Directors

During the 2008-2009 financial year, 7 meetings of directors were held, with attendance as follows:

DIRECTORS	Directors Meetings	
	Eligible to attend	Attended
Associate Professor Dennis Pashen	7	7
Dr Patrick Giddings	7	7
Associate Professor Ruth Stewart	7	4
Dr Kris Bascomb (resigned 26 October 2008)	2	2
Associate Professor Elizabeth Chalmers	7	5
Dr Aniello Iannuzzi	7	5
Dr Jennifer Delima (resigned 26 October 2008)	2	2
Dr Louise Stone (resigned 26 October 2008)	2	2
Dr Nola Maxfield (resigned 26 October 2008)	2	2
Dr Jonathon Outridge	7	6
Dr Michael Eaton	7	6
Dr John Russell	7	7
Dr John Robson	2	2
Dr Jeffrey Ayton	7	7
Dr Tim Kelly (appointed 17 March 2009)	2	2
Dr Sarah Strasser (appointed 26 October 2008)	5	2

Attendance of Ex Officio Board Members at Meetings of Directors

EX OFFICIO MEMBERS	Directors Meetings	
	Eligible to attend	Attended
Dr David Campbell, Immediate Past President	7	5
Dr Tom Doolan, Hon. Director of Education	7	4
Associate Professor Richard Murray, Censor	7	6
Ms Marita Cowie, Chief Executive Officer	7	7

There is one formally constituted committee of the Board being the Executive Committee. During the financial year, 3 meetings of the Executive Committee were held, with attendance as follows:

EXECUTIVE COMMITTEE MEMBERS	Executive Meetings	
	Eligible to Attend	Attended
Associate Professor Dennis Pashen, President	3	3
Dr Patrick Giddings, Treasurer	3	1
Associate Professor Ruth Stewart, Vice President	3	3
Ms Marita Cowie, Chief Executive Officer	3	3
Dr Aniello Ianuzzi, NSW Director	3	3

Directors' Report (continued)

The Finance Committee during the financial year had 4 meetings, with attendance as follows:

FINANCE COMMITTEE MEMBERS	Finance Committee Meetings	
	Eligible to attend	Attended
Dr Patrick Giddings, Treasurer, Chair	4	4
Associate Professor Ruth Stewart	4	4
Dr Aniello Iannuzzi	4	2
Dr Jonathon Outridge	4	3
Dr Michael Eaton	4	3
Dr Elizabeth Dodd	4	3
Ms Marita Cowie, Chief Executive Officer	4	4

SIGNIFICANT AFTER BALANCE DATE EVENTS

No matters or circumstances have arisen after the end of the financial year that have significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company, in subsequent financial years.

ENVIRONMENTAL REGULATIONS

There has been no matter, either during or since the end of the financial year, which in the opinion of the directors, would give rise to any conflict with the provisions of existing environmental regulation.

INDEMNIFICATION OF OFFICERS

During or since the financial year the company has paid premiums to insure each of the directors and officers against liabilities for the costs and expenses incurred by them in defending any legal proceedings arising from a wrongful act while acting in their capacity of officer of the company. The policy prevents the company from disclosing premiums paid.

PROCEEDINGS ON BEHALF OF THE COMPANY

No proceedings have been entered into on behalf of the company.

Signed in accordance with a resolution of the Board of Directors.

Director
Dated at Albury this 24 day of September, 2009.

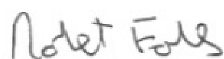
Auditor's Independence Declaration

AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
TO THE DIRECTORS OF
AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2009 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.



BENTLEYS
Brisbane Partnership
Chartered Accountants

R J Forbes
Dated at Brisbane this 24th day of September 2009

Directors' Declaration

In the opinion of the Directors of the Australian College of Rural and Remote Medicine Limited:

(a) the accompanying financial statements and notes are in accordance with the Corporations Act 2001, comply with the accounting standards and give a true and fair view of the company's financial position as at 30 June 2009 and its performance for the year ended on that date.

(b) at the date of this declaration there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors.

Director

Dated at Albury this 24th day of September, 2009.

Income Statement
For the year ended 30 June 2009

	Notes	2009 $	2008 $
Revenues from Ordinary Activities	2	18,033,204	13,965,735
Expenses from Ordinary Activities	**3**	**(17,691,304)**	**(14,189,688)**
Surplus/(Deficit) from Ordinary Activities		**341,900**	**(223,953)**
Income Tax Expense		-	-
Net Surplus/(Deficit)		**341,900**	**(223,953)**

The above Income Statement should be read in conjunction with the attached notes

Balance Sheet
As at 30 June 2009

	Notes	2009 $	2008 $
CURRENT ASSETS			
Cash and Cash Equivalents	5	12,262,714	7,781,770
Trade and Other Receivables	6	1,051,538	3,590,827
Other Assets	7	253,970	183,560
TOTAL CURRENT ASSETS		13,568,222	11,556,157
NON-CURRENT ASSETS			
Intangible Assets	8	20,591	87,705
Plant and Equipment	9	121,303	129,246
TOTAL NON-CURRENT ASSETS		141,894	216,951
TOTAL ASSETS		13,710,116	11,773,108
CURRENT LIABILITIES			
Trade and Other Payables	10	10,260,466	8,661,267
TOTAL CURRENT LIABILITIES		10,260,466	8,661,267
NON-CURRENT LIABILITIES			
Long-term Provisions	11	92,676	96,767
TOTAL NON-CURRENT LIABILITIES		92,676	96,767
TOTAL LIABILITIES		10,353,142	8,758,034
NET ASSETS		**3,356,974**	**3,015,074**
EQUITY			
Retained Earnings	12	3,356,974	3,015,074
TOTAL EQUITY		**3,356,974**	**3,015,074**

The above Balance Sheet should be read in conjunction with the attached notes

Cash Flow Statement
As at 30 June 2009

	Notes	2009	2008
		$	$
Cash Flows from Operating Activities			
Receipts from Members & Other Consultancies		2,484,148	2,052,933
Interest Received		143,686	210,187
Grants Received		18,883,083	7,577,421
Payments to Suppliers and Employees		(17,092,924)	(13,323,377)
GST Recovered/(Paid)		101,618	75,040
Net Cash from Operating Activities	20(i)	4,519,611	(3,407,796)
Cash Flows from Investing Activities			
Payments for Intangibles		-	-
Payments for Property, Plant and Equipment		(38,667)	(44,408)
Net Cash Used in Investing Activities		(38,667)	(44,408)
Net Increase (Decrease) in Cash held		4,480,944	(3,452,204)
Cash at the Beginning of the Financial Year		7,781,770	11,233,974
Cash at the End of the Financial Year	20(ii)	12,262,714	7,781,770

The above Cash Flow Statement should be read in conjunction with the attached notes.

Note to the financials

Note 1. SUMMARY OF ACCOUNTING POLICIES

These financial statements constitute a general purpose financial report which have been drawn up in accordance with Australian Accounting Standards other authoritative pronouncements of the Australian Accounting Standards Boards, Australian Accounting Interpretations and the Corporations Act 2001.

The financial report of the Australian College of Rural and Remote Medicine Limited ("the College") complies with all Australian equivalents to International Financial Reporting Standards (AeIFRS) in their entirety.

A statement of compliance with International Financial Reporting Standards cannot be made due to the Company applying the not-for-profit sector specific requirements contained in the AeIFRS.

Basis of Preparation

The statements are prepared on the accrual basis of accounting using the historical cost assumption and except where stated, do not take into account changing money values nor current valuations of non-current assets and their impact on operating results.

The accounting policies below have been consistently applied to all years presented.

Income Tax

The entity is exempt from income tax under provisions of the Income Tax Assessment Act.

Property, Plant and Equipment

Property, plant and equipment are brought to account at cost, less, where applicable, any accumulated depreciation.

Depreciation is calculated on the Diminishing Value Method so as to write the assets off over their estimated useful lives. The average depreciation rate for office equipment ranges between 20 and 40%. New assets are depreciated from the date of commissioning.

Note 1. SUMMARY OF ACCOUNTING POLICIES (continued)

Revenue Recognition

(a) Grants received are recognised in accordance with AASB 1004 Contributions and consequently are brought to account as revenue where:

- The company has control over the contribution;
- It is probable that the economic benefit comprising the contribution will flow to the company; and
- The amount of the contribution can be reliably measured.

Further, grant revenue is apportioned to match the expenses incurred in the project. Consequently, the unexpended portion of grant revenue is recognised as unearned income and is deferred to future periods while any overspend will be recognised early as a receivable.

(b) Interest Revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

(c) Subscriptions are recognised on an accrual basis proportionate to when the service is provided.

Employee Benefits

The following liabilities arising in respect of employee entitlements are measured at the amount expected to be paid when the liability is settled:

- wages and salaries, annual leave and sick leave regardless whether they are expected to be settled within twelve months of balance date.
- other employee entitlements which are expected to be settled within twelve months of balance date.

Long service leave liabilities are determined after taking into consideration years of service, current level of wages and salaries and past experience regarding staff departures.

Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Intangible Assets

The cost of creating a website has been capitalised under the conditions set out in Australian Accounting Interpretations. The expense is being amortised over a period of three years and any further expenses incurred for maintenance will be expensed to the Income Statement.

Note 1. SUMMARY OF ACCOUNTING POLICIES (continued)

Receivables

Trade receivables represent the principal amounts outstanding at balance date, are non interest bearing and are usually settled within 30 days.

Payables

Payables represent the principal amounts outstanding at balance date, are non interest bearing and are usually settled within 30 days.

Net Fair Value

The net fair value of all financial assets and liabilities are represented by their book value unless otherwise stated.

Note 2. REVENUES FROM ORDINARY ACTIVITIES

	2009 $	2008 $
Operating Revenue		
Rendering of Services	2,449,474	1,774,955
Grant Income	15,364,478	11,952,216
Sponsorship	73,679	23,909
Sundry Income	1,887	4,468
Non Operating Revenue		
Interest	143,686	210,187
	8,033,204	**13,965,735**

Note 3. EXPENSES FROM ORDINARY ACTIVITIES

	2009 $	2008 $
Classification of Expenses by Function:		
College Services & Admin Expenses	2,279,134	1,827,873
Publication & Communication Services	47,692	40,141
John Flynn Placement Program Grant Expenses	2,016,346	2,196,864
M R B Scholarship Grant Expenses	851,678	507,077
GP Procedural Grant Expenses	244,244	240,589
OTD Supervisors Grant Expenses	-	162,375
PGPPP Grant Expenses	10,866,709	7,960,004
MTRP Grant Expenses	-	96,691
Non – VR Assessment Grant Expenses	10,048	240,518
Mental Health Grant Expenses	414,676	-
MSOAP Grant Expenses	400,016	325,001
BMPS Grant Expenses	560,761	592,525
	17,691,304	**14,189,658**
Other Expenses		
Employee Benefits Expense	1,313,905	933,242
Amortisation and Depreciation Expense	113,122	94,503

Note 4. SURPLUS/(DEFICIT) FROM ORDINARY ACTIVITIES

	2009 $	2008 $
Surplus/(Deficit) from Ordinary Activities includes:		
Net (Gain)/Loss from sale of Plant and Equipment	602	3,390
Net Expense resulting in movements in provisions:		
Depreciation	46,007	50,657
Amortisation	67,114	43,846
Rental expense from operating leases	206,850	97,000

Note 5. CASH AND CASH EQUIVALENTS

	2009 $	2008 $
Cash on Hand	100	100
Cash at Bank	5,921,369	5,031,190
Cash on Deposit	6,341,245	2,750,480
	12,262,714	**7,781,770**

Note 6. TRADE AND OTHER RECEIVABLES

Trade Receivable	1,051,538	3,590,827
	1,051,538	**3,590,827**

Included in the above, are aggregate amounts receivable from the following related parties:

Directors (other than loans to directors)	-	-

Note 7. OTHER ASSETS

Prepayments	253,970	183,560
	253,970	**183,560**

Note 8. INTANGIBLE ASSETS

	2009	2008
	$	$
Website Development (at cost)	699,364	699,363
Accumulated Amortisation	(678,773)	(611,658)
	20,591	**87,705**

Note 9. PLANT AND EQUIPMENT

Office Equipment (at cost)	403,016	385,635
Accumulated Depreciation	(281,713)	(256,389)
	121,303	**129,246**

Movement Schedule		
Opening Balance	129,246	138,885
Additions	38,666	44,408
Disposals at Written Down Value	(602)	(3,390)
Depreciation Expense	(46,007)	(50,657)
Closing Balance	**121,303**	**129,246**

Note 10. TRADE AND OTHER PAYABLES

(i) Current		
Trade and Sundry Creditors	2,238,335	904,278
Unearned Income	7,514,150	6,551,123
Accruals	131,789	720,621
Employee Benefits	152,079	125,065
GST Payable	140,107	299,413
Long service leave	84,006	60,767
	10,260,466	**8,661,267**

Included in unearned income, are amounts from directors:

	6,850	**4,755**

Note 11. PROVISIONS

Non-Current		
Employee Benefits	4,026	8,117
Provision for “Make Good”	88,650	88,650
	92,676	**96,767**

Note 12. RETAINED EARNINGS

Retained Earnings at the beginning of year	3,015,074	3,239,027
Net Surplus/(Deficit)	341,900	(223,953)
Retained Earnings at the end of year	**3,356,974**	**3,015,074**

As retained earnings is the only equity of the Company, a Statement of Changes in Equity has not been included in these financial statements.

Note 13. AUDITOR’S REMUNERATION

Audit and review of Financial Statements	7,900	6,500
Other Project Audit Services	6,400	6,600
	14,300	**13,100**

Note 14. COMMITMENTS FOR EXPENDITURE

Non-cancellable operating lease for lease of premises with a term of more than one year.

Commitments not provided for:		
No later than 1 year	267,356	206,850
Later than 1 year but no later than 5 years	575,484	684,700
	842,840	**891,550**

Note 15. MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the Articles of Association state that each member is required to contribute a maximum of $10 each towards meeting any obligations of the company.

Note 16. CORPORATE INFORMATION

Australian College of Rural and Remote Medicine Limited is an Australian company incorporated and domiciled in Australia. Its principal activities are the provision of medical education and training services. The principal place of business and registered office of the Australian College of Rural and Remote Medicine Limited is Level 4, 410 Queen Street, Brisbane, Queensland. There are 44 employees (2008: 36) at the end of the reporting period.

Note 17. SEGMENT INFORMATION

The company's sole business segment is the provision of medical education and training services to rural and remote areas in Australia.

Note 18. ECONOMIC DEPENDENCY

The project operations of the Australian College of Rural and Remote Medicine are dependent upon ongoing funding, which, to date, has been predominantly through agreements with the Department of Health and Ageing.

Note 19. RELATED PARTY TRANSACTIONS

The directors of the company pay membership fees under normal terms and conditions. They are not remunerated by the company. The names of persons who held office during the year are as follows:

2009	2008
A/Professor Dennis Pashen	Dr David Campbell
Dr Patrick Giddings	A/Professor Dennis Pashen
A/Professor Ruth Stewart	Dr Patrick Giddings
Dr Sarah Strasser (appointed 26 October 2008)	Dr Neil Beaton (resigned 27/10/07
Dr Jonathan Outridge	A/Professor Ruth Stewart
Dr Kris Bascomb (resigned 26 October 2008)	Dr Kris Bascomb
A/Professor Elizabeth Chalmers	A/Professor Elizabeth Chalmers
Dr Michael Eaton	Dr Louis Peachey (resigned 27/10/07)
Dr Aniello Iannuzzi	Dr Aniello Iannuzzi

Note 19. RELATED PARTY TRANSACTIONS (continued)

Dr Jennifer Delima (resigned 26 October 2008)	Dr Jennifer Delima
Dr John Russell	Dr John (Campbell) Murdoch (resigned 6/11/07)
Dr John Robson	Dr Scott Lewis (resigned 27/10/07)
Dr Louise Stone (resigned 26 October 2008)	Dr Louise Stone
Dr Nola Maxfield (resigned 26 October 2008)	Dr Nola Maxfield
Dr Jeffrey Ayton	Dr Jonathan Outridge (appointed 27/10/07)
Dr Tim Kelly (appointed 17 March 2009)	Dr Michael Eaton (appointed 14/01/08)
	Dr John Russell (appointed 22/01/08)
	Dr John Robson (appointed 3/03/08)
	Dr Jeffrey Ayton (appointed 14/03/08)

Note 20. NOTES TO THE CASH FLOW STATEMENT

i) Reconciliation of Surplus/(Deficit) from Ordinary Activities after Income Tax to Net Cash Provided by Operating Activities

	2009 $	2008 $
Surplus/(Deficit) from ordinary activities after income tax	341,900	(223,953)
Depreciation	46,007	50,657
Amortisation	67,114	43,846
Loss/(Gain) on Disposal of Assets	602	3,390
(Increase)/Decrease in Trade Debtors	2,539,289	(491,248)
(Increase)/Decrease in Non-Trade Debtors	-	-
(Increase)/Decrease in Prepayments	(70,410)	763,039
Increase/(Decrease) in Unearned Income	963,027	(3,587,721)
Increase in Trade Creditors and Accruals	667,507	8,768
Increase/(Decrease) in Provisions	46,162	(2,064)
GST Clearing	(81,587)	27,490
Net Cash Provided by Operating Activities	**4,519,611**	**(3,407,796)**

For the purposes of the Cash Flow Statement, cash includes cash on hand and in banks and investments in money markets and net of bank overdrafts.

Note 20. NOTES TO THE CASH FLOW STATEMENT (continued)

ii) Reconciliation of Cash

Cash on Hand	100	100
Cash at Bank	5,921,369	5,031,190
Cash on Deposit	6,341,245	2,750,480
	12,262,714	**7,781,770**

iii) Cash

Cash balances and short-term deposits are stated at their principal amounts are held at call, subject to fixed and variable interest rates. Interest is recognised when earned.

Note 21. EVENTS AFTER THE BALANCE SHEET DATE

The financial report was authorised for issue on 24 September 2009 by the board of directors.

Note 22. FINANCIAL INSTRUMENTS

Financial Risk Management Policies

The Company's financial instruments consist mainly of deposits with the banks, accounts receivable and accounts payable.

The Company does not have any derivative instruments at 30 June 2009.

i) Treasury Risk Management

The finance committee meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

The committee's overall risk management strategy seeks to assist the Company in meeting its financial targets whilst minimising potential adverse effects on financial performance.

The finance committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

Note 22. FINANCIAL INSTRUMENTS (continued)

ii) Financial Risk Exposures and Management

The main risks the Company is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

Interest Rate Risk

As the company is funded mainly through government grants, the Company does not require loans and consequently is not exposed to interest rate risk.

No assets or liabilities of the company bear interest except for cash and cash equivalents. The interest rate (market) risk regarding these assets is monitored by the directors to ensure the best possible financial returns. At 30 June 2009 the weighted average effective interest rate in relation to cash and cash equivalents was 1.1% (2008 – 4.6%) with the interest rate being entirely represented by floating rates. In terms of interest rate sensitivity analysis, a 2% increase/decrease in interest rates would cause the net profit before tax and equity of the company to increase/decrease by $239,000 annually assuming all other variables remain constant.

Foreign Currency Risk

The company is not exposed to fluctuations in foreign currencies.

Liquidity Risk

The company manages liquidity risk by monitoring forecast cash flows and ensuring that spending remains within approved project budgets for which funds are received in advance.

Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

There are no amounts of collateral held as security at 30 June 2009.

Credit risk arises from exposures to customers as well as deposits with financial institutions. The Company is not exposed to any significant credit risk because it does not trade, and its receivables are from providers of grant funding. Consequently, the finance committee does not monitor credit risk.

Whilst 80% of the total debtors are concentrated in one debtor, being the Department of Health and Ageing, the company considers credit risk to be negligible.

Independent Auditor's Report

AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE LIMITED

INDEPENDENT AUDITOR'S REPORT

To the members of Australian College of Rural and Remote Medicine Limited

We have audited the accompanying financial report of Australian College of Rural and Remote Medicine Limited, which comprises the balance sheet as at 30 June 2009 and the income statement and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report
The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

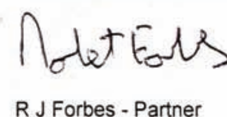
Independence
In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's Opinion
In our opinion, the financial report of Australian College of Rural and Remote Medicine Limited is in accordance with the Corporations Act 2001, including:

(a) giving a true and fair view of the company's financial position as at 30 June 2009 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

BENTLEYS
Brisbane Partnership
Chartered Accountants



R J Forbes - Partner

Brisbane
Dated this 24th day of September 2009

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