



Annual Report

2020-2021



Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE



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President's message

Life as a Rural Generalist has been tough for the last 18 months, and I'm pretty sure its about to get a bit tougher. Closed borders and sudden lock downs have shut down fly-in-fly-out and locum services, and many College members are in desperate need of a break.

I want to acknowledge the extraordinary work that has been done by our members to provide quality care for rural and remote communities across the country, including the massive effort in getting as many people as possible vaccinated against COVID-19.

I commenced my role as President in November last year, taking the reins from Dr Ewen McPhee. I would like to acknowledge Ewen's leadership of the College, in particular through the early response to the COVID-19 pandemic, including allowing our registrars to continue through their fellowship pathways, campaigning for the delivery of safe and equitable digital health programs, promoting health workplaces and steadfastly driving the College's Rural Generalist agenda.

Like all the previous presidents who have contributed so much to the organisation, we are grateful for their leadership and expertise over the last nearly quarter of a century.

It has been a landmark year in our work to advocate for equitable healthcare for rural and remote Australia. ACRRM has had a seat at the table directing national healthcare operations and all the key workforce reforms for the next decade. We have worked hard to ensure that rural and remote people's voices have been heard in all these forums including:

- The national response to the COVID-19 pandemic, the vaccination rollout and management of COVID-19 patients in primary care
- National general practice training framework reform and transition to college-led training
- Primary healthcare reform, setting the government's 10-year plan
- National Rural Generalist Pathway development through the national Strategic Council, the Rural Generalist Recognition Taskforce and through our work with the jurisdictional Rural Generalist programs, and
- The National Medical Workforce Strategy development.

Our College will not just be there to set plans, we will continue to work in these forums as they move to the implementation stage. Over the year we have received unprecedented levels of member feedback to guide us in these forums. This has been highly-valued and we look forward to these 'from-the-coalface' perspectives being able to inform our input to discussions going forward.

In all our consultations and presentations, we continue to promote Rural Generalist Medicine as a significant part of the solution to rural workforce shortages. Rural generalism, teamed with the ACRRM model of rurally-focussed training experience and professional home, continues to have unparalleled success in producing long-term rural doctors with a mindset and a scope of practice to meet a wide breadth of their communities' needs.

We have emphasised the urgent need to restore the value proposition of rural practice. We have reinforced that this must involve recognising the need for strong, sustainable resources embedded in rural and remote areas, including in Aboriginal and Torres Strait Islander communities, and the need for levels of government working together and accepting accountability to uphold acceptable standards of access to health workforce and resources for all Australians wherever they may live.

This year's commencement of the Rural Generalist Training Scheme is an opportunity to deliver our bespoke FACRRM program with the support of ACRRM staff and resources across rural and remote Australia. The Scheme will join our Independent Pathway as a College-led program and build on the success of the almost 400 Rural Generalists trained to Fellowship through this pathway. This will be followed in 2023, by the transition of the funded positions currently with Australian General Practice Training (AGPT) to an integrated ACRRM Fellowship program, providing a direct relationship between the College and registrars, supervisors, and practices. We acknowledge the work of the nine Regional Training Organisations in helping deliver ACRRM training since 2012, and the Training Providers before them.

As has been said many times before, what we achieve as a College never comes down to any individual. I would also take this time to acknowledge the work of the Board Directors, Councillors, Committees and Work Group members, our supervisors, training practices, assessment examiners, course instructors and of course our magnificent College staff and CEO.



“ACRRM has had a seat at the table directing national healthcare operations and all the key workforce reforms for the next decade.”

- Dr Sarah Chalmers

CEO's message

In a year that saw the twin challenges of a pandemic and national sector reform, the College has been staunch in its commitment to unwavering delivery of training and support for our members.

Responding to the COVID 19 pandemic has tested the resilience of our Rural Generalists across the country. As our members have needed to respond to ever-changing public health demands, changes to infection control policies, concerns around mental health, and, most recently the vaccination roll-out—we have done our best to support them in all these challenges and provide them with continuity of support and services.

ACRRM has been the only college in Australia to maintain continuity of registrar selection, training and assessment since the pandemic began. We set processes in place such that no-one was disadvantaged by pandemic arrangements, and everyone who wished to, could progress. All selection, training and assessments have been able to be delivered online so our doctors could remain in their communities. The College has also continued its program of specialist assessments of International Medical Graduates. ACRRM has been pleased to share its knowledge and experience of online learning and assessment with our fellow colleges and the Australian Medical Council.

Despite many setbacks due to lockdowns, the College has continued to deliver key face-to-face courses such as the Advanced Life Support and Rural Emergency Skills Training in every state and territory, to help our members maintain their competency and meet their continuing professional requirements.

The College has also invested heavily in growing and refining our Professional Development Program systems, services, and advice, to put our members the best possible position to meet the Medical Board's new framework.

Alongside this work the year has seen our size and scope of operations expand.

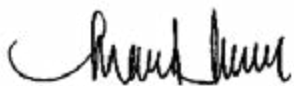
We have commenced the implementation of the Rural Generalist Training Scheme. At the same time, we have expanded our systems, resources, and services in both the Australian General Practice Training and Independent Pathway—further bolstering our training capacity.

Negotiations continue toward college-led training which will commence in 2023. For ACRRM, this will be a natural progression of the training we have continued to offer over the past two decades through the Independent Pathway. It will however see our doctors receive fully fit-for-purpose FACRRM training, directly supported by their College, with the full support of the national investment in the general practice training framework.

To support these processes, we have been engaging with our key training partners to keep the change process simple. This has included meeting with Regional Training Organisations, the Rural Generalist Coordinating Units in all the jurisdictions, and the key Aboriginal and Torres Strait Islander support organisations.

While the year past, and indeed the year ahead will continue to throw the unexpected our way, the College continues to go from strength to strength towards the vision for which our members established ACRRM almost a quarter of a century ago.

It is our privilege to support our doctors who continue to provide vital services to their rural and remote communities. We are acutely aware of the challenges our members face and will continue to work full steam ahead to meet our members' needs.



"...the College continues to go from strength to strength towards the vision for which our members established ACRRM almost a quarter of a century ago."

- Marita Cowie

ACRRM COVID-19 response support

The COVID-19 threat has highlighted how important our members' broad and flexible scope of practice is to rural and remote communities. It has also shone a spotlight on the commitment and resilience of our members to their role in protecting and supporting their communities.

The pandemic impacted our members both personally and professionally as they continued to lead community responses. To offer our strongest possible support, the College teamed with the Rural Doctors Association of Australia (RDAA) to provide a structured program of services.

This program was delivered over and above the Colleges' support within its programs through its advocacy, responsive training and assessment policies, flexible delivery, and well-being support.

The ACRRM/RDAA team rolled out comprehensive information and resources including:

- Protocols for triaging, testing and treatment of patients
- Infection control and PPE guides
- Guidelines for supporting vulnerable patients, and
- Telehealth support, guidance, and webinars

ACRRM Immediate Past President Dr Ewen McPhee and CEO Marita Cowie were part of a six-person steering committee providing advice at state and commonwealth



briefings to ensure rural and remote doctors and their communities were considered in the government policy response.

The concerted information roll-out was extremely well-supported. Nine webinars held in the early months of the pandemic regularly attracted audiences of up to 250 participants. Teleconferences, fortnightly 'COVID Bulletin' newsletters and 33 media releases also received strong uptake. To this end we identified a shortfall in personal protective equipment (masks and gowns) and were able to source and distribute the essential equipment at cost price to 39 practices nationally.

The College would like to express thanks to RDAA for their collaboration and to Dr Adam Coltzau who provided clinical leadership in these operational efforts.

The coordinated program offered a proactive, responsive, and effective way to support rural doctors on the ground. The College has gained significant learnings from this and this experience will provide an excellent platform for future disaster response efforts.

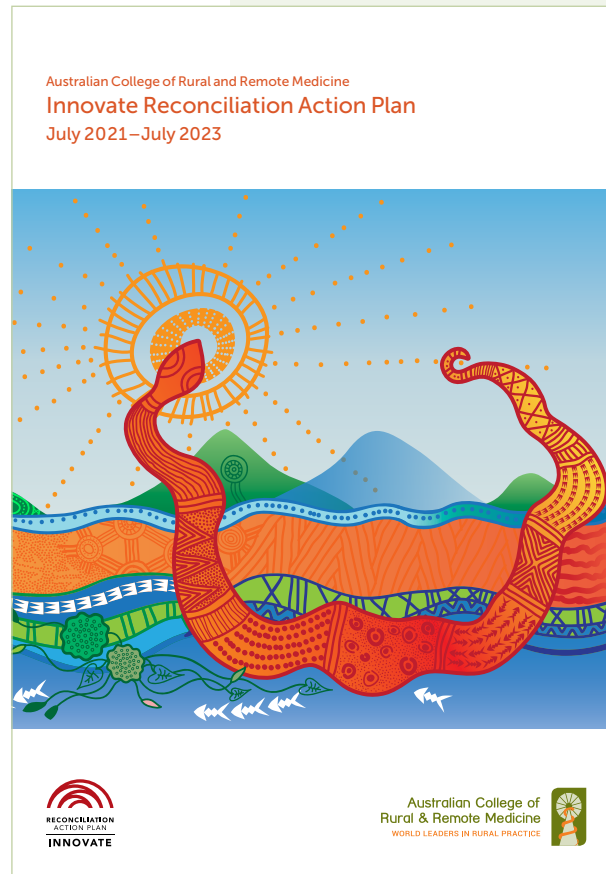
Reconciliation Action Plan progress

ACRRM ratified its third Reconciliation Action Plan (RAP) in April this year.

The new RAP builds on our achievements and focusses on extending our relationships with Aboriginal and Torres Strait Islander organisations and communities. It fosters cultural understanding and appreciation, and develops and pilots innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

Among the aspirations is an increase in Aboriginal and Torres Strait Islander registrars and Fellows and we are looking for partnership with other training colleges and organisations such as Australian Indigenous Doctors Association to achieve that goal. The Aboriginal and Torres Strait Islander Members Group provides informal mentoring and mutual support for registrars as part of this aspiration.

Other elements of the new RAP will be clear inclusion targets for ACRRM employees and business partners and the delivery of appropriate cultural awareness training for all staff.



Continuity of College services

College Fellowship programs

ACRRM has fought hard to be able to directly deliver fully fit-for-purpose, FACRRM training with the backing of the national investment in general practice training. College-led training presents the opportunity to bring this to fruition.

The College believes this will lend our registrars the strongest possible preparation toward attaining the professional standards for award of Fellowship. Our registrars will be able to be better supported through to Fellowship and rural and remote communities will benefit from their broad scope training.

ACRRM is well-placed to offer fit-for-purpose training under the College-led framework.

The College has been directly delivering Australian Medical Council accredited training through its Independent Pathway for almost fifteen years.

All aspects of the ACRRM Fellowship program have been rapidly expanding in scope and scale particularly over the past five years. Ongoing development and work associated with the Rural Generalist Training Scheme, and preparations for College-led Training have contributed to the expansion and fine-tuning of the College's systems, services, staff, and resources which underpin delivery of our training programs.

The Rural Generalist Training Scheme commenced this year and will provide additional places which are government-funded across the country. The Scheme will establish an essential framework and allow the College to provide a seamless progression to full College-led delivery in 2023.

Continuing professional development

The Medical Board of Australia's new Professional Performance Framework will be mandatory for all medical doctors from January 2023 and the College has worked to make the transition to these new arrangements as simple as possible for our members.

As the current Professional Development Program has the essential structure of the new system, our members have already adapted to working with the Framework. This early adoption has provided the College has had opportunity to respond to member feedback and finetune its systems. It has also been able to develop a range of fit-for-purpose resources and guidance materials to support the program.

One such initiative is the development of dedicated, asynchronous Case Based Discussion forums through Connect@ACRRM that automatically



College-led Training will deliver a flexible program tailored to individual needs

“ACRRM is well-placed to offer fit-for-purpose training under the College-led framework.”

Course engagement



**15,406
enrolments**

**in over 134 ACRRM
Online Learning courses**



340 participants

**in 17 face-to-face
courses**

[special arrangements implemented in
line with COVID-19 restrictions]

Connect@ACRRM engagement



5,700

**active
members**



2,100

discussions



50

libraries



New Fellows

Dr Wesam Abujalala

Dr Rebekah Adams

Dr Babak Adeli Koodehi

Dr Taiwo Adeniyi

Dr John Alcorn

Dr James Allin

Dr Sanar Al-Shaklee

Dr Ghaith Al-Timimi

Dr Kate Anderson

Dr Lucinda Anderson

Dr Claire Arundell

Dr Alexander Baggott

Dr Daniel Ballantine

Dr Casey Baxter

Dr Angus Brown

Dr Anne Cawley

Dr Mohammad Chowdhury

Dr Teneale Clarke

Dr Elizabeth Clarkson

Dr Scott Collins

Dr Nathan Combs

Dr Jane Cooper

Dr Cameron Crothers-Stomps

Dr Aaron Cummings

Dr Robert Dickson

Dr Gabrielle Diplock

Dr Peter Fambirai

Dr Nicola Fenner

Dr John Floridis

Dr Veronica Foote

Dr Mei-Ching Freeman

Dr Michael Frood

Dr Helen Fry

Dr Francesca Garnett

Dr Colin Giorcelli

Dr Sarah Goddard

Dr Geraldo Guimaraes

Dr Charmaine Hammond

Dr Nichole Harch

Dr Rachel Hawker

Dr Andrew Hawthorne

Dr Allison Hempenstall

Dr Mark Herrmann

Dr Ann Hoschke

Dr Timothy Igbenije

Dr Zahid Iqbal

Dr Peter Kirkham

Dr Alyson Knell

Dr Bhupinder Kumar

Dr Shehzad Kunwar

Dr John Lancashire

Dr Grace Maano

Dr Catherine Macdonald

Dr Johnathan Mah

Dr Anna Malan

Dr Brendan Marshall

Dr Jillian McClimon

Dr Rachelle McNamara

Dr Geoffrey Menzies

Dr David Molhoek

Dr Sunday Morakinyo

Dr Jonathan Mortimer

Dr Debraj Mukherjee

Dr Ashlee Mychael

Dr Thileepan Naren

Dr Matthew Neal

Dr Skye Nissen

Dr Erin O'Connor

Dr Murali Ooruthiran

Dr Michael Ostapovitch

Dr Tarun Patel

Dr Robert Pickham

**Dr Stephanie Potvin-
Lapointe**

Dr Emma Pratt

Dr Neil Premaratne

Dr Christopher Pring

Dr Joanne Radcliffe

Dr Anthony Rengel

Dr Max Ryder

Dr Sonia Schutz

Dr Brett Scott

Dr Sophia Scrimgeour

Dr Marianne Seville

Dr Alexander Shaw

Dr Gulchekhira Sidari

Dr Paula Straatsma

Dr Shahabuddeen Taj

Dr Louisa Tatton

Dr Kate Thuesen

Dr Onyebuchi Henry Ugwu

Dr Ebonney Van der Meer

Dr Angela Vico

Dr Emily Walpole

Dr Fiona Watson

Dr Nipuna Wickremaratne

Dr Trent Wilson

Dr Robert Worswick

Member profile:

Tadeusz Davenport

Winter Expedition Medical Officer, Casey Station

Australian Antarctic Division

Exam anxiety often sends a chill down the spine. But when the temperature outside your office barely reaches minus 10°C you may be better equipped to manage than most.

Tadeusz Davenport is the Winter Expedition Medical Officer based at Casey Station—one of three permanent stations and research outposts managed by the Australian Antarctic Division.

The 28 year old is one of 27 'expeditioners' at the Station over winter. They range in age from their 20's to their 60's and include mechanics, plumbers, electricians, weather observers, machine operators and communication technicians. Their job over winter is to keep the Station running—and Tadeusz' is to try to keep all the expeditioners running.

Tadeusz shares the story of his experience sitting his ACRRM MCQ examination in Australia's most remote territory:

"I expected to have to spend a bit of time sorting out the logistics of sitting the exam in Antarctica," Tadeusz said.

"I'm used to explaining that technically we are still in a part of Australia and although it is hard to phone, and the stability of our internet connection is poor, we do have email and WhatsApp.

"Happily, the reality was much smoother than expected and ACRRM helped make the experience no different to sitting an exam anywhere else.

"The paper format was perfect for a remote location and the wealth of online resources available erased the fear that I should have brought down another textbook or two [we don't get mail for months at a time]."

That said, it wasn't without a few challenges.

"Being the only doctor on site I wasn't able to meet the requirements of not being on call during the exam," he said

"Similarly, I had to find an invigilator who wasn't on call for something at the time.

"Luckily the deputy station leader was coming off duty as fire chief the week before so he could fill in in the role!"

Tadeusz said preparation was the only true barrier to sitting the exam remotely while pursuing your passion.

"The remote lifestyle is quite busy between work and community involvement, and it is important to balance that with study," he said.

"It is key to link in with other registrars elsewhere to keep your study on track and relevant. This is pretty easy now with the wealth of internet options available to share resources.

"Once you are ready just crack on. In my experience, the College is willing to make it work on their end if you can make it work on your end."



"Once you are ready just crack on. In my experience, the College is willing to make it work on their end if you can make it work on your end."

- Dr Tadeusz Davenport

Rural Generalist recognition

ACRRM continues to lead efforts toward national recognition of Rural Generalist Medicine. A strong Rural Generalist (RG) workforce is vital to the delivery of quality healthcare to some of our country's most underserved populations yet historically it has been un-named, and largely unrepresented in healthcare planning, resourcing and clinical decision making.

In the past year, ACRRM has taken seminal steps forward towards the full national recognition of Rural Generalists as specialists within the medical profession and with this cementing our Fellow's unique scope in the architecture of our nation's health systems.

RGTS commencement

The Rural Generalist Training Scheme (RGTS) commenced delivering the country's first nationally sponsored dedicated 'Rural Generalist' program.

Jurisdictional RG programs growth

Dedicated Rural Generalist programs are now established in all states and territories and are growing and consolidating. ACRRM is working closely with all of these.

NRGP Strategic Council established

The National Rural Generalist Pathway Strategic Council was established to provide a peak body to oversee state and national level roll out of the National Rural Generalist Pathway (NRGP)

National Medical Workforce Strategy and Primary Health Care 10-Year Reforms

The watershed National Medical Workforce Strategy and Primary Health Care 10-Year Reforms are both to be finalised in 2021 and are expected to incorporate the NRGP

RG Recognition Taskforce

The RG Recognition Taskforce consultation with jurisdictions, medical colleges and other professional peaks has seen strengthening consensus throughout the health sector of the profession's role and contribution.

International recognition

International recognition has continued to grow with rural generalism recognised as a workforce solution in the Bangladesh Declaration of the 17th World Rural Health Conference, and in the latest update by Canada's peak rural health and rural general practice professional bodies of their Rural Roadmap.



Almost 5000 ACRRM Rural Generalist doctors are delivering quality healthcare to some of Australia's most underserved communities.

Rural Generalist Training Scheme

The RGTS will provide training that is entirely purpose built around the FACRRM model. This means the education and training program will align closely to assessment and ACRRM registrars will be trained and supported by staff from their College with first-hand knowledge of the program and, committed to a lasting professional relationship with them as ACRRM Fellows. The College is recruiting in all states and territories to provide on-the-ground support to registrars, supervisors, training practices and hospitals.

Jurisdictional support programs

Each state and territory now has a peak body overseeing operations to support Rural Generalist training and practice, and the College is represented on each of these. The Commonwealth is providing funding to ensure each jurisdiction has a Rural Generalist Coordinating Unit to support activities. Most of the Clinical Leads for these hold FACRRMs and the College has been engaging with the units to collaborate in on-the-ground training. This work will be strengthened through RGTS appointments to rural hubs in all jurisdictions. Most of the state and territory programs' Clinical Leads within the Units are FACRRMs, and the College has been engaging with all the Coordinating Units at an operational level to collaborate in on-the-ground training. This work will be strengthened through appointments to RGTS hubs in each state and territory in 2021.

Specialist recognition

The joint-application for recognition of Rural Generalist Medicine as a specialist field within General Practice has progressed through the work of the Rural Generalist Recognition Taskforce. The Taskforce comprises the National Rural Health Commissioner, and representatives of ACRRM and the RACGP, and ACRRM provides the secretariat. A second report has been submitted to the Medical Board and the Taskforce has been conducting ongoing high level consultation including with medical college presidents and chief executives, medical school deans, senior representatives of NACCHO, and nursing and other key health professional organisations, jurisdictional Health Ministers and health department executives.

The consultation process has seen a significant shift in the awareness and recognition of the work and the role of Rural Generalists in meeting rural health care needs. This growing awareness is also evidenced by a recent survey conducted by the General Practice Medical Students Association of 1,129 medical students across the country which found nearly one in ten identified Rural Generalist as their preferred specialty career, and nearly a quarter nominated it in their top three preferences.

Rural Generalists in national frameworks

The National Rural Generalist Pathway (NRGP) is a multifaceted concept to ensure that training and support for a Rural Generalist workforce is embedded in national health systems. The 2018 National Rural Generalist Taskforce Advice presented by the inaugural National Rural Health Commissioner Prof Paul Worley laid the Pathway blueprint. This year, the National Rural Generalist Strategic Council was established to oversee the implementation and operation. The Council is chaired by the current National Rural Health Commissioner, Associate Professor Ruth Stewart and includes representatives of ACRRM as well as from the Australian Medical Association, RDAA, RACGP, jurisdictional health services, and the Commonwealth Department of Health.

Alongside these developments, two watershed national strategies are set to explicitly recognise the role and potential of Rural Generalist practice in future planning for strengthening our rural healthcare services. The National Medical Workforce Strategy will provide the framework to steer planning for the next decade. The College has been represented on the Strategy's planning committee and has contributed to all consultations. It is hoped that the plan will incorporate the National Rural Generalist Pathway and recognition of its role in building a strong rural and sustainable rural workforce. The Primary Health Care 10 Year Reforms are also expected to lend a key role to Rural Generalists in the blueprint for reform.

International recognition

The global Rural Generalist movement has continued to grow globally, with interest in an RG training pilot program in the United Kingdom, and established training programs in Japan and New Zealand.

The Canadian Rural Roadmap 2021 Report Card published by a coalition of fifteen peak national bodies for rural healthcare this year included recommendations to work toward an accredited national Rural Generalist education pathway.

In addition, the 17th World Rural Health Conference Bangladesh Declaration, its blueprint for rural health, highlighted the role of rural generalism as defined by the Cairns Consensus in contributing to better rural health services across the world. It highlighted the ACRRM curriculum as an exemplar of how to build these workforces. The World Rural Health Conferences are delivered through Rural Practice Working Party of the peak international body for general practice doctors' WONCA (World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians)—WONCA Rural.

[Bangladesh Declaration 2021].

Member profile:

Dr Leslie King

The opportunity to undertake quality training in rural generalism with ACRRM was the incentive for US born Registrar Dr Leslie King to make Australia her home.

Dr King's Rural Generalist journey has seen her travel the length and breadth of the globe, working in diverse communities in amazing remote locations, including with First Nations people in the far reaches of both hemispheres.

Her first job post-residency was in New York City; she followed that with a posting in Alaska.

But Dr King arrived in Australia—via New Zealand—specifically to study with ACRRM.

"I crossed the Tasman to Australia in 2016 because I heard about ACRRM and formally recognised training and Fellowship in rural generalism.

"Unlike Australia, there was no training in any specialty in rural care or rural generalism in the States. You just sort of did it—flying by the seat of your pants.

"So, I was interested in the procedural training and chose rural general surgery, which I completed in Mackay."

Dr King's career has now taken her to South Australia's Kangaroo Island, where she is undertaking ACRRM's Independent Pathway to build on her clinical interest and enable pursuit of her passion for environmental medicine.

"ACRRM allows me to take advantage of rural general surgery, and aero medical, while pursuing my interest in climate change and the environment, and I chose the Independent Pathway because I can choose how long or short a time I will need to take to complete it," she says.

"It also allows Medicare billing and that's an added benefit practices particularly seem to really like.

"And, with the challenges we've experienced with COVID-19, I think being on the Independent Pathway has at least mitigated some of that chaos when it comes to studying and learning."



“Becoming a Rural Generalist really is about lifestyle. For me, living in a rural or remote community keeps me grounded—the people are real, the people are appreciative, and you really get to know them.”

- Dr Leslie King

The road ahead for Rural Generalist education

Reflections from Censor-in-Chief

In his 2020 book “the Precipice”, Toby Ord, Senior Research Fellow at the Oxford University’s Future of Humanity Institute, outlines the four major risks to human existence on Earth—nuclear war, climate change, pandemics and unaligned artificial intelligence.

He identifies nuclear weapons and climate change as anthropogenic risks, but also argues that an outbreak of disease such as a global pandemic is a result of the “social and technological changes since the Agricultural Revolution”, including farming practices and increased transportation and trade. He examines in detail the possibility of micro-organisms escaping from a laboratory. Lastly, he explores the growing international research and venture capital input into artificial intelligence, one part of which is the development of weapons that can distinguish between types of humans.¹

Ord defines *existential risk* as a risk that threatens the destruction of humanity’s long-term potential.

We are in the midst of two of these existential threats—a deadly pandemic and the impact of climate change. Both of these have brought about substantial change to the delivery of health care in Australia, arguably with a greater impact on rural Australia.

The scope of practice of Rural Generalist doctors is changing rapidly, in dealing with impact of drought, floods, bushfires, and now the COVID pandemic.

Many rural doctors were involved in supporting their communities during the bushfire emergency across Australia at the end of 2019. The subsequent phase of general and mental health support for patients and families was complicated by the arrival of the COVID-19 pandemic, requiring rural doctors to adjust their focus to public health measures, reduced access to secondary and tertiary hospital services, changes to in-practice infection control policies, management of an increasing burden of mental illness, followed by an accelerating need for mass vaccination of our communities.

One of the key characteristics of the Rural Generalist doctor, as described in the Collingrove Agreement, is the ability to provide primary and secondary care in response to the needs of the community.²

Roger and Sarah Strasser explore the importance of community engagement as a key component of rural health care in their recent publication. "High-quality local comprehensive health care requires health workers who are generalists and have a broad range of knowledge and clinical skills, who work closely together in a cohesive team, and who develop long-term community engagement."³

Rural communities are changing in response to climate change and the COVID-19 pandemic. Living conditions, work patterns, travel, shopping, schooling and recreation have all been impacted by both of these threats. We have seen a significant change in the demographics of rural communities with the population exodus from the cities.

Similarly, the role of rural doctors is changing rapidly. As a college, how do we respond to these changes in preparing the Rural Generalists of the future? The evidence is that a successful model of rural medical education is "socially accountable, immersive community engaged education that features contextualized learning, longitudinal learning, and integrated clinical learning."³

ACRRM's curriculum and training program reflects many of these characteristics. Our selection policy addresses rural background and rural career intent; our training program requires immersion in rural community and hospital practice.



"We have seen a significant change in the demographics of rural communities with the population exodus from the cities."

**- Dr David Campbell AM
Censor-in-Chief**

We require our trainees to develop skills in response to the needs of their community, throughout training and in career progression, including the provision of care for Aboriginal and Torres Strait Islander communities.

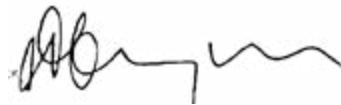
ACRRM's challenge is to refine our curriculum to address the public health issues generated by climate change and the current pandemic. Our population health curriculum for both Core Generalist Training and Advanced Specialised Training needs to include specific reference to dealing with extreme climatic events and pandemics, and there is a real opportunity for current trainees considering AST in Population Health to undertake research projects on these topics based on their experience in rural practice.

We must also adjust to the new medical education environment brought about by the pandemic in particular. This already involves greater reliance on information technology for both education delivery and assessment, and ACRRM has responded well to this in the past 12 months. Travel restrictions and limitation of numbers in face-to-face learning will demand further changes in our programs, with an expansion of clinical supervision and programmatic assessment in the workplace. IT-supported education will become more closely integrated with IT-supported models of care such as telemedicine and internet-based diagnostic and clinical care in acute and chronic illness.

There is much to be done, but the future of Rural Generalist Medicine is exciting. The support for Rural Generalist programs at both federal and jurisdictional levels of government will provide clearer pathways

to rural practice for students and junior doctors. The emerging industrial recognition of the Rural Generalist as a key member of the profession will generate new models of employment in rural and regional hospitals with the possibility of blended models of salaried and fee-for-service remuneration.

The Rural Generalist of the future will be at the forefront of the changes required in response to the existential threats of climate change and pandemics. More than ever, ACRRM will need to engage closely with rural communities at the local level, both to support our trainees and as partners in design of curriculum content and program delivery to meet community needs.



References

1. Ord T. 2020. *The Precipice. Existential risk and the future of humanity.* Bloomsbury Publishing. London. ISBN 978-1-5366-0022-6
2. The Collingrove Agreement. Feb 2018. ACRRM. RACGP. National Rural Health Commissioner. Sourced from ACRRM website www.acrrm.org.au 17/09/2021
3. Strasser R. Strasser S. Feb 2020. *Reimagining Primary Healthcare Workforce in Rural and Underserved Settings.* World Bank Group. Health, Nutrition and Population.



Directors' report

The Directors submit the following report for the year ended 30 June 2021 under Sections 298 and 300B of the *Corporations Act 2001* and in accordance with a resolution of the Board of Directors

Directors

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



Dr Michael Beckoff

MBBS, FACRRM, FAICD, Assoc. Dipl. Agric [Dist]

Board member



Annabelle Brayley

Appointed Community Member
Board member



Dr Sarah Chalmers

FACRRM, MBBS, FRACGP, BSc(Hons), PG, DipEd
President



Dr Danielle Dries

BPhysio, MChD

ACRRM Registrar Director



Dr Daniel Halliday

BBioMedSc, MBBS, FACRRM, DRANZCOG

Board member



Dr Michelle Hannan

FACRRM

Registrar Committee



Dr Suzanne Harrison

DA, FACRRM, MSP Medicine (UNSW, 2006),
Grad Certificate Health Professional
Education (Monash Uni, 2010)

Board member



Dr Anthony Hobbs

MBBS (1st Hons) FACRRM DRANZCOG-
Advanced DTM&H DCH GAICD

Board member



Dr Ewen McPhee

MBBS (Hons), FACRRM, FRACGP, DRANZCOG
[Adv]

Immediate Past President

Principal activities, objectives and strategies

The principal strategies of ACRRM during the year were to promote the interests of rural and remote doctors through the delivery of high quality specialist medical education and training, research, policy and advocacy.

There was no significant change in the nature of the activities during the year. The company's financial accounts have been prepared in accordance with Australian Accounting Standards.

In order to meet the long term objectives of the College, the company will strive to:

- Be recognised as the leading voice for best practice in rural and remote medicine in Australia
- Proactively support students, members and Fellows with quality education, training and resources
- Engage with and bring value to the full range of medical and rural health professions.

The company's short term objectives is to focus on growth within existing target markets for the next 12 months and maintain strong member retention.

In order to meet the short term objectives of the College, the company will continue to:

- Encourage a targeted approach to member recruitment
- Place greater emphasis on generating income sources that are independent of government
- Broaden the range of College programs and activities
- Emphasise member and staff satisfaction as a key priority

Key performance measures

Management and the Board (through the Finance Audit and Risk Management Council) monitor ACRRM's overall performance, from its implementation of the vision statement and strategic plan through to the performance against operating plans and financial budgets.

At this point in time, regular monitoring of revenue targets and delivery of service are a key focus however the Board and management are currently working on a series of quantitative and qualitative key performance indicators for use in future years.

Review and results of operations

The profit from ordinary activities for the year ended 30 June 2021 amounted to \$1,894,108 (2020 profit: \$758,583).

Winding up provisions

Every member undertakes to contribute to the assets of the Company if it is wound up while the member is a member or within one year after they cease to be a member, for payment of the debts and liabilities of the Company contracted before they ceased to be a member, and of the costs, charges and expenses of winding up and for the adjustment of the rights of contributories among themselves, such amount as may be required, not exceeding \$10.

Information on Directors

The following persons were Directors of the Australian College of Rural and Remote Medicine during this financial year.

Dr Michael Beckoff

MBBS, FACRRM, FAICD, Assoc. Dipl. Agric (Dist)

Dr Beckoff is a practicing Rural Generalist based in South Australia with over 40 years' experience, both as an equity partner and now as a rural and remote locum. He is a company director involved in various health corporate roles at a state and national level.

Ms Annabelle Brayley

Ms Annabelle Brayley trained as a registered nurse before moving to live on an isolated sheep/cattle station in South West Queensland. After her second child went to boarding school, she re-entered the rural/remote health workforce utilising satellite technology to work from a home office. She now lives in a small South West Queensland community from where she pursues her passion for storytelling.

Dr Sarah Chalmers

BSc(Hon), PG, DipEd, MBBS, FRACGP, FACRRM

Sarah is currently a senior lecturer in General Practice and Rural Medicine at James Cook University in Townsville and Rural Generalist in Winton. Prior to this, she spent 15 years as Rural Generalist and educator in North East Arnhem Land in the NT.

Ms Marita Cowie, AM (Company Secretary)

FGIA, BA (Psych), BBus (Com), HonDMD

Marita Cowie is the foundation Chief Executive Officer and Company Secretary of the College. She has more than 25 years' experience in medical education, training and business management. Marita was recently appointed a Member of the Order of Australia for significant service to community health in rural and remote areas.

Dr Danielle Dries

BPhysio, MChD

Dr Danielle Dries is a Kurna Aboriginal woman from South Australia who has a passion for rural and remote health and improving Indigenous health outcomes. She has an extensive track record for promoting interdisciplinary care and the use of allied health services in rural and remote Australia. Danielle is currently an ACRRM registrar in Queensland and is completing her AST in Obstetrics and Gynaecology. She most recently served as a Board Director of Indigenous Allied Health Australia from 2016-20.

Dr Daniel Halliday

MBBS, FACRRM, DRANZCOG [Adv], FRACGP, B.BioMed.Sc, GAICD, GCAHM, AFRACMA

Dr Dan Halliday is a Rural Generalist with special interest in Obstetrics and is Medical Superintendent of Stanthorpe Hospital, Queensland. Dan is a Past-President of Rural Doctors Australia of Queensland [RDAQ] and current Chair of the RDAQ Foundation. Dan was the inaugural ACRRM Chair of College Council and is a member of the QLD Branch of ASMOF.

Dr Michelle Hannan

BMedSc(Hons 1) MBBS/BSc DCH MPH&TM MIDI MHM GAICD AFRACMA FACRRM

Dr Michelle Hannan became a FACRRM in 2017 with an AST in Emergency Medicine. She has worked as a Rural Generalist across diverse rural and remote areas in New South Wales, Queensland and Tasmania. She is the Medical Lead—Primary Care for the Royal Flying Doctor Service in Charleville and works clinically in both aeromedical retrieval and primary care. Her experience as an ACRRM registrar and now FACRRM provides her with the drive to advocate for the development of a true Rural Generalist Pathway with suitable employment options for Fellows and support for ACRRM registrars in all jurisdictions.

Michelle also sits on the boards of the Children's Hospital Foundation and the Children's Health Research Alliance, and previously served on the boards of the Rural Doctors Association of Tasmania and the Rural Doctors Association of Australia. She represents ACRRM on the Cancer Australia InterCollegiate Advisory Group and on the Conjoint Committee of Prehospital and Retrieval Medicine.

Dr Suzanne Harrison

MBBS, DA, FACRRM, Masters Sports Medicine, Grad Cert Health Professional Education

Dr Harrison is a Rural Generalist in Echuca and part time medical educator for Melbourne University. She is a Board member of Murray City Country Coast GP Training.

Dr Anthony Hobbs

MBBS (1st Hons), FACRRM, DRANZCOG (Adv), DTM&H, DCH, GAICD

Dr Anthony (Tony) Hobbs is a former Deputy Chief Medical Officer of the Commonwealth Dept of Health. He was previously the Principal Medical Adviser at the Therapeutic Goods Administration and was a General Practitioner in rural New South Wales for 25 years. Tony is currently the Chief Medical Adviser at Calvary Health Care.

Dr Ewen McPhee

MBBS (Hons), FRACGP, FACRRM, DRANZCOG (Adv)

Dr Ewen McPhee is a Rural Generalist GP Obstetrician in private practice. As a long-term resident of Emerald in Central Queensland, Dr McPhee has an interest in supporting the future rural medical workforce. Dr McPhee has had recent involvement in government health policy through membership of the Primary Health Reform Steering Group.

Meetings of Directors

During the 2020-2021 financial year, seven meetings of Directors were held with attendance as follows:

Director	Meetings eligible to attend	Meetings attended
Dr Michael Beckoff	7	5
Ms Annabelle Brayley	7	7
Dr Sarah Chalmers	7	7
Dr Danielle Dries	4	4
Dr Dan Halliday	7	7
Dr Michelle Hannan	7	6
Dr Suzanne Harrison	3	3
Dr Anthony Hobbs	7	7
Dr Ewen McPhee	3	3

Attendance of Ex Officio Board Members at meetings of Directors

Ex Officio Member	Meetings eligible to attend	Meetings attended
Associate Professor David Campbell, Censor in Chief	7	7
Ms Marita Cowie, Chief Executive Officer	7	7
Dr Ewen McPhee, Immediate Past President	4	4

College Council meetings

There is one formally constituted committee of the Board being the College Council. During the financial year four meetings of the Council were held with attendance as follows:

Council Member	Meetings eligible to attend	Meetings attended
Dr Babak Adeli	1	1
Dr Michael Beckoff	4	4
Ms Annabelle Brayley	4	4
Assoc. Prof. David Campbell	4	4
Dr Brendan Carrigan	2	1

Council Member	Meetings eligible to attend	Meetings attended
Dr Sarah Chalmers	4	4
Ms Marita Cowie	4	4
Dr Daniel Halliday	4	4
Dr Michelle Hannan	4	2
Dr Emily Harrison	2	2
Dr Suzanne Harrison	2	2
Dr Allison Hempenstall	2	1
Dr Anthony Hobbs	4	4
Dr Stephen Holmes	4	4
Dr Rod Martin	4	4
Dr Eve Merfield	4	3
Dr Tendai Miller	1	1
Dr Antoinette Mowbray	4	2
Dr Ewen McPhee	4	4
Dr Regina Philip	4	4
Dr Francois Pretorius	2	1

Council Member	Meetings eligible to attend	Meetings attended
Ms Susanne Tegen	4	3
Ms Megan Telford	3	1
Professor Lucie Walters	2	2
Dr Greer Weaver	4	3
Dr Zoe Wright	1	1
Dr Danielle Dries	2	2

Finance and Risk Management Council meetings

The Finance and Risk Management Council during the financial year held six meetings with attendance as follows:

Finance Audit and Risk Management Council Member	Meetings eligible to attend	Meetings attended
Dr Michael Beckoff	6	6
Dr Sarah Chalmers	3	2
Ms Marita Cowie	6	6
Dr Danielle Dries	3	3

Finance Audit and Risk Management Council Member	Meetings eligible to attend	Meetings attended
Mr Will Fellowes	6	5
Dr Suzanne Harrison	3	2
Dr Anthony Hobbs	3	3
Dr Rod Martin	6	5
Dr Francois Pretorius	3	0
Ms Susanne Tegen	6	5

Auditor's Independence Declaration

The lead auditor's independence declaration under section 307C of the *Corporations Act 2001* for the year ended 30 June 2021 has been received by the directors.

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



Director

Dated at Adelaide,
this 17th day of September, 2021



**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT
2012**

**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 2021 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-Profit Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Bentleys Brisbane (Audit) Pty Ltd
Chartered Accountants

Stewart Douglas
Director
Brisbane
17 September 2021



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Finance report

ACRRM reports a surplus of \$1.894 million for the 20-21 financial year based on revenue of \$30.964 million. The surplus is supported by an unrealised gain of \$745k from ACRRM's investment portfolio.

Government subsidies increased from \$428k in FY20 to \$1.9million in FY21, with stimulus measures including Jobkeeper integral to ACRRM avoiding a loss-making year.

Jobkeeper achieved the Government's goal in that it allowed ACRRM to retain all employees as it converted assessment activities to virtual formats. That work meant assessment of registrars was uninterrupted and were able to continue to progress their training. Workshop and Courses activities was halted for a period but recommenced in February 2021. These activities continue to be interrupted by COVID lockdowns and restrictions. The Rural Medicine Australia 2020 conference was cancelled and Rural Medicine Australia 2021 will continue in a virtual format.

It is clear the business continues to be impacted by the pandemic and benefits of Government support received this year will be important to offset ongoing financial impacts in FY22.

ACRRM's investment portfolio was valued at \$6.19 million at June 30 2021, up 12.54 percent from the initial investment of \$5.5 million. This investment has also generated income of \$231,000 used to fund general operations.

Costs of delivering business services reduced from 10.6 million in FY20 to \$9.2 million in FY21 largely due to the impact of COVID-19.

FY21 accounts include a significant increase in Government Grants revenue to \$18.8 million, mainly due to the General Practitioner Procedural Grant Program. ACRRM, as well as managing the program, now makes program payments directly to General Practitioners.

Statement of profit and loss and other comprehensive income for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
Rendering of services	2	9,242,513	10,630,531
Grant income	2	18,785,147	7,127,250
Sponsorship	2	-	552,936
Government subsidies	2	1,905,000	428,000
Interest	2	47,276	147,261
Investment income—dividends and franking credits	2	231,512	29,231
Investment income—changes in market value [realised]	2	7,434	-
Investment income—changes in market value [unrealised]	2	745,351	1,854
College services & admin expenses	3	[10,278,937]	[11,031,230]
Grant expenses	3	[18,791,188]	[7,127,250]
Current Year Surplus Before Income Tax		1,894,108	758,583
Income Tax Expense		-	-
Net Current Year Surplus		1,894,108	758,583
Other comprehensive income		-	-
Total comprehensive income for the year		1,894,108	758,583

The above Statement of Profit and Loss and Other Comprehensive Income should be read in conjunction with the attached notes

Statement of financial position as at 30 June 2021

	Notes	2021 \$	2020 \$
CURRENT ASSETS			
Cash and Cash Equivalents	5	25,633,909	21,435,542
Investments	6	6,190,994	3,458,865
Trade and Other Receivables	7	2,591,344	1,949,279
Other Assets	8	680,017	555,031
TOTAL CURRENT ASSETS		35,096,264	27,398,717
NON-CURRENT ASSETS			
Intangible Assets	9	109,426	232,592
Right-of-use Assets	10	189,428	378,856
Plant and Equipment	11	675,575	228,630
TOTAL NON-CURRENT ASSETS		974,429	840,078
TOTAL ASSETS		36,070,693	28,238,795
CURRENT LIABILITIES			
Trade and Other Payables	12	26,882,827	20,753,091
Provisions	13	506,920	349,995
Lease Liabilities	14	27,558	326,570
TOTAL CURRENT LIABILITIES		27,417,305	21,429,656
NON-CURRENT LIABILITIES			
Provisions	13	194,091	216,392
Lease Liabilities	14	-	27,558
TOTAL NON-CURRENT LIABILITIES		194,091	243,950
TOTAL LIABILITIES		27,611,396	21,673,606
NET ASSETS		8,459,297	6,565,189
EQUITY			
Retained Earnings	15	8,459,297	6,565,189
TOTAL EQUITY		8,459,297	6,565,189

The above Statement of Financial Position should be read in conjunction with the attached notes

Statement of cash flows for the year ended 30 June 2021

	Notes	2021 \$	2020 \$
Cash Flows from Operating Activities			
Receipts from Members & Other Consultancies		16,034,111	12,366,345
Interest Received		47,276	147,261
Grants Received		21,040,390	11,836,314
Payments to Suppliers and Employees		[30,179,946]	[19,935,746]
Net Cash (used in)/provided by Operating Activities	23(i)	6,941,831	4,414,174
Cash Flows from Financing Activities			
Lease Repayment		[324,520]	[342,140]
Net Cash (used in)/provided by Financing Activities		[324,520]	[342,140]
Cash Flows from Investing Activities			
Payments for Property, Plant, Equipment and Capital WIP		[578,823]	[149,358]
Payments for Investments		[2,010,133]	[3,458,865]
Dividends and Distributions Received		170,012	27,618
Net Cash (used in) Investing Activities		[2,418,944]	[3,580,605]
Net Increase (Decrease) in Cash held		4,198,367	491,430
Cash at the beginning of the Financial Year		21,435,542	20,944,112
Cash at the end of the Financial Year	23(ii)	25,633,909	21,435,542

The above Statement of Cash flows should be read in conjunction with the attached notes

Statement of changes in equity for the year ended 30 June 2021

	Retained Earnings \$	Total \$
Balance at 30 June 2019	5,806,606	5,806,606
Comprehensive Income		
Net Surplus/(Deficit)	758,583	758,583
Other Comprehensive Income	-	-
Total Comprehensive Income	758,583	758,583
Balance at 30 June 2020	6,565,189	6,565,189
Comprehensive Income		
Net Surplus/(Deficit)	1,894,108	1,894,108
Other Comprehensive Income	-	-
Total Comprehensive Income	1,894,108	1,894,108
Balance at 30 June 2021	8,459,297	8,459,297

The above Statement of Changes in Equity should be read in conjunction with the attached notes

Notes to the financial statements for the year ended 30 June 2021

1. Summary of accounting policies

These financial statements constitute a general purpose financial report which has been drawn up in accordance with Australian Accounting Standards [including other authoritative pronouncements of the Australian Accounting Standards Board and Australian Accounting Interpretations], the *Corporations Act 2001* and the *Australian and Not-for-Profits Commission Act 2012*. The College is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

Basis of preparation

The financial statements, except for the cash flow information, 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.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

Critical accounting estimates and judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the College. Significant estimates and judgment employed by the company concern the useful life and depreciation rates for plant and equipment and the useful life and amortisation rates for intangibles which are reviewed annually by the company [detailed in Note 1] and the basis of estimating the provision for make-good, detailed in Note 13.

Revenue recognition

Grants

When the College receives grant revenue, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, The College:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the College:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards [e.g. AASB 9, AASB 16, AASB 116 and AASB 138]
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the College recognises income in profit or loss when or as it satisfies its obligations under the contract.

Subscription income

Subscription revenue is recognised only when the College's right to receive payment of the subscriptions is established.

Interest

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Dividend income

The College recognises dividends in profit or loss only when the College's right to receive payment of the dividend is established.

All revenue is stated net of the amount of goods and services tax.

Income tax

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

Property, plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Depreciation

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life to the College commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation rate
Plant & Equipment	10%–33%
Right of Use Assets	Over the life of the lease
Leasehold Improvements	20%

Intangible assets

The cost of implementing a Customer Relationship Management System and the Learning Management System have been capitalised under the conditions set out in Australian Accounting Interpretations. The cost is to be amortised over a period of five years and any further expenses incurred for maintenance will be expensed in profit and loss.

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

The College as lessee

At inception of a contract, the College assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the College where the College is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the College uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the College anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the College becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the College commits itself to either the purchase or sale of the asset [i.e. trade date accounting is adopted].

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

Financial Liabilities:

Financial liabilities are subsequently measured at:

- Amortised cost; or
- Fair value through profit or loss.

A financial liability is measured at fair value through profit and loss if the financial liability is:

- A contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;
- Held for trading; or
- Initially designated at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if:

- It is incurred for the purpose of repurchasing or repaying in the near term;
- Part of a portfolio where there is an actual pattern of short-term profit taking; or
- A derivative financial instrument [except for a derivative that is in a financial guarantee contract or a derivative that is in an effective hedging relationship].

The College currently does not recognise any financial liabilities at fair value through profit or loss, with all financial liabilities being recognised at amortised cost.

Financial Assets:

Financial assets are subsequently measured at:

- Amortised cost;
- Fair value through other comprehensive income; or
- Fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- The contractual cash flow characteristics of the financial asset; and
- The business model for managing financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- The financial asset is managed solely to collect contractual cashflows; and
- The contractual terms within the financial asset give rise to cashflows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- The contractual terms within the financial asset give rise to cashflows that are solely payments of principal and interest on the principal amount outstanding on specified dates;
- The business model for managing the financial assets comprises both contractual cashflows and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The College currently recognises investments in market securities at fair value through profit or loss with all other financial assets being recognised at amortised cost.

Derecognition

Derecognition refers to the removal of a previously recognised financial assets or financial liabilities from the statement of financial position.

Derecognition of Financial Liabilities:

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of Financial Assets:

A financial asset is derecognised when the holder's contractual rights to its cash flows expire, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for Derecognition of financial asset:

- The right to receive cash flows from the asset has been expired or been transferred;
- All risk and rewards of ownership of the asset have been substantially transferred; and
- The College no longer controls the asset.

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Impairment

The College recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (e.g. amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

Impairment of assets

At the end of each reporting period, the College reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised in profit or loss.

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets will be deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a "loss event"), which has an impact on the estimated future cash flows of the financial asset(s).

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments and bank overdrafts.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the

ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

Provisions

Provisions are recognised when the College has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Fair value of assets and liabilities

The College measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the College would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or

liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the College at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the

asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the College's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

Comparative figures

Where necessary, comparative information has been adjusted to be consistent with current year disclosures.

2. Revenues from ordinary activities

	2021 \$	2020 \$
Operating Revenue		
Rendering of Services	9,242,513	10,630,531
Grant Income	18,785,147	7,127,250
Sponsorship	-	552,936
Non Operating Revenue		
Government Subsidies	1,905,000	428,000
Interest	47,276	147,261
Investment income—dividends and franking credits	231,512	29,231
Investment income—changes in market value (realised)	7,434	-
Investment income—changes in market value (unrealised)	745,351	1,854
	<u>30,964,233</u>	<u>18,917,063</u>

3. Expenses from ordinary activities

	2021 \$	2020 \$
Classification of Expenses by Function:		
College Services & Admin Expenses	10,287,937	11,031,230
Drug & Alcohol Addiction Grant Expenses	2,184,933	739,123
RGTS Establishment Grant Expenses	113,473	-
RGTS Operations Grant Expenses	30,907	-
GP Procedural Grant Expenses	10,848,672	378,866
GP Anaesthetics Grant Expenses	281,448	265,045
Telehealth Grant Expenses (RHOF)	382,849	398,780
GP Training Grant Expenses	384,736	375,533
Yellow Fever Grant Expenses	28,182	28,181
Non-VR Fellowship Support Grant Expenses	1,635,707	2,628,224
AGPT Transition Grant Expenses	2,263,361	1,780,595
Digital Health Grant Expenses	371,716	286,001
CSIRO Grant Expenses	-	48,968
Rural Generalist Recognition Grant Expenses	100,432	78,948
COVID 19 Communications Grant Expenses	94,589	101,860
Opioid Harm (TGA) Grant Expenses	61,183	17,126
	29,070,125	18,158,480
Other Expenses		
Non Program Related Employee Benefits Expense	5,387,560	4,771,082
Program Related Employee Benefits Expense	2,789,811	2,515,923
Amortisation and Depreciation Expense	432,614	620,610

4. Surplus/(deficit) from ordinary activities

	2021 \$	2020 \$
ACTIVITIES		
<i>Surplus/(Deficit) from Ordinary Activities includes:</i>		
Net (Gain)/Loss from sale of Plant and Equipment	11,858	701
Superannuation contributions	454,887	374,220

5. Cash and cash equivalents

	2021 \$	2020 \$
Cash on Hand	200	200
Cash at Bank	21,820,573	15,205,098
Cash on Deposit	3,813,136	6,230,244
	<u>25,633,909</u>	<u>21,435,542</u>

6. Investments

	2021 \$	2020 \$
Listed Securities	1,512,455	1,099,410
Managed Investments	4,678,539	2,359,454
	<u>6,190,994</u>	<u>3,458,865</u>

7. Trade and other receivables

	2021 \$	2020 \$
Trade Receivable	2,507,441	1,939,634
Other Receivables	83,903	9,645
	<u>2,591,344</u>	<u>1,949,279</u>

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

Directors (other than loans to directors)	2,682	-
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8. Other assets

	2021 \$	2020 \$
Prepayments	677,376	547,277
Accrued Income	2,641	7,754
	<u>680,017</u>	<u>555,031</u>

9. Intangible assets

	2021 \$	2020 \$
CRM & LMS Development (at cost)	1,684,882	1,684,882
Accumulated Amortisation	(1,575,456)	(1,452,290)
	<u>109,426</u>	<u>232,592</u>

Movement in Intangible Assets

Opening Balance	232,592	569,568
Transferred from Capital Work-In-Progress	-	-
Additions	-	-
Disposals at Written Down Value	-	-
Amortisation	(123,166)	(336,976)
Closing Balance	<u>109,426</u>	<u>232,592</u>

11. Property plant and equipment

	2020	2021
Office Equipment (at cost)	719,345	708,014
Accumulated Depreciation	[366,214]	[479,384]
	353,131	228,630
<i>Movement in Plant and Equipment</i>		
Opening Balance	228,630	174,179
Additions	248,600	149,358
Disposals at Written Down Value	[11,858]	[701]
Depreciation Expense	[112,241]	[94,206]
Closing Balance	353,131	228,630
Leasehold Improvements (at cost)	455,967	125,744
Accumulated Depreciation	[133,523]	[125,744]
	322,444	-
<i>Movement in Leasehold Improvements</i>		
Opening Balance	-	-
Additions	330,223	-
Depreciation Expense	[7,779]	-
Closing Balance	322,444	-
Total Property Plant and Equipment	675,575	228,630

12. Trade and other payables

	2021 \$	2020 \$
(i) Current		
Trade and Sundry Creditors	2,222,278	582,133
Unearned Income	23,312,405	18,477,539
Non-VR Subsidy Received in Advance	96,524	407,123
Accruals	153,054	474,910
Employee Benefits (annual leave, salaries and PAYG)	648,107	501,967
GST Payable	450,459	309,419
	<u>26,882,827</u>	<u>20,753,091</u>
Included in unearned income, are amounts from directors for memberships paid in advance:	4,136	7,927
	<u><u>4,136</u></u>	<u><u>7,927</u></u>

13. Provisions

	2021 \$	2020 \$
Current		
Long Service Leave	506,920	349,995
Non-Current		
Long Service Leave	18,945	56,898
Provision for "Make Good"	175,146	159,494
	<u>194,091</u>	<u>216,392</u>
Analysis of Total Provisions		
Current	506,920	349,995
Non-current	194,091	216,392
Total Provisions	<u>701,011</u>	<u>566,387</u>

The movement in the provision during the 2021 financial year is as follows:

	Provision for "Make Good" \$	Long Service Leave \$
Opening balance at 1 July 2020	159,494	406,893
Additional provisions raised during the year	15,652	118,972
Amounts used	-	-
Balance as at 30 June 2021	<u>175,146</u>	<u>525,865</u>

Provision for "make good"

A provision has been recognised for the requirement to restore the leased premises to their original condition at the conclusion of the lease term. The provision has been estimated using actual past experience with comparisons made to the experience of other similar organisations which generally fall between 30% to 50% of the annual rental expense. Management review the provision annually.

Provision for non-current employee benefits

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1 to these financial statements.

14. Leases

	2021 \$	2020 \$
Lease liabilities are presented in the statement of financial position as follows:		
Current	27,558	326,570
Non-current	-	27,558
	<u>27,558</u>	<u>354,128</u>

The lease liabilities are secured by the related underlying assets. The undiscounted maturity analysis of lease liabilities at 30 June 2021 is as follows:

	Within 1 year \$	1-5 years \$	Over 5 years \$	Total \$
30 June 2021				
Lease payments	30,864	-	-	30,864
Finance charges	3,306	-	-	3,306
Net present values	27,558	-	-	27,558
30 June 2020				
Lease payments	342,140	399,930	-	742,070
Finance charges	74,600	45,802	-	120,402
Net present values	267,540	354,128	-	621,668

At 30 June 2021 the College had committed to leases which had not commenced. The total future cash outflows for leases that had not yet commenced were as follows:

	Within 1 year \$	1-5 years \$	Over 5 years \$	Total \$
30 June 2021				
Office buildings	317,815	2,502,982	3,060,140	5,880,937

15. Retained earnings

	2021 \$	2020 \$
Retained Earnings at the beginning of year	6,565,189	5,806,606
Net Surplus/{Deficit}	1,894,108	758,583
Retained Earnings at the end of year	8,459,297	6,565,189

16. Auditor's remuneration

	2021 \$	2020 \$
Audit and review of Financial Statements	23,500	18,500
Other Project Audit Services	7,500	14,000
	<u>31,000</u>	<u>32,500</u>

17. Members' guarantee

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

19. 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 1, 324 Queen Street, Brisbane, Queensland. There are 101 employees (2020: 77) at the end of the reporting period.

20. Segment information

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

21. 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.

22. Related party transactions

Key management personnel comprise of the directors and senior executive management team who have authority and responsibility for planning, directing and controlling the activities of the company.

The aggregate compensation of key management personnel is as follows:

	2021 \$	2020 \$
Key management personnel compensation		
short-term benefits	1,101,754	932,882
post-employment benefits	95,862	76,002
other long-term benefits	12,020	7,107
Total	1,209,636	1,015,991

Of the above short-term benefits \$52,475 [2020: \$64,749] relates to payments to directors for transactions made at arm's length. Directors fees of \$91,167 [2020:\$0] are also included in short-term benefits.

Other than those disclosed above and in note 6 and note 10, there are no other related party transactions that occurred during the 30 June 2021 financial year [2020: nil].

23. Notes to the statement of cashflows

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

	2021 \$	2020\$
Activities		
Surplus/(Deficit) from ordinary activities after income tax	1,894,108	740,789
Depreciation	120,020	283,634
Amortisation	312,594	336,976
Loss/(Gain) on Disposal of Assets	11,858	701
Market value movement in Investments	[721,966]	-
[Increase]/Decrease in Receivables	[806,964]	52,064
[Increase]/Decrease in Prepayments	[130,099]	[26,938]
Increase/(Decrease) in Employee Entitlements	134,624	31,575
Increase/(Decrease) in Creditors & Borrowings	6,127,686	2,977,579
Net Cash Provided by Operating Activities	6,941,831	4,414,174

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

ii. Reconciliation of Cash

	2021 \$	2020 \$
Cash on Hand	200	200
Cash at Bank	21,820,573	15,205,098
Cash on Deposit	3,813,136	6,230,244
	25,633,909	21,435,542

iii. Undrawn Credit Card Facilities

	2021 \$	2020 \$
Facility Limits at reporting date	170,000	165,500
Less: drawn at balance date	[68,191]	[17,961]
Undrawn facilities at reporting date	101,809	147,539

iv. Changes in Liabilities arising from Financing Activities

	1 July 2020 \$	Cash flows \$	Acqui- sition \$	Fair value changes \$	Reclassi- fication \$	30 July 2021 \$
Lease Liabilities	354,128	[326,570]	-	-	-	27,558
Total	354,128	[326,570]	-	-	-	27,558

24. Events after the balance sheet date

In August 2021, the head office lease at 410 Queen Street, Brisbane, concluded and the College fulfilled their "make good" commitments. A new 10 year head office lease at 324 Queen Street, Brisbane, commenced in August 2021.

25. 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 2021.

i. Treasury Risk Management

A 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.

ii. Financial Risk Exposures and Management

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

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 2021 the weighted average effective interest rate in relation to cash and cash equivalents was 0.275% (2020—1.12%) 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 \$351,000 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.

The College has provided a bank guarantee of \$502,775 held as security for the lease at 324 Queen Street Brisbane. There are no other amounts of collateral held as security at 30 June 2021.

Credit risk arising from deposits with financial institutions is managed by the deposit of funds with authorised deposit taking institutions in Australia. The company is not exposed to any significant credit risk as its receivables are principally from commonwealth government grant funding or from members in respect of subscription and other assessment course services.

iii. Carrying Amount of Financial Instruments by Category

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2021 \$	2020 \$
Financial Assets		
Cash and cash equivalents	25,633,909	21,435,542
Accounts receivable and other debtors	2,591,344	1,949,279
Investments	6,190,994	3,458,865
Total Financial Assets	34,416,247	26,843,686
Financial Liabilities		
Financial liabilities at amortised cost	-	-
Accounts payable and other payables	2,222,278	582,113
Total Financial Liabilities	2,222,278	582,113

iv. Financial liability and financial asset maturity analysis:

- Trade receivables represent the principal amounts outstanding at balance date, are non-interest bearing and are usually settled within 30 days.
- All other receivables are due to be received within one year.
- Trade payables represent the principal amounts outstanding at balance date, are non-interest bearing and are usually settled within 30 days.
- All other payables are due for payment within one year.

v. Net Fair Value of Financial Instruments is equal to or approximately equal to their carrying amount.

27. Fair value measurements

The College measures and recognises the following assets at fair value on a recurring basis after initial recognition

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The College does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Fair value hierarchy

AASB 13: *Fair Value Measurement* requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

Level 1	Level 2	Level 3
Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the College can access at the measurement date.	Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.	Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in Level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in Level 3.

Valuation techniques

The College selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the College are consistent with one or more of the following valuation approaches:

- **Market approach** uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities.
- **Income approach** converts estimated future cash flows or income and expenses into a single discounted present value.
- **Cost approach** reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the College gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

The following tables provide the fair values of the College's assets and liabilities measured and recognised on a recurring basis after initial recognition and their categorisation within the fair value hierarchy:

30 June 2021

	Note	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through profit or loss					
• Listed securities and managed investments	6	6,190,994	-	-	6,190,994
Total financial assets recognised at fair value on a recurring basis		6,190,994	-	-	6,190,994

30 June 2020

	Note	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through profit or loss					
• Listed securities and managed investments	6	3,458,865	-	-	3,458,865
Total financial assets recognised at fair value on a recurring basis		3,458,865	-	-	3,458,865

28. Contingent liabilities

The College has no contingent liabilities at 30 June 2021 [2020: nil].

Director's declaration:

In accordance with a resolution of the Directors of the Australian College of Rural and Remote Medicine Limited, the Directors declare that:

1. The financial statements and notes as set out on pages 28 to 64 are in accordance with the *Corporations Act 2001* and the *Australian Charities and Not-for-Profit Commission Act 2012* and:
 - a. comply with Australian Accounting Standards; and
 - b. give a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the year ended on that date.
2. In the Directors' opinion, 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.

A handwritten signature in black ink, appearing to read 'H. Beckel', with a long horizontal flourish underneath.

Director

Dated at Adelaide, this 17th day of September, 2021

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN COLLEGE OF
RURAL AND REMOTE MEDICINE LIMITED**



Report on the Audit of the Financial Report

Opinion

We have audited the financial report of the Australian College of Rural and Remote Medicine Limited (the "Company"), which comprises the Balance Sheet as at 30 June 2021 and the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the director's declaration.

In our opinion the financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-Profit Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulations 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Australian Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Directors 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 and the *Australian Charities and Non-for-Profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The directors are responsible for overseeing the company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is 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 the Australian Auditing Standards will always detect a material misstatement when it exists.



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**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN COLLEGE OF
RURAL AND REMOTE MEDICINE LIMITED (CONTINUED)**



Auditor's Responsibilities for the Audit of the Financial Report (Continued)

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Bentleys Brisbane (Audit) Pty Ltd
Chartered Accountants

Stewart Douglas
Director
Brisbane
17 September 2021



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