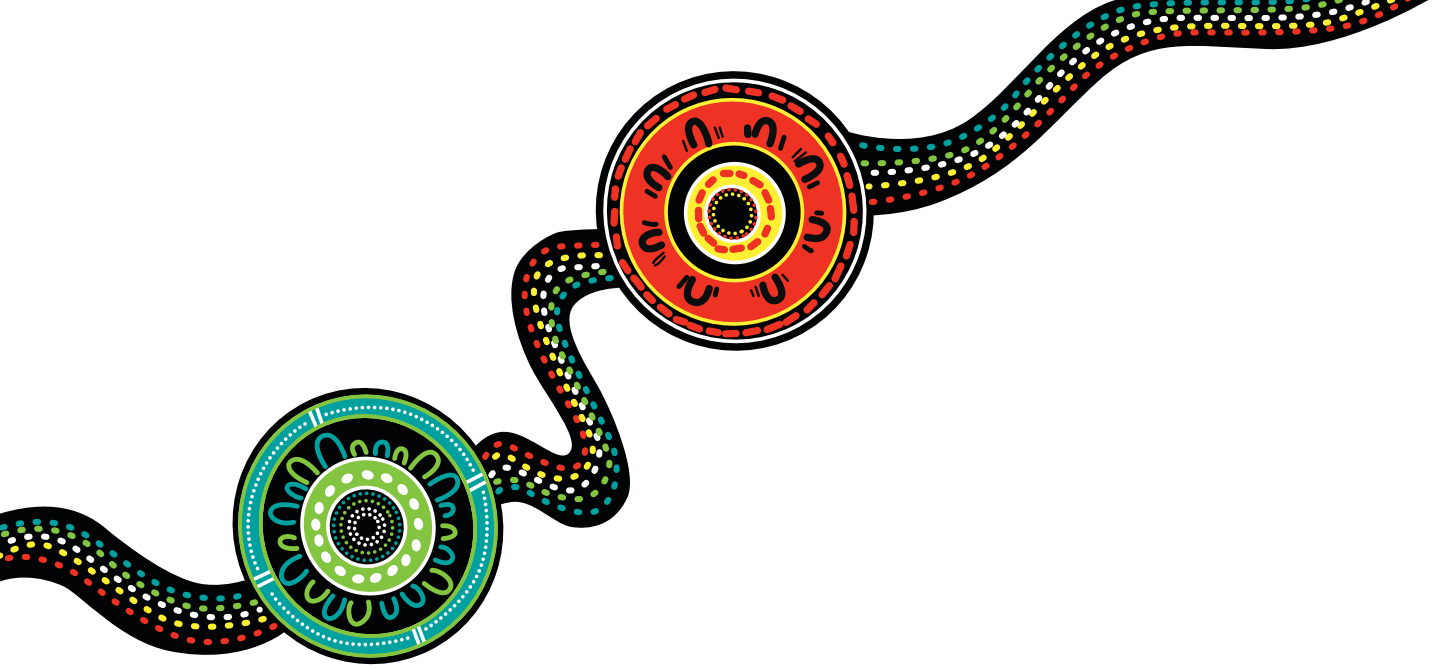
2025 ACRRM ANNUAL REPORT

Julia Rose Satre, proud Yawuru woman and ACRRM Rural Generalist registrar



Acknowledgment

ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.

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Content.

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President report

I am delighted to present my first Annual Report as the President of ACRRM. It has been eight months since I took on the role of President, and I am continually reminded of the significance and responsibility of leading a College that is both purpose-driven and grounded in community.

I would like to acknowledge my predecessor Dr Dan Halliday for his steady and strategic leadership over the past two years, as well as those who steered the College before him. I value the counsel and commitment of CEO Marita Cowie, Council Chair Dr Claire Arundel, the dedicated College Board, Council and committee representatives, as well as staff across the College. Their expertise and commitment continue to strengthen our ability to lead, support, and advocate for the Rural Generalist model of care.

We are in a period of acceleration— not only in advocacy and growth but also in reflection on who we are and where we're headed. This momentum is also visible in the increased media interest in Rural Generalist medicine. Our messages are reaching more Australians than ever before, raising the profile of both the College and the profession, and ensuring that the critical contribution of Rural Generalists to rural, remote, and First Nations communities is better understood.

We continue to await formal recognition of Rural Generalist (RG) Medicine as a specialised field of practice. While it remains tormentingly close, the wait underscores the value of persistence in our advocacy. Rural Generalist (RG) medicine is at the heart of ACRRM's vision - and we know that recognising and investing in this model of care is key to addressing the stark and growing health disparities between urban and rural, remote, and First Nations communities.

ACRRM's purpose remains clear: to build a sustainable rural and remote workforce and deliver excellence in healthcare for people living outside our major cities. Our Fellows are doctors trained in the broad, community-centred, and context-specific skillset of RG Medicine. They work in general practice clinics, hospitals, Aboriginal Community Controlled Health Organisations (ACCHOs), retrieval services, and beyond, providing comprehensive care in the communities that need it most.

Our commitment remains strong and strategic, with sustained engagement at local, state, and federal levels. The Federal Election period gave us the opportunity to speak directly with party leaders and key health representatives, outlining the College's four key national priorities:

- Consolidate the Rural Generalist training pipeline
- Secure and strengthen rural women's health services
- Use RG recognition to address rural service shortfalls
- Retain and incentivise Rural Generalists

On the policy front, we've seen some encouraging decisions— including the expansion of registrar incentives, the consolidation of the RGTS and AGPT pathways, the release of the Second Edition National Consensus Framework for Rural Maternity Services and the rollout of the Single Employer Models in more states. We are not resting on our laurels - we continue to advocate strongly for the Rural Generalist model in Tasmania and other areas still awaiting dedicated support. These are the kinds of innovative solutions our profession needs.

At the same time, we've responded to the release of the Federal Government's final report on the Scope of Practice Review. While we support the intent of improving access to care, we've been clear in our message that some of the recommendations risk missing the mark for rural, remote, and First Nations communities. It takes courage to hold the line on what we know works — generalist care that is community-focused.

Our new Community Grants Program, created to support on-the-ground efforts to attract and retain Rural Generalist registrars and Fellows where they are most needed, reflects our optimism for what's possible when local communities are empowered. While it is early days, we are receiving an impressive number of applications and look forward to seeing successful projects rolled out.

Looking ahead, there is still work to be done – it is an ongoing challenge to build a workforce which is recognised and rewarded. We are continuing to grow and evolve with key pieces of work like the curriculum rebuild and continuous improvement of courses. All of this has the key aim of responding to the needs of the people living in rural and remote Australia. We want our doctors and the communities they live and serve in to thrive and grow.

This year's work has set strong foundations for the road ahead — and I look forward to continuing this journey together with our members and partners.

Dr Rod Martin
President

CEO report

It's incredibly rewarding to see how far we've come in advancing Rural Generalist Medicine (RG) - and how deeply this work is changing lives and communities.

This year we've continued to enjoy major growth in our Fellowship program. Our Training Program enrolments are more than 30% higher than our record numbers the prior year - a strong and affirming sign of the increasing recognition of the Rural Generalist model and the strength of our training programs, advocacy, and vibrant member community. We thank the commonwealth Department of Health and Ageing for allowing us to exceed our official allocation of funded training places again this year.

A major milestone for the College was surpassing 7,000 members. This growth reflects the value ACRRM provides to doctors at every stage of their careers. A larger membership not only strengthens our advocacy efforts but also brings greater diversity of perspectives to College decision-making and ensures we remain relevant and impactful at the frontline of rural, remote, and First Nations healthcare.

We welcomed Dr Rod Martin as our 13th College President at the AGM in 2024. Dr Martin has been a longstanding educator, assessor, and College Council and committee member of ACRRM. His election will bring continuity and momentum to the College's strategic goals. Importantly, we also recognise Dr Emily Harrison for standing as a candidate for the role of President. ACRRM hasn't held many presidential elections in its past, so it was wonderful to see growing competition and diversity of views for this crucial leadership role.

We recognise and thank Immediate Past President Assoc Professor Dan Halliday for his tireless work and advocacy during his tenure. He led our College with great dedication and purpose through our initial implementation of College-led Training, major government reform and review processes, and the launch of a new five-year strategic plan.

To ensure ACRRM continues to have high performing contemporary governance that is aligned to meet the evolving needs and aspirations of our members, the Board has initiated a comprehensive review of our Constitution. We are currently reviewing feedback from members and stakeholders and expect to put recommended changes to a vote of members later this year.

We are also actively preparing our application for the Federal Government's five-year Workforce Training and Support Grant, which will underpin a single national training pathway and support the integration of the Rural Generalist Training Scheme into AGPT. Securing this funding is critical to ensuring the sustainability of our training programs and support activities.

Building this future also requires strong leadership within the College. To that end, we established a new role on the executive leadership team and appointed Stephen Parrish as General Manager, Digital Technology and Information. This position will be key to ensuring we can continue to improve our delivery of programs and services, expand our reach, and meet regulatory and reporting requirements.

We were also proud to expand the ACRRM awards program this year, introducing new categories to better recognise the many individuals contributing to the success of Rural Generalist Medicine. The recipients, listed in this report, are truly exceptional.

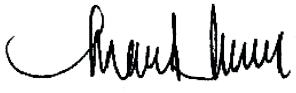
We were particularly honoured to award Life Fellowship to Associate Professor Ruth Stewart, a former ACRRM President and the inaugural National Rural Health Commissioner. On a personal note, I was deeply proud to see long-time ACRRM colleague and friend Vicky Sheedy accept the posthumous ACRRM-RDAA Peter Graham 'Cohuna' Award on behalf of her husband Professor Dennis Pashen – who was a remarkable leader and champion for rural, remote, and First Nations communities.

At RMA25 later this year, we will introduce even more awards, including state-based categories and a new Cultural Mentor Award. I encourage you to view the list of awardees, who together represent the diversity, talent, and shared vision that define our College.

While celebrating those who have had a great impact on ACRRM, this year we farewelled Senior Policy Officer Jenny Johnson, who has retired from full-time work after nearly a decade with ACRRM. Jenny has been at the heart of almost every aspect of our growth and success. Her unwavering commitment to rural medicine, strategic insight, and quiet determination have delivered significant achievements for the College and for rural healthcare across Australia. ACRRM would not be the College it is today without her passion and commitment.

Everything we've achieved so far this year has been made possible by the collective efforts of our members, staff, Board, and partners. Your passion, innovation, and belief in better healthcare for those who need it most are what keep our College strong.

Thank you for your ongoing support – and for sharing this journey with us.



Marita Cowie AM
CEO

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About ACRRM.

The Australian College of Rural and Remote Medicine (ACRRM) is the only medical college dedicated to training and supporting Rural Generalist doctors. Our Fellowship program is purpose-built for rural, remote, and First Nations healthcare, preparing doctors to deliver comprehensive care across primary, hospital, emergency, and procedural settings.

ACRRM also plays a leading role in shaping rural and Indigenous health policy and advocates for equitable access to high-quality care for all Australians. We support a growing workforce of Rural Generalists who are committed to making a lasting difference where they're needed most.

Our vision

Healthy rural, remote and First Nations communities through excellence, social accountability and innovation.

Our strategic intent

To define, promote and deliver quality standards of medical practice for rural, remote and First Nations communities through a skilled and dedicated Rural Generalist profession.

Our long-term outcomes

- Access to high-quality, continuous, comprehensive medical care that is close to home for people living in rural, remote and First Nations communities.
- Promotion of social determinants of health and wellbeing for people living in rural, remote and First Nations communities.
- A vibrant and thriving environment for the education and training of Rural Generalists who are driven by clinical and educational excellence, social accountability, and community-connectedness.
- World-leading standards of specialist medical education and clinical care that are culturally safe and fit for purpose.
- Innovative programs of excellence in training, education, continuing professional development and research to prepare RGs to support people living in rural, remote and First Nations communities.
- Effective leadership, representation and advocacy that influences outcomes for rural, remote and First Nations communities.

Our Strategic Priorities

Priority 1: Impact

Improve health outcomes for rural, remote, and First Nations communities

Priority 2: Develop

Deliver education and training for Rural Generalists

Priority 3: Advocate

Enhance awareness of the College and the benefits of Rural Generalist Medicine in Australia and internationally

Priority 4: Thrive

Operate a thriving, sustainable and accountable organisation that empowers and supports its people and partners to achieve our vision

Download our Strategic Plan

Our values

Optimism

We believe we can individually and collectively make a positive difference in the lives and wellbeing of others. We are curious, creative and constantly exploring new ways to achieve our goals. We celebrate success and share our ideas and experiences with others.

Conviction

We have a deep understanding of our obligation and opportunity to deliver the best possible response to the priority health needs and challenges of our rural, remote and First Nations communities. We work with, for, and as members of, the communities we serve.

Courage

We are prepared to speak out, challenge the status quo and embrace change. We are champions, supporters and guardians. We are comfortable with uncertainty. We humbly seek to understand our limits and to collaborate with others to ensure the best possible outcome

Inclusiveness

We are a friendly and welcoming Mob from across Australia and around the world, united by a shared vision. We take strength from our diversity and relationships. We listen, learn and care for each other with dignity and respect. We love to laugh and have fun, and to celebrate the joys in life and work.

College statistics

National

7222
Members

2287
Fellows

1185
Registrars

40% increase
Aboriginal and Torres Strait Islander registrars

1141
Training posts

268 AST | **873** CGT

2275
Supervisors

43
Virtual Learning Assistants

257
Staff

38% increase

170
Medical Educators

34% increase

Courses

93
Face-to-face courses

reaching around

1400
rural and remote doctors

across

27
locations

18,647
registered for online courses

New regional offices


Pathology Bay
Staff Station
Linen Bay

Strategic pillars

Impact.

Improve health outcomes for rural, remote and First Nations communities

Building a Rural Generalist workforce for the future

ACRRM has a real purpose at it's heart – to define, promote and deliver quality standards of medical practice for rural, remote and First Nations communities through a skilled and dedicated Rural Generalist workforce.

7000+
MEMBERS

40%
INCREASE IN FIRST NATIONS REGISTRARS

This year, we surpassed expectations in attracting, training, and retaining that workforce.

ACRRM reached a major milestone, exceeding 7,000 members, driven by record numbers of future Rural Generalists joining the College.

Our student membership grew by more than 400, strengthening the pipeline of doctors committed to rural and remote care.

We also achieved our most successful intake of registrars in the College's history, exceeding allocated places on both the RGTS and AGPT programs.

Notably, our intake of First Nations registrars increased by 40 per cent - a significant and welcome achievement.

In 2024, more than 180 doctors attained Fellowship, the highest number in ACRRM's history. These new Fellows are now providing care in communities across the country, including some of the most geographically isolated and underserved regions.

This growth is already having a tangible impact. More communities now have access to highly skilled Rural Generalists delivering continuity of care closer to home. This helps reduce the need for patients to travel, supports workforce stability, and strengthens rural and regional health systems into the future.

Demonstrating impact through registrar experience and outcomes

Results from the 2024 Medical Training Survey (MTS) highlight ACRRM's strong performance in training a skilled, supported, and community-focused rural medical workforce. With over 52 per cent of ACRRM registrars responding, the results show high levels of engagement and satisfaction.

ACRRM registrars demonstrate a deep commitment to rural, remote, and First Nations healthcare, with more than double the national average expressing interest in rural practice. Two-thirds reported a strong interest in First Nations healthcare, compared to 50 per cent nationally.

The appeal of ACRRM Fellowship continues to grow, with a 50 per cent increase in interest among interns and prevocational doctors. Eighty-three per cent of registrars gave a positive rating to their training experience, well above the national average of 68 per cent. They also reported lower financial stress and better access to support services.

Registrars reported strong access to supervision, professional development, and educational events. Importantly, they were more likely to report bullying or harassment—reflecting a culture that supports respectful, accountable workplaces, and the ongoing impact of the College's Respectful Workplaces Framework.

The 2024 MTS findings affirm ACRRM's leadership in delivering high-quality, community-aligned rural medical training.

Embedding Cultural Safety in Rural Generalist Medicine

Despite improvements in healthcare, significant disparities persist between the health outcomes of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. Closing this gap requires more than clinical expertise—it demands culturally safe and responsive care.

The Joint College Training Services (JCTS) program, established by ACRRM and RACGP, supports this goal by building cultural capability in General Practitioners and Rural Generalists, particularly those in Fellowship training. Now in its third year, JCTS continues to expand its reach through a national team of executives, regional managers, cultural educators and mentors, and an Aboriginal and Torres Strait Islander Medical Education team. Together, they deliver a range of education and mentoring initiatives including workshops, observation visits, and registrar and supervisor support. JCTS also partners with TAFE NSW to deliver the Diploma of Practice Management for Aboriginal Medical Services.

This year, the inaugural JCTS Strategic Plan was launched, outlining six key priorities: cultural safety and responsiveness, education excellence, community focus, wellbeing at work, strong partnerships, and resource efficiency.

ACRRM also continues its deep involvement with the GP Training Cultural Educators and Cultural Mentors (CECM) Network, which plays an important role in embedding cultural education across the training journey.

Through collaboration with CECM and other stakeholders, ACRRM is working to expand training in Aboriginal Community Controlled Health Services and support more Aboriginal and Torres Strait Islander doctors to enter and thrive in the ACRRM Rural Generalist Fellowship Program, advancing our shared vision of better health outcomes through culturally safe rural and remote medicine.

Community Reference Group update

By Stan Stavros – CRG Chair

Since its establishment, the Community Reference Group (CRG) has been embraced within the ACRRM community. Members have consistently reported feeling welcomed, respected, and valued.

Their contributions have been met with genuine interest, with College staff and leadership ensuring that CRG perspectives are heard and integrated. This collaborative environment has enabled CRG members to confidently and actively engage in all facets of their role.

The College's support of the CRG is evidenced by its inclusion in regular committee meetings, consultation processes, and planning forums. Members have been invited to contribute to strategy discussions and provide advice across a spectrum of issues affecting rural and remote health delivery, including workforce sustainability, health equity, and access to services.

Stan Stavrose

Engagement in Policy and Advocacy

Throughout the reporting period, CRG members have actively participated in key events and engagements. Several members attended and contributed to ACRRM's annual conferences and forums, including the Rural Medicine Australia (RMA) conference. These events provided a platform for the CRG to engage directly with Rural Generalists and health leaders. Attendance has been more than symbolic; CRG members contributed meaningfully to discussions, panels, and breakout sessions, helping to ground the conversation in lived rural experiences and ensuring the voices of patients and communities remain central.

Beyond conference participation, the CRG has been integral in contributing to ACRRM's submissions to a range of national reviews and policy processes. These include the Scope of Practice Review, the Working Better for Medicare Review, and the ongoing consultations on the future of rural generalism. Each of these reviews is of vital significance to the delivery of equitable, high-quality rural healthcare, and CRG members provided insight into how proposed changes may impact access, workforce stability, and continuity of care in rural and remote communities.

The CRG has advocated strongly for the formal recognition and sustainable resourcing of rural generalism as a distinct medical discipline. Members have worked alongside College staff to underscore the importance of RGs in ensuring comprehensive, culturally safe, and locally responsive healthcare in areas where specialist access may be limited. This advocacy has included shaping submissions to government, contributing to position papers, and engaging with other peak bodies to promote a consistent and community-informed message.

Our contributions to the Scope of Practice Review have focused on ensuring reforms promote team-based care that values the skills of all practitioners while centring patient needs. We advocated for models that increase access without compromising the holistic, person-centred care that is often a hallmark of rural generalism.

In the Working Better for Medicare Review, CRG members helped articulate the challenges rural residents face when navigating fragmented services and limited funding models. Our input reinforced the need for reforms that reward continuity, preventive care, and relationships – key pillars of the RG model.

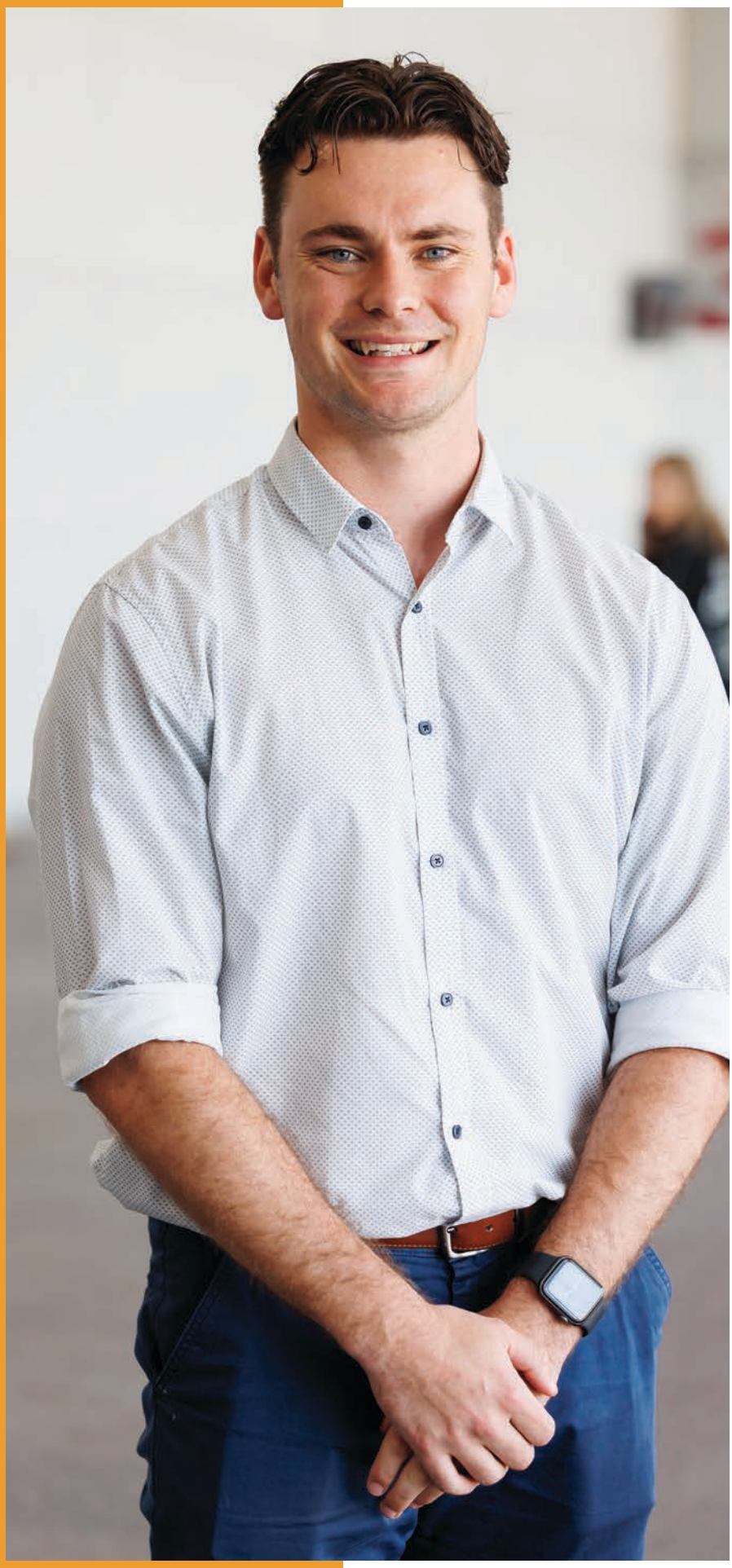
Growth and Future Focus

Throughout the year, the CRG has matured in confidence and cohesion, developing a strong internal culture of collaboration and shared purpose.

Looking ahead, the CRG is committed to expanding its advisory role and deepening its partnerships with RGs, policymakers, and academic institutions. Priorities include contributing to research and evaluation projects, strengthening digital health access, and continuing to ensure equity is central to ACRRM's future-focused health strategies.

Acknowledge-ments

The CRG extends its sincere thanks to the ACRRM Board, CEO, and staff for their continued support, transparency, and genuine commitment to community-led healthcare. The inclusion of the group in key College activities is a testament to ACRRM's values and leadership in embedding community voices in meaningful and impactful ways.



Member story

Dr Noah Pallot is an ACRRM registrar currently undertaking his first placement at Central Gippsland Health in eastern Victoria. Growing up in West Gippsland, he developed a deep appreciation for rural life and a passion for improving healthcare access in regional communities. With a strong commitment to rural generalism, he shares how he chose rural generalism as his career path.

If you had to describe your Rural Generalist journey in three words, what would they be?

Supported, exciting, empowering.

What inspired you to pursue a career in rural medicine?

I'm a current ACRRM registrar completing my core generalist year at Central Gippsland Health in eastern Victoria. Growing up on a small hobby farm in West Gippsland was where I fell in love with the country lifestyle. I completed my schooling there before moving up to the city—which I got out of as soon as possible—to pursue placements throughout Gippsland, where I discovered my passion for rural health.

Seeing the inequities associated with access to healthcare didn't sit right with me, and even as a student, I felt I was able to make a difference in patients' lives. In the city, I felt like a cog in a much larger machine.

Seeing the incredible work of Rural Generalists—how they can see their patient in the community, emergency department, and provide their anaesthetic while also saying hi at the local coffee shop—was such a special journey that I knew that was what I wanted to do.

Why did you choose the ACRRM program for your Fellowship training?

ACRRM seemed like the perfect choice for me, knowing I wanted to go into rural generalism and practice in remote areas at different stages of my career. Additional hospital experience, as well as the rural perspective being embedded in the values of the College and its education, was perfect and makes for a more well-rounded rural clinician. The flexibility of the program in location and time may also allow other opportunities in medical education or advocacy as I progress through my Fellowship training.

I'm very much looking forward to exploring subspecialties such as O&G and CCU while continuing to develop my general and emergency skills. I think this is the beauty of the core generalist training—producing well-rounded clinicians before going into primary care.

Is there a particular experience that has shaped your journey so far?

Being introduced to Rural Generalist medicine by the GP anaesthetists at Warragul Hospital was certainly a pivotal moment where I learned about the pathway. This was then reinforced by the incredible team at Heyfield Medical Centre, managing a subacute hospital and aged care beds alongside a full patient load in GP.

What do you find unique about rural medicine compared to urban practice?

I love the flexibility and myriad of opportunities that present for education, advocacy, and interesting medicine rurally. Not to say that these things don't exist in a metro setting, but the competition is generally vastly greater. Students and junior doctors rurally often have increased responsibilities and procedural experience compared to metro colleagues.

There is also a stronger sense of community—you often know the GP you're referring back to, and I think this continuity of care is very special. I'm very passionate about equity of access to healthcare for rural patients and the wellbeing of our rural health workforce.

I have taken up a board directorship with the Rural Doctors Association of Victoria to start learning about governance and advocacy. I hope to develop these skills and represent my colleagues and patients, ensuring a sustainable workforce providing the best outcomes for rural communities.

Where is your first placement, and what challenges and opportunities do you expect to encounter in this community?

I will be working in Sale in Central Gippsland. Having grown up in Gippsland and completed most of my clinical placements throughout the region, I understand the referral pathways and barriers to care that patients from the area face. I look forward to navigating these challenges to get the best outcomes for my patients.

Training in a rural area is a challenge in itself—social isolation, lack of structured education, and fewer specialty services to learn from are just some of the potential hurdles. However, I have brilliant mentors and have started to develop a network of colleagues throughout Gippsland to overcome these obstacles. Alongside the support of ACRRM and the VRGP, I feel well-equipped to tackle anything that comes my way.

What AST are you planning to undertake?

Having spent some time in anaesthetics and knowing this is what I would like to train in for my AST, I'm looking forward to completing the Pro Start Anaesthetics Program next year. I'm also interested in skin cancer medicine and am excited to develop these procedural skills in my GP placements from next year.

Where do you see yourself in the next five to ten years?

In five years, I hope to have Fellowed with ACRRM as an RG anaesthetist and potentially be exploring this beautiful country and the intricate challenges faced by different regions. Beyond that, I see myself back in Gippsland (if I don't fall in love with somewhere else along the way), contributing to patient care, medical education, and potentially medical administration.

What advice would you give to others considering a career in rural medicine?

My advice to others considering a career in rural medicine - jump in and do it! I don't think you will find another area as rewarding from day one. The career opportunities are endless, and the rural lifestyle is hard to beat. The world becomes your oyster, and the balance of work-life or life-work is second to none.

Develop.

Deliver education and training for Rural Generalists

Building capability across the career span

While training the next generation of Rural Generalists remains a core focus, ACRRM continues to support members across every stage of their professional journey through a comprehensive suite of education programs and learning opportunities. In 2024–25, we significantly expanded our clinical training footprint, enhanced our online offerings, and refined our Fellowship Education Program in response to growing demand and valuable feedback from members.

The clinical training team delivered 93 face-to-face courses across 27 locations nationwide, training approximately 1400 rural and remote doctors. From Katherine to Norfolk Island, and from Barossa to Bairnsdale, the reach and diversity of locations reflected the College's strong commitment to delivering high-quality, context-specific training across Australia's most geographically and clinically demanding settings.

This year saw the successful launch of two new courses tailored for Rural Generalists. *Point of Care Ultrasound for Rural Generalists* provides foundational ultrasound skills in a blended learning format, while *Paediatric Emergencies for Rural Generalists* equips doctors to confidently manage acute presentations in children, incorporating ARC-endorsed Paediatric Advanced Life Support training.

Several established programs were also refreshed, including the Rural Anaesthetic Crisis Management (RACM) and Pre-Hospital Emergency Care (PHEC) courses. Alongside this, internal training resources were enhanced, with onboarding, Implanon facilitator education, Multiple Mini Interviews preparation, and regional training events delivered in every state and territory.

Our online learning environment continues to thrive, with 18,647 enrolments across the year. September 2024 marked a record month, with over 531,000 page views and more than 15,000 participations. Popular courses ranged from Tele-Derm and Cultural Safety, to new offerings on Dental Emergencies, Managing Angry Patients, Autism in Rural Practice, and Transgender Primary Care.

We also saw notable growth in our Digital Health Webinar Program, which recorded a marked year-on-year increase in participation. In 2024–25, 18 webinars were delivered, attracting 2,466 registrations and 1,073 attendees, with contributions from 27 expert presenters. This sustained growth reflects the rising recognition of the program's value and relevance across the profession and reinforces the role of digital delivery in extending access to quality education for rural and remote Rural Generalists.

The Fellowship Education Program continues to experience exponential growth, prompting the introduction of new delivery innovations such as multiple virtual workshops per semester and the appointment of regional workshop leads.

Enrolments rose from 235 in Semester 2023A to 326 in 2025A, with over 230,000 page views per semester. Ongoing improvements to the curriculum were informed by targeted stakeholder workshops focused on Semesters C and D.

The Education Development team also undertook a strategic review of regional education needs, visiting teams across the country to gather insights that will guide future design and delivery.

Through this multi-modal, continually evolving education program, ACRRM continues to equip doctors in rural and remote settings with the skills, confidence, and peer support they need to deliver exceptional care—throughout their careers.

ACRRM Statistics

Clinical Training (Face-to-Face)

- **93** face-to-face courses delivered
- Across **27** locations nationwide
- Approximately **1,400** doctors trained

New Courses Launched

- **2** new courses:
  - Point of Care Ultrasound for Rural Generalists (POCUS-RG)
  - Paediatric Emergencies for Rural Generalists

Online Learning

- **18,647** online course enrolments
- **531,000+** page views in September 2024 (record month)
- **15,000+** participations in September 2024

Digital Health Webinar Program

- 2024–25:
  - **18** webinars delivered (up from 16 the previous year)
  - **2,466** registrations (**+649** from previous year)
  - **1,073** attendees (**+187** from previous year)
  - **27** presenters (**+2** from previous year)

Member story

From the Pacific to the Outback—and Back: Dr Sione Akauola's RG journey

Dr Sione Akauola's journey to ACRRM Fellowship began in one of the world's most remote locations - a small island in Tonga where he served as the sole doctor for a community of 1500 people. With limited resources and isolation from tertiary care, he ran a five-bed health centre and managed emergencies alone for an entire year.

"There were no flights, and the only link to the main hospital was a ferry that came every three months," Dr Akauola recalls. "Electricity was scarce. "Our health centre relied on a diesel generator, and at home I used a kerosene lamp to study and cook."

After migrating to Australia, Dr Akauola faced new challenges as an International Medical Graduate, including navigating licensing exams and adapting to a new health system. He credits ACRRM's Fellowship program for supporting his transition and transforming his career.

Now an ACRRM Fellow, Dr Akauola provides anaesthesia, emergency, and general practice services in rural, remote, and First Nations communities. "One moment I might be performing a spinal for a caesarean, the next resuscitating a critically ill patient or planning long-term care in general practice," he says.

He describes ACRRM's training model as both rigorous and rewarding. "It equips you with the right skills to serve the people who need you most."

"This Fellowship changed my life. I want others in the Pacific to have the same opportunity."

Dr Akauola is now embarking on a project close to his heart - establishing a solo private clinic on Tonga's main island, Tongatapu. With a population of around 70,000 and limited access to care, he will provide part-time, fly-in-fly-out services to help meet local health needs. "This is my way of giving back—of continuing the cycle of care that began on those remote islands."

He remains deeply grateful for the support of his educators, training officer, and family—both in Australia and Tonga.

Expanding the remote supervision model

Katrina Cordes

Expanding Training Frontiers: Remote Medicine AST Launches in NSW

In a New South Wales first, ACRRM has partnered with the Royal Flying Doctor Service South Eastern Section (RFDSSE) to establish a new Remote Medicine Advanced Skills Training (AST) post, delivered outside of a hospital setting.

This one-year training opportunity provides registrars with immersive, hands-on experience in some of the most isolated communities in the state. The program is designed to develop the advanced clinical and procedural skills needed to deliver high-quality care in resource-limited environments and to prepare registrars for leadership in rural and remote practice.

Registrars undertaking this post are based at one of two primary care hubs—Warren/Gilgandra/Condobolin in the Western NSW Network, or Broken Hill in the Far West NSW Network—and rotate through remote clinics across the region. This provides exposure to a wide range of rural healthcare settings and patient presentations.

Through this training model, registrars gain experience in primary, secondary, and emergency care while working as part of a multidisciplinary team that may include nurses, allied health professionals, First Nations health workers, and other healthcare personnel.

This initiative reflects ACRRM's commitment to delivering training opportunities in areas of greatest need and ensuring registrars are well-equipped to make a meaningful impact. By partnering with RFDSSE, ACRRM is expanding access to an AST post in unique remote settings and strengthening the Rural Generalist workforce across New South Wales.

Supporting Registrars and Members Impacted by Natural Disasters

Natural disasters can have a profound impact on rural, remote, and First Nations communities, including the practices and people delivering healthcare in these regions. In early 2025, severe flooding in Far North Queensland affected several ACRRM registrars preparing to undertake the Multiple-Choice Questionnaire (MCQ) assessment.

Recognising the pressures these events place on candidates, the College worked closely with each affected registrar to ensure they were supported to continue their assessment journey. This included flexible arrangements and wellbeing support, enabling them to sit the MCQ in early February alongside nearly 90 other registrars.

Beyond the assessment process, the College also enacted broader financial support for impacted registrars and practices in affected areas. This included assistance for travel and accommodation, access to wellbeing services, and funding for infrastructure repairs not covered by insurance.

These efforts reflect ACRRM's ongoing commitment to supporting our members not just academically, but personally and professionally—particularly when facing the challenges of working in disaster-prone regions.

Advocate.

Enhance awareness of the College and the benefits of Rural Generalist Medicine in Australia and internationally

Standing Up for Rural, Remote, and First Nations Care

With Rural Generalist Medicine set to be formally recognised, the Federal election presented a timely opportunity to push for the mobilisation of this nationally recognised workforce.

The College called on all political parties to prioritise equitable access to high-quality, affordable healthcare for the more than 7 million Australians living outside metropolitan areas.

Rural Generalist Medicine set to be formally recognised

ACRRM President Dr Rod Martin led the College's public advocacy efforts, highlighting the ongoing $6.5 billion annual underspend on healthcare in rural and remote regions, and the pressing need for solutions to close this gap. While welcoming commitments to bulk billing and medical training from major parties, the College continued to urge for greater detail and stronger, targeted investment in supporting rural, remote and First Nations communities to attract and retain Rural Generalist registrars and Fellows.

To this end, the College released a detailed list of recommendations outlining the necessary investments to build a sustainable workforce and improve healthcare delivery in underserved communities.

Key advocacy points included:

- **Strengthening the Rural Generalist Pathway**
  ACRRM called for a $100 million investment over four years to increase training positions to at least 500 Rural Generalist registrars annually. An additional $30 million per year was recommended to support prevocational training in rural communities.
- **Securing Rural Women's Health Services**
  The College advocated for urgent action to safeguard rural maternity services and incentivise the Rural Generalist maternity workforce, particularly those with skills in obstetrics and anaesthetics.
- **Recognising Rural Generalist Skills through MBS Reform**
  ACRRM pushed for the introduction of specific Medicare Benefits Schedule (MBS) items to properly recognise and remunerate the broad scope of services provided by Rural Generalists.
- **Raising Awareness of the RG Model**
  The College recommended funding a national campaign to promote Rural Generalism and its role in improving healthcare access and outcomes across rural, remote and First Nations communities.
- **Supporting and Retaining the RG Workforce**
  ACRRM highlighted the need for infrastructure support for rural health service providers—including housing and other essential amenities—to enhance attraction and retention.
  The College also called for appropriate recognition and remuneration of senior clinical advisory services provided by experienced rural and remote doctors.

While the election provided a strong opportunity to promote our advocacy efforts, the College was active outside this campaign, engaging with policymakers and political stakeholders, offering practical, evidence-based solutions for creating a more equitable health system.

Advocacy wins:

- ACRRM has attained 70 more places on the ACRRM Rural Generalist Fellowship Training Program for 2026. ACRRM continues to advocate for further places to address the unmet healthcare needs of rural, remote and First Nations communities.
- The Department of Health, Disability and Aged Care (DoHDA) announced that the College's Rural Generalist Training Scheme (RGTS) funding program will cease at the end of 2025. This change means that registrars currently funded through RGTS and training on ACRRM's Rural Generalist Fellowship Program will continue their training under the Australian General Practice Training (AGPT) Program from 2026. ACRRM has long advocated for one Fellowship program.
- Further incentives for registrars training on the ACRRM Fellowship program, through a new government funded grants program
- Establishment of a Rural and Remote Community Support Grant to attract, train and retain registrars and Fellows in hard to recruit regions

Advocacy through art: supporting violence prevention in rural communities

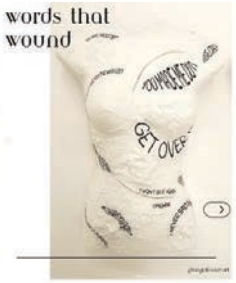
As part of our broader advocacy efforts in 2024–25, ACRRM proudly partnered with Violence Prevention Australia (VPA) to support the *Stop It Before It Starts!* national art competition—an initiative designed to raise awareness and spark meaningful conversations about violence prevention.

Held across three rounds from May 2024 to Valentine's Day 2025, the competition invited original artwork submissions exploring themes of resilience, healing, and early intervention in family and domestic violence. The competition was promoted through ACRRM channels, including at the RMA24 conference, and all entries were submitted via VPA's Instagram page, allowing for strong engagement across digital platforms and communities nationwide.

With prize money awarded to each round's winner and a $500 People's Choice Prize, the competition concluded with Ange Foster's moving piece *"Kintsugi of the Soul: A Journey of Healing"* taking out the top honour. The artwork draws on the Japanese art of mending broken pottery with gold, symbolising strength through healing - a fitting metaphor for the campaign's central message.

ACRRM's support for the competition was part of our ongoing advocacy for rural healthcare professionals' roles in recognising, responding to, and helping prevent violence in their communities. Rural Generalists are often the first point of contact for individuals experiencing violence, particularly in remote settings where other services may be limited—they are advocates, trusted confidants, and often a lifeline for people in distress.

The Stop It Before It Starts! campaign is a strong example of how cross-sector collaboration and creativity can drive social change, and how the College continues to be innovative in advocating for safer, healthier communities for all Australians.



Artwork title: Self Love
Artist: Madison La Belle

Artwork title: I don't wanna be a monster
Artist: Pie Yi Wang

Title: Kintsugi of the Soul
Artist: Ange Foster...

Artwork title: Overflow. Fill your own cup and then give others the overflow
Artist: Katie Potatieart

Empowering communities to build and sustain the rural medical workforce

ACRRM has launched a bold new initiative to support local solutions that strengthen the rural and remote medical workforce. The inaugural Rural and Remote Community Support Grant program offers up to $50,000 in funding per project, enabling communities to directly address the barriers that impact the attraction, training, and retention of doctors in areas of greatest need.

This initiative reflects ACRRM's commitment to doing things differently - putting communities in the driver's seat to help build, support, and sustain a workforce where it is needed most.

The $2 million grants program is a strategic investment in sustainable, community-driven healthcare. It supports innovative, place-based approaches to improving training experiences and long-term workforce outcomes for ACRRM registrars working toward Fellowship, and their families.

Funding can be used for a wide range of initiatives and this flexible model ensures projects are tailored to the unique needs and priorities of each community. Examples include improving local accommodation for registrars, providing family support such as childcare or schooling assistance, and implementing programs that promote registrar and supervisor recruitment in the region.

By shifting the focus to locally informed solutions, ACRRM is strengthening the connection between registrars and the communities they serve. In doing so, the College is fostering long-term workforce stability and improved healthcare outcomes for rural, remote, and First Nations communities.

The College looks forward to assessing applications and seeing projects come to fruition in 2026.

Member story

Dr James Best is passionate about guiding and mentoring young doctors as they step into the world of rural generalism. Having worked as a General Practitioner (GP) specialising in paediatrics for 25 years, James's journey in medicine, and as a medical educator and supervisor, has been one of commitment, passion, and a strong belief in the value of rural generalism.

James' path to ACRRM was shaped by his extensive experience in paediatrics, disability, developmental issues, and behavioural health and he recently received his ACRRM Fellowship through the Rural Experienced Entry to Fellowship (REEF) program, solidifying his dedication to rural medicine and the next generation of Rural Generalists (RGs).

Reflecting on the growing popularity of the ACRRM training program, James says it's the College's singular focus on RG Medicine that creates a unique energy.

"ACRRM is about training and developing RGs. "When you focus purely on that, it brings a different energy, a different level of intensity, a different level of knowledge, expectations, and skills that can be very refreshing," he explains.

"Supervisors in ACRRM understand our registrars will likely be working in places with limited resources, where their role extends beyond traditional general practice."

James believes that enthusiasm and commitment are at the core of great supervision.

"Being exposed to people who are training to be RGs can be very nourishing."

"A good supervisor is someone who is passionate about mentoring, someone who wants to build the future of rural medicine," he says.

RGs, by nature, operate in environments where backup is limited, requiring them to develop a wide range of skills and confidence in their abilities.

As a supervisor, James takes pride in shaping these young doctors.

"I love getting registrars in the first term of their training.

" They come in with hospital knowledge and skills, but it's in the general practice setting that we mould them into the RGs they aspire to be.

"It's about instilling values, expectations, and a drive for excellence."

For James, supervision isn't just about helping doctors pass exams; it's about creating a mindset of excellence.

"We don't want just 'bums on seats' getting through their training.

"We want Rural Generalists who aim to be the best.

"That's what ACRRM is about.

"There's also a lot of satisfaction in supporting a registrar through a difficult period or helping them through parts of their role may relate not to knowledge or skills, but to their professionalism, their ethics, and how they interact with staff.

"When you can turn that around it's rewarding. And for new supervisors, this part of the role should be seen as an opportunity rather than a threat."

Looking ahead, James is optimistic about where ACRRM's supervision program is headed. With the expansion of rural generalism at a national level and increasing recognition of its importance in addressing healthcare gaps, he sees a positive future for the profession.

"There's a growing awareness of how critical RGs are, not just among government and health bodies, but also among new graduates.

"When I finished medical school, I barely knew rural generalism existed.

"Now, it's becoming a highly regarded career path."

Thrive.

Operate a thriving, sustainable and accountable organisation that empowers and supports its people and partners to achieve our vision

ACRRM 2024 Award Winners

Life Fellowship: A/Prof Ruth Stewart

ACRRM proudly awarded Life Fellowship—its highest honour—to Associate Professor Ruth Stewart in 2024, recognising her outstanding contribution to rural, remote, and First Nations healthcare.

With more than 30 years of service to ACRRM and the Rural Generalist profession, Adj Prof Stewart has been a tireless advocate and leader. She served on the College Board for two decades, including as President (2016–2018), and held numerous roles shaping the College's direction and influence.

As National Rural Health Commissioner (2020–2024), she championed Rural Generalist recognition, rural maternity care, and equitable healthcare access for underserved communities.

ACRRM President Dr Rod Martin commended her enduring impact, saying: "Ruth's respectful, inclusive approach and unwavering focus on solutions have made her a true trailblazer. "Her legacy will continue to shape rural healthcare for years to come."

Distinguished Service Awards

The Distinguished Service Awards recognise Fellows, members, or non-medical individuals who have made a significant contribution to rural and remote medicine.

The ACRRM Board may award a Distinguished Service Award in recognition of:

- Long-term or significant contribution to the College
- Significant or distinguished service to rural or remote communities

> This year's recipients:
> Dr Peter Arvier (Penguin, TAS)
>
> Dr Neil Beaton (Atherton, QLD)
>
> Dr Tom Doolan (Toowoomba, QLD)
>
> Dr David Rosenthal (Renmark, SA)

Honorary Life Fellowship

Awarded by the ACRRM Board to a Fellow in recognition of:

- Outstanding or significant contribution to the College
- Significant contribution to the broader rural community

> 2024 Recipient:
> Associate Professor Ruth Stewart

Peter Graham 'Cohuna' Award

Recognises members or Fellows who have demonstrated outstanding advocacy and medical service to their community, particularly through the maintenance of high-quality generalist and procedural skills.

Named in honour of the late Dr Peter Graham AO, who served the rural Victorian town of Cohuna for nearly 50 years. Dr Graham passed away in 2008, aged 80. Jointly awarded with RDAA

> 2024 Recipient:
> Dr Dennis Pashen

Medical Student of the Year

Rochelle Cabry (Inaugural)

President's Prize Winners

Shoshanna Scott *(left)*

Tamyka Bell *(right)*

Registrar of the Year

Dr Marian Dover

Rural Generalist of the Year

Dr Angela Stratton (Inaugural)

Medical Educator of the Year

Dr Rael Codron (Inaugural)

Outstanding Contribution to Rural Practice Management

Ms Dianne Loubey (Inaugural)

Outstanding Contribution to First Nations Healthcare

Dr Rob James (Inaugural)

Rural Health Research Award

Professor Kay Brumpton (Inaugural)

External awards

ACRRM members continue to be nationally recognised for their extraordinary service, leadership, and advocacy in rural, remote, and First Nations healthcare.

AUSTRALIA DAY HONOURS

Dr Margaret Garde OAM (SA) – For outstanding contributions to medicine and education over 40 years, particularly in Portland and surrounding communities.

Dr Arthur Trezise (QLD) – Received a Mayoral Award from Whitsunday Regional Council for more than 50 years of dedicated medical service to Bowen.

Jill Ludford (NSW) – Awarded the Public Service Medal for developing the "Murrumbidgee model," a pioneering rural generalist workforce initiative.

2025 KING'S BIRTHDAY HONOURS

The late Dr John Charles Dyson-Berry OAM (VIC) – For service to medicine as a General Practitioner, particularly in regional Victoria.

Dr Margaret Niemann OAM (VIC) – For lifelong commitment to Aboriginal and remote healthcare and rural medical education.

Associate Professor David Rimmer OAM (QLD) – For service to rural and remote medicine, medical training, and health system development. Also named Longreach Citizen of the Year for his leadership in rural medical education and community service.

Dr Peter Rischbieth AM (SA) – For significant service to rural health, advocacy, and education over nearly four decades.

ACRRM Regions

Throughout the year, our regional networks have played a vital role in ensuring local perspectives shape our programs, advocacy, and education. By championing regional voices, we continue to strengthen pathways for rural doctors, support training and workforce development, and build resilient healthcare systems that meet the unique needs of each community.

Queensland

ACRRM's Queensland team continues to expand and enhance its support for registrars across the state, responding to growing training numbers. This year saw more than 100 new registrars joining the ACRRM training program in Queensland, bringing the total to 422 registrars supported across 299 training posts.

To meet this growth, the team significantly increased both administrative capacity and the number of medical educators, who now total 27 across the region. The introduction of 11 training program advisors (TPAs) has been instrumental in delivering tailored, one-on-one caseload management—providing registrars with targeted guidance while also supporting their training posts to maintain high-quality learning environments.

100 new
Registrars

299
Accredited
Training Posts

A key feature of the Queensland team's approach has been strengthening their face-to-face presence across rural, remote, and First Nations communities. Regular training post visits, two three-day registrar workshops (each attended by more than 80 participants), and 12 cultural education workshops helped embed the College's training ethos on the ground, and reinforced strong relationships with local supervisors, practices, and hospitals.

One of the standout stories from the year has been the commitment of Queensland registrars working across both primary care and hospital settings. The team has actively facilitated joint conversations between GP practices and hospitals, ensuring alignment with ACRRM training requirements and encouraging a shared understanding of the College's Rural Generalist model.

Engagement efforts extended beyond clinical settings. The Queensland team supported numerous local community events, using these opportunities to promote ACRRM and engage junior doctors, reinforcing the pipeline into the ACRRM Rural Generalist Fellowship program. Key partnerships, including those with the Office of Rural Health (in supporting the Single Employer Model), and the Queensland Rural Generalist Pathway (to facilitate advanced skills training) have been essential in strengthening registrar training opportunities and ensuring registrars are well supported to meet the needs of the communities where they live and work.

Northern Territory

ACRRM's Northern Territory (NT) team has continued to deliver high-quality Rural Generalist (RG) training across some of Australia's most remote locations. The team supported 107 registrars this year, including six working in areas of significant workforce need, such as Wadeye, Warruwi (South Goulburn Island), and Groote Eylandt.

Regional operations expanded significantly, with a fully established NT office and increased recruitment of training program advisors, medical educators, and a supervisor liaison officer. This, along with regular regional visits across the Territory, enhanced the coordination of registrar placements, supervisor support, and stakeholder relationships.

The team supported 107 registrars this year

Katherine emerged as a notable example of success in 2025, with a strong local leadership team attracting record numbers of registrars. This leadership, combined with robust training support, continues to deliver valuable Rural Generalist experiences despite the challenges of the remote environment.

Key initiatives introduced to support registrar training include aligning orientation and face-to-face workshops, significantly increasing attendance, reducing travel costs, and minimising time away from communities. New STAMPS Secrets sessions now complement existing NT assessment support days, offering additional guidance for exam preparation.

10 new Fellows

100+ Registrars

A highlight for the NT in the past 12 months was hosting RMA24 in Darwin. The conference attracted more than 1,000 doctors and health professionals from across Australia, providing a unique opportunity to showcase the region's vital role in delivering rural, remote, and First Nations healthcare. The event facilitated valuable connections, knowledge sharing, and collaboration, and helped to promote the Territory as an important centre for Rural Generalist training and practice. It was also an opportunity to celebrate NT registrars who completed training and participated in the ACRRM Fellowship ceremony. Many of these new Fellows are expected to contribute to the College as future supervisors and medical educators

Community and stakeholder engagement was further boosted through sponsorship and facilitation of initiatives such as the Rural Rescue Challenge for medical students, and active involvement in the COMPASS Primary Care Conference, ACEM Regional Rural Remote Emergency Medicine Conference, and the National Prevocational Forum. These offer valuable opportunities to build strong relationships internally and externally.

Looking ahead, priorities include expanding supervisor and training post capacity, further enhancing registrar workshops, increasing engagement with medical students throughout their training journey, and building stronger partnerships with organisations such as CareFlight, NT Primary Health Networks, and Rural Generalist Coordinating Units to support workforce distribution and retention.

Western Australia

All eyes are on Western Australia as it plays host to *Rural Medicine Australia 2025*—a fitting spotlight for a state where rural generalism is gaining strength, visibility, and momentum.

This year saw exciting growth across ACRRM's WA operations, with a larger on-the-ground team, new training opportunities, and deeper engagement across regions. Thirty new registrars commenced their training journey, while 10 celebrated the achievement of Fellowship—reflecting the strength of the training pathways and the support delivered by the local team.

WA's training and education network now includes four Training Program Advisors, 10 Medical Educators across most regions, a dedicated Education Support Officer, and a new Regional Director of Training, Dr Cherelle Fitzclarence. Newly appointed Supervisor Liaison Officers in both the north and south of the state have helped create stronger connections and peer support for supervisors in even the most remote settings.

30 new registrars commenced their training journey, while 10 celebrated the achievement of Fellowship

Collaboration with the WA Country Health Service and Regional Directors of Medical Services opened up new Advanced Specialised Training (AST) opportunities and enabled better alignment between hospital and primary care placements—critical for supporting Commonwealth-funded roles and long-term workforce sustainability.

Registrars were supported with a range of educational offerings, including workshops, tutorials, and Learning on Country experiences. Regional site visits and presentations to junior doctors helped raise awareness of rural generalism and showcased ACRRM's role in shaping future-ready, community-embedded doctors.

Building on this momentum, the team has turned its focus to engaging junior doctors in metropolitan hospitals—planting the seeds for future Rural Generalists and ensuring WA continues to grow a workforce committed to rural, remote and First Nations health.

South Australia

The past year has been one of growth, momentum, and connection across South Australia. With continued growth in registrars entering ACRRM training, the focus has been on building strong relationships, expanding training opportunities, and delivering practical support where it is needed most. From launching new educational offerings to supporting innovative local solutions, the SA team has worked closely with members, practices, and partners to strengthen the Rural Generalist pathway and help ACRRM registrars thrive in their communities.

This year saw the largest general practice orientation session to date—a clear sign that ACRRM training is gaining traction in South Australia. To improve on-ground support, the regional team was expanded, including several recent Fellows who were welcomed into the growing Medical Education team, bringing valuable frontline insight into the training experience.

A new monthly webinar series and a well-attended Critical Care Workshop were added educational offerings, while targeted assessment support, particularly around Core Generalist Training and EM STAMPS, assisted registrars in building confidence and preparing for exams.

Collaboration has been key. The SA team partnered with State Health, Local Health Networks (LHNs), and general practices to roll out a second Single Employer Model trial and supported registrars through its implementation. The team played a vital role in resolving emerging training issues early and working constructively with LHNs to ensure positive outcomes.

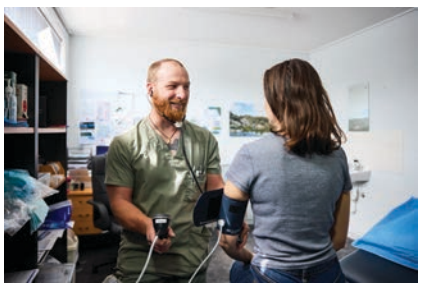
> **the focus has been on building strong relationships, expanding training opportunities, and delivering practical support**

A notable success for ACRRM was the Kangaroo Island initiative, where flexible funding enabled a local practice to pilot a program providing childcare support—helping remove a key barrier to attracting and retaining registrars. The initiative also extended to Fellows and is a strong example of innovative, community-driven solutions improving workforce sustainability.

The team also supported the accreditation of new practices in areas such as Whyalla and helped develop new AST posts aligned with workforce needs, including Remote Medicine in Cummins and Port Lincoln.

As more registrars move into community placements, engagement has increased, along with demand for tailored support.

Efforts will continue to focus on building training capacity, strengthening communication, and supporting registrars and supervisors at every stage of the Rural Generalist journey.



Victoria

This year marked a turning point for ACRRM in Victoria, with a clear shift from steady growth to strategic momentum. The regional team is leading the way in shaping innovative training solutions, deepening community connections, and supporting an expanding registrar cohort with practical, on-the-ground support.

ACRRM's Victorian footprint now includes 10 dedicated training staff and 18 Medical Educators. This expanded team has enabled more personalised and timely assistance for practices, supervisors, and registrars, with every active training post receiving an in-person visit in 2024–25. New registrars entering general practice were also supported with extended early clinical training visits, helping them build confidence from day one.

> **ACRRM's Victorian footprint now includes 10 dedicated training staff and 18 Medical Educators**

With assessment support in higher demand, the new Victorian Assessment Support Program (VASP) was launched to help registrars prepare for College assessments. Already, it has contributed to successful Fellowship outcomes through tailored, individualised coaching. Education offerings were also strengthened with the introduction of a new webinar series covering 10 key topics, which attracted strong attendance and positive feedback.

In a milestone for the state, Victoria's first Single Employer Model (SEM) pilot was launched in February 2025. Involving 17 registrars across three sites, the pilot—developed in collaboration with the Victorian Rural Generalist Pathway—aims to provide better employment continuity and strengthen the long-term viability of rural generalism across the state.

The year also saw significant efforts to nurture the rural medical pipeline. This included a regional outreach road trip and upcoming events such as a clinical immersion day for 50 high school students in July 2025, and a student clinical skills day with Monash University's WILDFIRE group in September.

Recognition of excellence was a high point, with Victorian Rural Generalist Dr Angela Stratton named ACRRM's Rural Generalist of the Year. Her community-focused practice exemplifies the values ACRRM continues to foster through its training programs.

ACRRM Victoria continues to collaborate closely with partners including the Victorian Rural Generalist Program, Melbourne University, Monash University, La Trobe University, and Rural Clinical School Hubs to align training with community needs and build a sustainable future for rural health.

Tasmania

At the August 2024 Bush Summit in Hobart, ACRRM Fellow Dr Sally Street said, “When we train doctors in Tasmania, they stay in Tasmania. “We need to keep building strong, supported training pathways that enable doctors to serve their own communities with the skills they need.” Her advocacy, followed up by new Regional Director of Training (and former College Councillor) Dr Hawkins and key College representatives, helped secure a landmark decision for the state to adopt a Rural Generalist (RG) employment model to address workforce shortages in rural, remote, and First Nations communities.

Since July 2024, 16 new primary care training posts have been accredited, alongside two new Advanced Specialised Training (AST) posts—one in Remote Medicine and Small-Town General Practice, and another in Mental Health across the North and North-West. These posts allow registrars to develop advanced skills without leaving their communities.

It’s positive that the government recognises the need for change in Tasmania and the role RGs can play in driving that change. These achievements reflect ACRRM Tasmania’s continued commitment to sustainable rural training pathways and the delivery of high-quality care for rural and remote communities.

In 2024–2025, the Tasmania team continued to strengthen the foundations for rural generalism across the state, with a strong focus on stabilising the remote workforce and fostering local leadership. The year saw steady growth in training capacity, registrar engagement, and collaboration with key stakeholders.

Former College Council representative Dr Aaron Hawkins was appointed Regional Director of Training, and the Medical Educator (ME) network expanded to 11, supported by four Registrar MEs delivering locally tailored training initiatives.

Training opportunities broadened with the introduction of the trawtha makuminya cultural immersion camp, orientation workshop in St Helens , Mirena IUD insertion training, and advanced procedural skills days delivered in partnership with the Tasmanian Rural Generalist Pathway. The College also co-hosted a GP MasterClass, and contributed to several key state workforce planning groups.

Under the Tasmania Rural Practice Community Support Grant, the team visited rural practices across South, East Coast, North, North East and North West Tasmania.

Medical student and junior doctor outreach remained a priority, with engagement across student groups at the University of Tasmania and educational sessions delivered at regional hospitals in Launceston, Hobart, and the North-West.

A highlight of the year was the creation of a 12-month registrar placement on King Island, using a blended onsite and remote supervision model. This innovative approach ensured continuity of care for the community and generated enthusiasm for future placements.

New South Wales and Australian Capital Territory

In a state defined by both regional sprawl and some of the country's most remote communities, ACRRM's work in New South Wales and the ACT is about bridging the distance between training and practice, education and community.

This year, that bridge has been strengthened through targeted regional support, hands-on learning, and local partnerships that ensure registrars are not only placed where they're needed but are also set up to thrive.

A new regionally based support structure is delivering results, with Training Program Advisors (TPAs) providing tailored guidance across the state. The Medical Educator team has grown to 22, enabling personalised education delivery and deeper engagement with communities and supervisors.

Face-to-face education continues to expand, with two major three-day regional workshops held this year. These brought together registrars, supervisors, and educators for hands-on procedural training, emergency simulations, and community-focused sessions.

Registrars are making a real difference in towns like Lightning Ridge, Hillston, and Jindera - working under remote supervision models to provide essential care in high-need communities. These placements are the heart of rural generalism in action.

The rollout of the Rural Generalist Single Employer Pathway (RGSEP) presented some early challenges, but strong collaboration with stakeholders ensured rapid solutions. In one instance, a registrar on the program was wanting to train at an unaccredited Aboriginal Medical Service. Despite time constraints, ACRRM met with the AMS to discuss training requirements, and was able to expedite their accreditation application so the registrar could commence in February 2025.

To support registrar success, the team launched a six-week intensive assessment program, with five cohorts completing it to date. New interactive online sessions have also been introduced, featuring FACRRMs, educators, and guest speakers sharing real-world insights.

ACRRM's profile continues to grow across the training pipeline, with more than 20 hospital sessions delivered to PGY1 doctors and 10+ university engagement events.

Looking ahead, the region will focus on expanding supervisor support, embedding registrar feedback into program design, and further promoting rural generalism as a rewarding and impactful career.

2025 Fellow roll

A huge congratulations to our new Fellows in the 2024 / 2025 financial year.

Dr Shahid Abbas
Dr Osama Agami
Dr Ryan Agnew
Dr Osemwegie Aigbogun
Dr Mohamed Aissa
Dr Sione Akauola
Dr Chameera Akurugoda
Dr Farzand Ali
Dr Gun Hee An
Dr Natalia Anderson
Dr Janssen Ang
Dr Maryam Aqrawi
Dr Emily Argent
Dr Senthooran Arudshivam
Dr Deanne Ashford
Dr Nadeeshani Assiriyage
Dr Nnadozie Awujo
Dr Rebecca Bailey
Dr Tah-Leah Bakker
Dr Lucy Barnett
Dr Gabriela Barros Modenesi
Dr James Best
Dr Lesley Bhebhe
Dr Bibhusana Borthakur
Dr Sarah Burrell
Dr Samantha Campbell
Dr Qi En Reuben Chan
Dr Jessica Chandler
Dr Mark Chernoff
Dr Daniel Clarke
Dr Sandra Clarke
Dr Samuel Clements
Dr Kate Collister
Dr Michael Connard
Dr Thomas Cox
Dr Samara Cua
Dr Thomas Currie
Dr Raja Devanathan
Dr Meenal Dhabhai
Dr Marian Dover
Dr Jesse Durdin
Dr Inyang Etukudo
Dr Sara Fergusson
Dr Joseph Folorunsho
Dr David Forster
Dr Jikol Friend
Dr Kyra Funk
Dr Sewellyn Gale
Dr Sarah Garutti
Dr Kelly Gate
Dr Amanda Gee
Dr Kim Grace
Dr Susie Grainger
Dr Rachel Hall
Dr Clare Hardie
Dr Md Imrose Hasan
Dr David Hateley
Dr Nigel Hendrickson
Dr Thomas Hinton
Dr Christopher Hinton
Dr Sonje Hoogstad
Dr Melissa Huggins
Dr Oliver Hughes
Dr Uzezi Igbogidi
Dr Savio Jnguyenphamhh
Dr Chungath Juni Jobson
Dr Chris Katsogiannis
Dr David Kealy
Dr Scott Kitchener
Dr Natalie Koroznikova
Dr Janusz Krepski
Dr Frank Kwikiriza
Dr Belinda Lacy
Dr Andrew Ladhams
Dr Sarah Lim
Dr Helen Lloyd
Dr Bazel Lodhi
Dr Aliza Lord
Dr Nathan Lowe
Dr Lawrence Ma
Dr Henry Maddock
Dr Viswanatha Madikeri Ramaraju
Dr Jannes Malan
Dr James Mallen
Dr Rafik Mansour
Dr Katie Marsden
Dr Lorraine Marshall
Dr Raelene Martins
Dr Muhammad Maudarbocus
Dr Matthew Mazurka
Dr Viviane Mazza
Dr James McLeod
Dr Simon Merrett
Dr Emma Moffatt
Dr Sruthi Mohan
Dr Putra Mohd Noh

Dr Katrina Morgan
Dr Shapi Mukiapini
Dr David Mullen
Dr Alan Murray
Dr Elmira Najafi
Dr Devkumar Namasemayam
Dr Stephen Napoli
Dr Elias Nasser
Dr Django Nathan
Dr Li-Sien Neoh
Dr Adrienne Newman
Dr Albert Ng
Dr Long Nguyen
Dr Andrea Nies
Dr Manukharan Nithianantha
Dr Gary O'Brien
Dr Ellie O'Connor
Dr Vincent O'Neill
Dr Uzoamaka Odionye
Dr Tina Oteng
Dr Tyson Pardon
Dr Kenny Parra Guasca
Dr Anzhela (Angela) Peduru Arachchige
Dr Frances Pengelly
Dr Duc Phan Huy
Dr Caroline Phegan
Dr Rowan Purtell
Dr Mohammad Qureshi
Dr Maria Rasool
Dr Melissa Roberts
Dr Elena Romanova
Dr Arachchi Appuhamilage Nadeeka Roshini Gunawardane
Dr Sarah Ross
Dr Michael Routson
Dr Joy Rowland
Dr Lou Sanderson
Dr Siva Prema Siva
Dr Brianna Smith
Dr Nicholas Snels
Dr Mitchell Somes
Dr Graham Stevens
Dr Timothy Sy
Dr Brenton Systermans
Dr Scott Taylor
Dr Madeline Thomson
Dr Justine Thomson
Dr Rhiannon Turley
Dr Ihtisham Ul-Haq
Dr Leanne Uren
Dr Emily Vink
Dr Rohana Wanasinghe
Dr Susannah Warwick
Dr Callum Weeks
Dr Andrew Wettenhall
Dr Tyson Whitelaw
Dr Nicole Williams
Dr Scott Wines
Dr David Woods
Dr Alistair Young
Dr Wai Yee Yum

Our Journey: New College Artwork by Thomas Croft

To reflect the College's enduring commitment to cultural safety, community-led care, and the strength of First Nations peoples voices in rural medicine, ACRRM commissioned a new artwork, *Our Journey*, by Barngala artist Thomas Croft. The piece is rich in symbolism, representing the path that students take as they are guided by values and aspirations, with family and culture providing strength, support, and a nurturing environment in which they can grow and succeed.

For members, *Our Journey* serves as a visual reminder of the values that underpin rural generalism. It captures the deep connection to Country, the importance of cultural knowledge, and the responsibility of supporting the next generation. It speaks directly to the shared journey of learning, healing, and connection that College members undertake with their patients, their communities, and their colleagues.

Endorsed by the Aboriginal and Torres Strait Islander Members Group, the artwork also reinforces the College's commitment to ensuring First Nations doctors, registrars, and students feel seen, supported, and empowered.

This is not the first time the College has partnered with Thomas. In 2020, he became the first Aboriginal artist commissioned by ACRRM, creating artwork for the Rural Medicine Australia conference. This work now hangs proudly in the College's national. With *Our Journey*, Thomas has continued to weave together stories of identity, culture, and aspiration, offering an artwork that is both meaningful and enduring.

Thomas, whose traditional lines are from the Barngala clan, has lived and worked across South Australia and the Northern Territory, and now resides in Newcastle, NSW. He paints the shifting landscapes of Country and culturally significant stories handed down by his Elders, past and present. Through *Our Journey*, he has given the College and its members a powerful symbol of what it means to walk together — grounded in culture, strengthened by community, and united in the pursuit of better health for rural, remote and First Nations communities.

Progressing the ACRRM Reconciliation Action Plan

ACRRM's *Innovate Reconciliation Action Plan* (October 2023–October 2025) continues to reinforce the College's deep-rooted commitment to reconciliation—partnering with Aboriginal and Torres Strait Islander members, communities, and organisations to advance culturally safe, high-quality care in rural and remote Australia.

Significant progress has been made, including further embedding cultural safety into the Rural Generalist Curriculum, increasing Aboriginal and Torres Strait Islander representation across our membership and governance structures, and growing the number of First Nations doctors choosing to train towards Fellowship with ACRRM.

The College acknowledges that this journey is far from complete—there remains much learning and work ahead to fully realise reconciliation in all aspects of our operations and culture. We now look ahead to launching a refreshed RAP in 2025, one that will build on these foundations with renewed energy, accountability, and impact.

Nurturing the next generation of rural doctors

Anthony Paulson - JCTS CEO

In 2024–25, Joint Colleges Training Services (JCTS) played a vital role in equipping ACRRM registrars with the cultural knowledge, networks, and practical tools needed to deliver culturally safe healthcare in rural and remote communities.

Through a strong national and regional partnership, JCTS has ensured registrars are not only supported in their training but also connected to the voices and lived experiences of Aboriginal and Torres Strait Islander people.

Together, JCTS and ACRRM have created meaningful spaces for learning and reflection.

Cultural education webinars are offered for registrars to engage directly with Aboriginal health specialists on culturally relevant clinical cases, while ACRRM's "Webinar Wednesdays" have provided a platform for JCTS to lead timely conversations on the issues and daily realities of Aboriginal and Torres Strait Islander people.

Registrars have told us that direct access to JCTS' cultural educators, now embedded in the ACRRM CANVAS platform, has been invaluable. Orientation sessions have further ensured new registrars feel supported, know where to turn for guidance, and understand how cultural education shapes their training journey.

In-person cultural education workshops and a series of tailored webinars, including sessions on "Nurturing the Aboriginal and Torres Strait Islander Child and Family", extended opportunities for registrars and supervisors to build cultural competence. Cultural educators also worked closely with the ACRRM Training NSW/ACT team to expand the number of accredited training posts, further embedding cultural safety across Australia.

Nationally, JCTS continues to strengthen pathways for Aboriginal and Torres Strait Islander doctors through peer support and community of practice networks, while joint training days with the Royal Australian College of General Practitioners (RACGP) registrars highlight the collective benefits of shared learning in culturally safe environments.

The JCTS–ACRRM partnership is building more than registrars' capability; it is shaping a workforce ready to provide culturally safe care and improve health outcomes for the communities they serve.


ACRRM

Member story

Walking with Purpose: Dr Julia-Rose Satre on Culture, Care, and Community

Dr Julia-Rose Satre grew up between Broome in Western Australia and Cairns in Far North Queensland — two regions far apart but deeply connected by a strong sense of Country and community. Today, as a proud Yawuru woman and ACRRM Rural Generalist registrar, she's delivering care in Cape York that is grounded in cultural safety, connection, and purpose.

"Growing up in regional and remote areas, I saw the heartbreaking effects of health inequity on my own family," she says. **"But I also saw the strength of those who cared for them — healthcare workers who showed up with skill, compassion, and commitment. "They inspired me to pursue a path where I could give back and help change the system from the inside."**

Now training with ACRRM, Julia-Rose is focused on delivering healthcare that listens, respects, and responds to the needs of remote, and Aboriginal and Torres Strait Islander communities. Her goal is to gain advanced skills in obstetrics so that she can support Aboriginal and Torres Strait Islander women to birth safely, on or close to Country, where culture and kin can surround them, while having access to a female doctor for women.

Julia-Rose originally shared her story during NAIDOC week, reflecting the theme of *The Next Generation: Strength, Vision & Legacy*. As she walks between two worlds every day — as a doctor and a proud First Nations woman — she carries the teachings of those who came before her and builds a path for those who follow.

"The legacy I carry comes from strong women — especially my Nana and my sisters. They raised me with love, discipline, and deep cultural values. They taught me to stand proud, to listen deeply, and to hold firm in what's right."

It is this foundation that shapes her approach to medicine. Whether she's yarning with patients in clinic, advocating for culturally safe care, or mentoring other young Aboriginal students, she brings her full self to the role.

"I honour this legacy by bringing culture into my everyday work. I yarn with patients, advocate for change, and hold space for community."

Cape York is remote, and the challenges of providing care in such a vast region are real — but Julia-Rose draws strength from the people around her.

"Your lived experience, your cultural knowledge, your resilience – these are your strengths. Don't ever feel you have to leave your identity behind to succeed"

"In Cape York, I see strength and resilience in my community every day – in Elders showing up to appointments with dignity, in young people finding hope despite hardship."

Her vision for rural healthcare is clear: a system where Aboriginal and Torres Strait Islander leadership is central, not tokenistic. One where birthing on Country, language in clinic, and decision-making by Elders aren't exceptions — but the norm.

"We need systems built *with* us, not just *for* us," she says. "That means investing in our training and creating space for us to lead."

To the next generation of Aboriginal and Torres Strait Islander doctors, Julia-Rose offers encouragement and solidarity.

"To young mob thinking about a career in rural generalism – you belong here.

"Your lived experience, your cultural knowledge, your resilience – these are your strengths. "Don't ever feel you have to leave your identity behind to succeed".

Julia-Rose says it's the next generation that gives her hope.

"They are proud, strong, and unafraid to speak up. "They are our future doctors, nurses, midwives, leaders, and healers. "And I know our legacy is safe in their hands."

For more stories of ACRRM Rural Generalists, or information on the ACRRM Fellowship program, visit www.acrrm.org.au

Directors' report

For the year ended 30 June 2025

The Directors submit the following report for the year ended 30 June 2025 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 and to the date of this report are:

- **Ms Amanda Anderson**
- **Dr Anthony Carpenter** (resigned 23 August 2024)
- **Dr Danielle Dries**
- **Dr Alice Fitzgerald** (commenced 1 July 2024)
- **Ms Brynnie Goodwill**
- **Dr John Hall** (commenced 25 October 2024)
- **A/Prof Daniel Halliday** (term completed 25 October 2024)
- **Dr Rodney Martin** (commenced 25 October 2024)
- **Dr Shannon Nott** (commenced 25 October 2024)
- **Mrs Margot Richardson**
- **Dr David Rimmer**
- **Dr Robert Worswick** (term completed 25 October 2024)

Principal activities, objectives & strategies

The principal strategies of ACRRM during the year were to engage in activities that support improved health outcomes for rural and remote communities across Australia. This included leading recognition of the specialised field of Rural Generalist Medicine, delivery of the Australian General Practice Training Program (AGPT) via a college-led model of delivery, and continuing to develop and deliver high quality specialist medical education and training, research, policy, and advocacy.

The College continued to lead the application for Rural Generalist Medicine to be recognised as a specialised field of General Practice, working alongside the Royal Australian College of General Practitioners (RACGP) to progress formal application to the Medical Board of Australia. It also continued to successfully expand interest and enrolments in the College's Fellowship Training Program.

The transition of the AGPT program to ACRRM during 2023 required significant change and development to the College's business systems, structures, and business model. The College continues to consolidate and improve transitioned activities through:

- further consolidation of comprehensive data and training records, relationships, and accountabilities for training from nine regional training organisations to ACRRM
- continued development of training networks in each jurisdiction to allow ACRRM to take a regional approach to its program design and training delivery from February 2023
- enhancement of business systems enabling ACRRM to provide secure data exchange, financial transactions, and reporting with key commonwealth agencies (e.g. Department of Health and Aged Care and Services Australia)
- policy and program design to support college-led training models and effective collaboration with RACGP in areas such as training placements and accreditation
- workforce planning review and design, including input to General Practice Workforce Prioritisation and Planning Organisations and First Nations GP Training governance mechanisms
- engagement with Colleges Training Services, a joint venture company with the RACGP to provide effective education and mentoring for Aboriginal and Torres Strait Islander health, and strategic approaches to policy, capacity and supports (e.g. remote housing in NT).

The company's financial accounts have been prepared in accordance with Australian Accounting Standards.

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, remote and First Nations healthcare in Australia
- proactively support students, registrars, Fellows and members with quality education, training, and resources
- deliver quality education and training programs for ACRRM registrars to ensure they are adequately skilled to serve rural, remote and First Nations communities
- engage with and bring value to the full range of medical and rural, remote and First Nations health professions.

The company's short-term objectives are to focus on growth within existing target markets and maintain strong member retention.

To meet the short-term objectives of the College, the company will continue to:

- encourage a targeted approach to member recruitment
- place 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
- deliver quality education and training to ACRRM registrars to meet requirements of ACRRM Rural Generalist Curriculum and attain recognition as Fellows of ACRRM.

Key performance measures

Management and the Board 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. Regular monitoring of revenue and expenditure targets, service delivery and risk management are key areas of focus through both qualitative and quantitative measures.

Review and results of operations

The surplus from ordinary activities for the year ended 30 June 2025 amounted to a surplus of $2,846,523 (2024: surplus of $819,776). This gain is after making non-cashflow adjustments to operational profit to be compliant with Australian Accounting Standards. In deriving the statutory profit and loss, adjustments are required to recognise operational leases and unrealised loss/gain for investments.

Winding up provisions

Every member undertakes to contribute to the assets of the Company. If it is wound up while the person is a member or within one year after they cease to be a member, the member is liable for the payment of the company's debts and liabilities incurred before they ceased to be a member. They are also responsible or the costs, charges, and expenses of winding up, and for the adjustment of the rights of contributories among themselves, up to a maximum of $10.

Information on directors

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

Mandy Anderson

FAICD, B.A.(Social Sciences)

Ms Anderson is an experienced non-executive director and CEO with expertise in the medical and healthcare sectors, not for profit and membership organisations, general insurance/reinsurance, and the financial services regulatory environment in Australia. She brings considerable knowledge of and experience in corporate governance, strategic planning, corporate risk management, organisational culture, business development, financial management and stakeholder relationships. She was the CEO and Managing Director of MIGA (a medical indemnity insurer and membership company for doctors) for 23 years. She possesses significant insight into and understanding of the challenges and pressures faced by rural and remote doctors and their local communities.

Mandy is a member of the People and Culture Committee and was Chair of ACRRM's Governance Committee until February 2025.

Dr Anthony Carpenter (Resigned 23 August 2024)

FACRRM, FAFPHM, FCHSM, FISQUA, GAICD

Dr Anthony Carpenter is a Rural Generalist with experience in hospitals and communities in every Australian state and territory, the Pacific, northern and sub-Saharan Africa, and the Middle East. Dr Carpenter is also a Public Health Physician with Australian and international experience. He is a member of the Australian Defence Force Reserve and a volunteer for the Australian Medical Assistance Team (AUSMAT). Dr Carpenter's pre-medicine background is in corporate finance and data analytics. He has extensive governance experience in the public and not-for-profit sectors.

Dr Danielle Dries

BPhysio, MChD, DRANZCOG(Adv), MAICD

Dr Danielle Dries is a Kaurna Aboriginal woman from South Australia who has a passion for rural and remote health, workforce development, and improving Aboriginal and Torres Strait Islander health outcomes. Danielle is an ACRRM registrar with an AST in Obstetrics and Gynaecology. She has an extensive track record for promoting interdisciplinary care and the use of allied health services in rural and remote Australia.

Danielle is a member of the Nominations Committee.

Dr Alice Fitzgerald (commenced 1 July 2024)

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

Dr Alice Fitzgerald currently works as a Rural Generalist specialising in obstetrics in Kununurra, Western Australia. She is a GP supervisor and has worked as a medical educator and examiner for ACRRM. She is a strong advocate for fairness in the treatment of rural trainees.

Dr Fitzgerald's work across private general practice, the Rural Clinical School and WA country health service sees her engage with a broad range of stakeholders to better understand community needs.

Alice is Chair of the People and Culture committee and a member of the Nominations Committee.

Ms Brynnie Goodwill

BA (cum laude), JD, GAICD

Ms Brynnie Goodwill is a former lawyer and experienced non-executive director. She has worked for more than 30 years as a non-executive director, CEO, senior executive and management consultant to not-for-profit, government and community-driven organisations in the health, social justice and sustainability space. Ms Goodwill is acutely aware of the issues arising from a lack of accessible healthcare services in rural, remote and First Peoples communities and committed to strengthening access to primary care.

Brynnie is Deputy Chair of Board and a member of the People and Culture Committee, and FARM Committee.

Dr John Hall (commenced 25 October 2024)

BSc(Hons) MBBS FACRRM FRACGP DRANZCOG(adv)
Grad. Dip. Rural GAICD

John has worked as a Rural Generalist Obstetrician in clinical, academic and administrative roles for over 20 years. He is currently the Director of Medical Services for the Western Cape York region, based in Weipa, Far North QLD.

John has always been active in the medico-political space and is a past President of the Rural Doctors Association of Australia. He has been board director on the RDAA and AMAQ boards for many years. He served as RDAQ President in 2008.

He has published research on "Skin Cancer in Rural Primary Care" and "The important role of RGs in pre-hospital medicine" and is currently studying towards an MBA & MPH at JCU. John has a keen interest in rural and remote public health and has been a passionate advocate for rural hospitals, and in particular re-opening and maintaining rural maternity services.

John is a member of the People and Culture Committee.

Associate Professor Daniel Halliday (term completed 25 October 2024)

B.BioMed.Sc MBBS, FACRRM, DRANZCOG (Adv), GAICD, GCAHM

A/Prof Dan Halliday is a practicing Rural Generalist with Obstetrics and has recently taken on the role of Director of Medical Services, East Sector, for Southwest Hospital and Health Service based in Roma. He was previous to that the Medical Superintendent of Stanthorpe Hospital on the Darling Downs in South-East Queensland for 10 years, close to the Northern NSW town of Tenterfield, where he was born and raised. Dan was the inaugural ACRRM College Council Chair and has held previous roles in rural medicine including Chair of Rural Doctors Foundation, President of Rural Doctors Association of Queensland and has also served on the Queensland Branch of Australian Salaried Medical Officers Federation. He is the current ACRRM Nominee to the Rural Doctors Association of Australia Board.

Dan is the Immediate Past President of ACRRM serving on the Board since 2017.

Dr Rod Martin (commenced 25 October 2024)

BSc, MBBS, DRANZCOG (Adv), JCCA, FACRRM

Rod has been a Rural Generalist for nearly 20 years. Born in Lismore he was raised in Brisbane and was originally a research scientist before commencing medical studies at the University of Queensland. Rod's time with ACRRM started as a medical student in 1999. After Internship in Brisbane and St George in Western Qld, he continued on the RG path as an RVTS Registrar in Theodore Qld with Dr Bruce Chater, before completing Anaesthetic and Obstetric training in Armidale NSW and becoming a Fellow of the College.

Rod has been a Senior Lecturer in Rural Medicine and Critical Care since the foundation of the UNE School of Rural Medicine. He continues to teach medical students, as well as serving as a VMO in Anaesthetics, Obstetrics, and Emergency Medicine, and as a Practice Associate of Health on Rusden. Most recently, he and wife Deborah have co-founded Observa Care, a Remote Patient Monitoring service company focused on addressing rural and remote health needs.

Rod has enjoyed serving on many College committees and has been an examiner for over 15 years. He has been on Council as the NSW representative on Council for nearly ten years over the span of five Presidents. He teaches and contributes to many of the courses offered by ACRRM and has been active in building curriculum areas including palliative care and continues to assist the College in developing a new Rural Point of Care Ultrasound course. Away from College Rod has sat on boards for RVTS, RRQC, GP Synergy and its precursor, NEATS and was treasurer for RDAQ and RDANSW.

Rod is President of ACRRM and Chair of Board.

Dr Shannon Nott (commenced 25 October 2024)

MBBS, MPH, MHM, FACRRM, CF

Dr Shannon Nott is a Rural Generalist Anaesthetist with the Royal Flying Doctor Service (RFDS) and a VMO with Western NSW Local Health District, working across remote general practice, retrieval medicine, and anaesthesia. He holds leadership roles as Chief Medical Officer and Executive General Manager at RFDS South Eastern Section and has previously served as Rural Health Director of Medical Services for Western NSW LHD and Clinical Director for the NSW Virtual Care Accelerator during COVID-19. Dr Nott sits on several national and international committees, including ACRRM's Clinical Quality and Safety Council, the WHO Roster of Digital Health Experts, and the NSW Health Virtual Care Steering Committee. A Churchill Fellow, he has led telehealth initiatives for rural and remote care. He also contributes to ACRRM education as a course facilitator and supervisor.

Shannon is Chair of Nominations Committee and a member of FARM Committee.

Mrs Margot Richardson

FCPA, GAICD, FGIA, B.Ec/Arts (Asian Studies), Grad Dip Fin Man

Mrs Richardson is a highly qualified and extremely motivated professional. She is an experienced CPA Public Accountant and Chief Financial Officer and has expanded her attention to include governance, directorships and organisational leadership. In 2020, she was awarded Australian Not for Profit Accountant for the Year in the Australian Accounting Awards. She has significant experience working in rural and remote areas. She brings to the board experience of membership organisations through involvement in CPA Australia, Australian Institute of Company Directors (AICD) and on the board of Dietitians Australia. She is currently a member of the Aged Care Quality and Safety Advisory Council, member on Ports North and Kokatha Aboriginal Corporation RNTBC. She has experience sitting on finance and audit committees, including the ARC for Queensland Ombudsman.

Margot is Chair of FARM Committee.

Associate Professor David Rimmer AOM

MBBS, FACRRM, FRACGP, MAICD

A/Prof David Rimmer has 48 years of clinical experience spanning general practice, emergency medicine and medical administration, combined with a lifetime interest in teaching and workforce development. He has recently retired as the Director of Clinical Training for Central West HHS where he had oversight of medical student, junior doctor, GP registrar and early career Fellow training. David is credentialed as a Rural Generalist with advanced training in Emergency Medicine. He was the inaugural Executive Director of Medical Services for Central West Health. He previously worked for 17 years as a private GP in Toowoomba as well as 5 years with the Royal Flying Doctor Service and 14 years in private emergency department roles. He continues mentoring young doctors and talking rural training and workplace design in a number of forums.

David was awarded an OAM in the King's birthday list in 2025 for services to rural and remote medicine.

David was Chair of Nominations Committee until March 2025.

Dr Robert Worswick CSM (term completed 25 October 2024)

BSc (Hons), MBBS, FACRRM, FRACGP, FARGP, DRANZCOG, Dip EM (Adv), GAICD

Dr Robert (Bob) Worswick is a former Australian Army medical officer. He now works as a (civilian) medical officer providing clinical care and clinical leadership in Australian Defence Force health facilities; and he provides locum support in a rural Queensland hospital. He also serves as a medical officer in the Army Reserve, supporting Army's Regional Force Surveillance Group. Dr Worswick has a genuine desire to improve rural generalist training. Prior to becoming a Board Director he was a member of the College Assessment Committee and the Registrar Committee.

Associate Professor Marita Cowie AM
CEO and Company Secretary

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

A/Prof Marita Cowie is the foundation Chief Executive Officer and Company Secretary of the College. She is an executive director on the board of the ACRRM-RACGP joint venture company, Joint Colleges Training Services. She has more than 30 years' experience in medical education and training, executive management, policy and advocacy within Australia and internationally. Marita holds an appointment as Associate Professor at JCU and was awarded an Honorary Doctorate of Medicine in 2018 for exceptional public contribution to the field of medicine. She was appointed a Member of the Order of Australia for significant service to community health in rural and remote areas in 2020.

Marita has been the founding Company Secretary to 28 August 2024 and was reappointed to the position on 8 March 2025.

Ms Rachel Portelli (appointed Company Secretary 29 August 2024. Resigned 7 March 2025)

BHIM, MHSM, Grad Dip (Corporate Governance), FGIA, GAICD

Rachel is a corporate governance, compliance, and relationship management expert with over 10 years' experience working with and advising not for profit boards, executive management, and operating committees in the governance of their organisations.

Rachel has extensive experience as the company secretary of a number of organisations and a deep understanding of the varying governance and legal requirements of each organisation dependent upon their size, complexity and specific sector requires.

Rachel undertook the role of Company Secretary from 29 August 2024 and ceased in the role on 7 March 2025.

Meeting of directors

During the 2024-2025 financial year, 8 meetings of Directors were held with attendance as follows:

	Directors Meetings	
Directors	Eligible to attend	Attended
Dr Rodney Martin	6	5
Ms Brynnie Goodwill	8	8
Dr Danielle Dries	8	8
Dr Shannon Nott	6	5
Dr John Hall	6	4
Dr David Rimmer	8	8
Ms Margot Richardson	8	7
Ms Amanda (Mandy) Anderson	8	6
Dr Alice Fitzgerald	8	8
Dr Anthony Carpenter	1	1
Dr Daniel Halliday	2	2
Dr Bob Worswick	2	2

Attendance of ex officio board members at meetings of directors

	Directors Meetings	
Ex officio members	Eligible to attend	Attended
A/Prof David Campbell, Censor in Chief	8	7
Ms Marita Cowie, Chief Executive Officer	8	8
Dr Daniel Halliday, Immediate Past President	6	6
Dr Sarah Chalmers, Immediate Past President	2	2

There is one formally constituted committee of the Board being the College Council. During the financial year 7 meetings of the Council were held with attendance as follows:

	Council Meetings	
Council members	Eligible to attend	Attended
Dr Rodney Martin	7	7
A/Prof David Campbell	7	7
Ms Marita Cowie	7	7
Dr Alice Fitzgerald	7	7
Dr Stephen Holmes	7	7
Dr David Rimmer	7	7
Dr Jasmine Banner	7	7
Dr Claire Arundell	7	6
Dr Emily Harrison	7	6
Dr Danielle Dries	7	6
Mr Stan Stavros	7	6
Dr Jasmine Davis	6	6
Dr Brendan Carrigan	7	5
Dr Patricia Murphy	7	5
A/Prof Daniel Halliday	7	5
Ms Mandy Anderson	7	5
Ms Brynnie Goodwill	7	5
Mrs Margot Richardson	7	3
Dr Sarah Chalmers	3	3
Dr Robert Worswick	3	3
Dr Shannon Nott	6	3
Dr John Hall	6	5
Dr Rebecca Irwin	3	3

The Finance, Audit and Risk Management Committee during the financial year held 7 meetings with attendance as follows:

	Finance audit and risk management committee meetings	
Finance audit and risk management committee members	Eligible to attend	Attended
Dr Rod Martin	3	3
Dr Robert Worswick	3	3
Dr Emily Harrison	7	6
Dr Anthony Carpenter	1	1
Ms Margot Richardson	7	6
Ms Brynnie Goodwill	4	3
Dr Brendan Carrigan	3	2
Dr Shannon Nott	4	3
Ms Marita Cowie (ex-officio member)	7	5
Mr Darryl Perkins (ex-officio member)	7	7

Auditor's independence declaration

The lead auditor's independence declaration under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 for the year ended 30 June 2025 has been received by the directors.

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

Director: Ms Margot Richardson

Dated at 45 Henderson Road, Barrine, QLD 4872, this 2nd day of October 2025

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 2025 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
2 October 2025

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2025

	Notes	2025 $	2024 $
Rendering of Services	2	11,030,087	8,743,085
Grant Income	2	74,438,268	49,527,964
Sponsorship	2	772,259	516,973
Interest	2	468,205	366,303
Investment income – dividends and franking credits	2	435,419	216,588
Investment income – changes in market value (realised)	2	16,737	38,025
Investment income – changes in market value (unrealised)	2	701,277	569,232
College Services & Admin Expenses	3	(10,577,460)	(9,630,431)
Grant Expenses	3	(74,438,269)	(49,527,963)
Current Year Surplus/Deficit Before Income Tax		**2,846,523**	**819,776**
Income Tax Expense	1	-	-
Net Current Year Surplus		**2,846,523**	**819,776**
Other Comprehensive Income		-	-
Total Comprehensive Income for the Year		**2,846,523**	**819,776**

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

STATEMENT OF FINANCIAL POSITION

As at 30 June 2025

	Notes	2025 $	2024 $
CURRENT ASSETS			
Cash and Cash Equivalents	5	70,344,263	58,419,952
Investments	6	11,712,360	9,528,104
Trade and Other Receivables	7	2,528,637	2,095,701
Other Assets	8	2,140,810	2,016,377
TOTAL CURRENT ASSETS		86,726,070	72,060,134
NON CURRENT ASSETS			
Intangible Assets	9	70,583	92,219
Right-of-use Assets	10	3,685,579	4,289,334
Plant and Equipment	11	367,560	489,097
TOTAL NON CURRENT ASSETS		4,123,722	4,870,650
TOTAL ASSETS		90,849,792	76,930,784
CURRENT LIABILITIES			
Trade and Other Payables	12	72,142,942	60,887,249
Provisions	13	827,680	787,371
Lease Liabilities	14	843,319	664,793
TOTAL CURRENT LIABILITIES		73,813,941	62,339,413
NON CURRENT LIABILITIES			
Provisions	13	283,948	121,636
Lease Liabilities	14	3,687,898	4,252,253
TOTAL NON CURRENT LIABILITIES		3,971,846	4,373,889
TOTAL LIABILITIES		77,785,787	66,713,302
NET ASSETS		**13,064,005**	**10,217,482**
EQUITY			
Retained Earnings	15	13,064,005	10,217,482
TOTAL EQUITY		**13,064,005**	**10,217,482**

** 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 2025

	Notes	2025 $	2024 $
Cash Flows from Operating Activities			
Receipts from Members & Other Consultancies		11,952,582	15,741,679
Grants Received		91,740,816	76,810,620
Interest Received		468,205	366,303
Payments to Suppliers and Employees		(89,883,818)	(71,132,861)
Interest Paid		(217,221)	(223,975)
Net Cash (used in)/provided by Operating Activities	22(i)	14,060,564	21,561,766
Cash Flows from Financing Activities			
Lease Repayment		(969,529)	(652,323)
Net Cash (used in)/ provided by Financing Activities		(969,529)	(652,323)
Cash Flows from Investing Activities			
Payments for Property, Plant, Equipment and Capital WIP		(76,903)	(603,353)
Payments for Investments		(2,793,538)	(2,652,929)
Proceeds from Investments		1,298,557	653,962
Dividends and Distributions Received		405,160	167,872
Net Cash (used in) Investing Activities		(1,166,724)	(2,434,448)
Net Increase (Decrease) in Cash Held		11,924,311	18,474,995
Cash at the Beginning of the Financial Year		58,419,952	39,944,957
Cash at the End of the Financial Year	22(ii)	**70,344,263**	**58,419,952**

** 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 2025

	Retained Earnings $	Total $
Balance at 30 June 2023	**9,397,706**	**9,397,706**
Comprehensive Income		
Net Surplus/(Deficit)	819,776	819,776
Other Comprehensive Income	-	-
Total Comprehensive Income	10,217,482	10,217,482
Balance at 30 June 2024	**10,217,482**	**10,217,482**
Comprehensive Income		
Net Surplus/(Deficit)	2,846,523	2,846,523
Other Comprehensive Income	-	-
Total Comprehensive Income	**13,064,005**	**13,064,005**
Balance at 30 June 2025	**13,064,005**	**13,064,005**

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

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.

The College has adopted the amendments to AASB 101 *Presentation of Financial Statements*, which replace the previous requirement to disclose 'significant accounting policies' with a requirement to disclose 'material accounting policy information.' In accordance with this change, the College has reviewed its accounting policy disclosures and removed information that is not considered material to the understanding of the financial statements. Material accounting policy information is not disclosed only where it could reasonably be expected to influence decisions made by users of the financial report.

This change is intended to improve the clarity and relevance of the finance statements by focusing on entity-specific policies that involve judgement, complexity, or choices among accounting alternatives permitted under Australian Accounting Standards. The removal of generic or immaterial disclosures is consistent with guidance provided in AASB Practice Statement 2 *Making materiality judgements*.

This change in disclosure approach does not affect the recognition, measurement. or presentation of any financial statement items. Comparative disclosures have been updated where applicable.

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	10%

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.

2. REVENUES FROM ORDINARY ACTIVITIES

	2025 $	2024 $
Operating Revenue		
Rendering of Services	11,030,087	8,743,085
Grant Income	74,438,268	49,527,964
Sponsorship	772,259	516,973
Non Operating Revenue		
Interest	468,205	366,303
Investment income – dividends and franking credits	435,419	216,588
Investment income – changes in market value (realised)	16,737	38,025
Investment income – changes in market value (unrealised)	701,277	569,232
	87,862,252	**59,978,170**

3. EXPENSES FROM ORDINARY ACTIVITIES

	2025 $	2024 $
Classification of Expenses by Function:		
College Services & Admin Expenses	10,577,460	9,630,431
Drug & Alcohol Addiction Grant Expenses	-	893,625
Victorian Government GP Grant Expenses	1,440,893	770,000
RGTS Operations Grant Expenses	19,429,963	12,911,511
GP Procedural Grant Expenses	11,486,690	10,437,462
GP Anaesthetics Grant Expenses	452,329	209,356
Telehealth Grant Expenses (RHOF)	409,374	410,437
Yellow Fever Grant Expenses	41,646	25,833
Non-VR Fellowship Support Grant Expenses	-	700,910
Digital Health Grant Expenses	40,967	159,218
AST for Rural Generalists Grant Expenses	1,508,665	17,390
Rural Generalist Recognition Grant Expenses	22,917	138,906
CLT Strategic Funding Expenses	10,877,416	-
College Led Training Grant Expenses	28,727,409	22,853,315
	85,015,729	**59,158,394**
Other Expenses		
Non Program Related Employee Benefits Expense	6,230,270	5,870,070
Program Related Employee Benefits Expense	17,929,175	12,796,588

4. SURPLUS/ (DEFICIT) FROM ORDINARY ACTIVITIES

	2025 $	2024 $
Activities		
Surplus/(Deficit) from Ordinary Activities includes:		
Net (Gain)/Loss from sale of Plant and Equipment	79	11
Superannuation contributions	2,467,913	1,809,309

5. CASH AND CASH EQUIVALENTS

	2025 $	2024 $
Cash on Hand	200	200
Cash at Bank	7,235,178	9,177,804
Cash on Deposit	63,108,885	49,241,948
	70,344,263	**58,419,952**

6. INVESTMENTS

	2025 $	2024 $
Listed Securities	2,799,633	2,341,911
Managed Investments	8,912,727	7,186,193
	11,712,360	**9,528,104**

7. TRADE AND OTHER RECEIVABLES

	2025 $	2024 $
Trade Receivable	2,431,040	2,028,363
Other Receivables	97,597	67,338
	2,528,637	**2,095,701**

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

Directors (other than loans to directors)	3,873	1,659

8. OTHER ASSETS

	2025 $	2024 $
Prepayments	1,643,802	1,590,169
Accrued Income	497,008	426,208
	2,140,810	**2,016,377**

9. INTANGIBLE ASSETS

	2025 $	2024 $
CRM & LMS Development (at cost)	1,791,482	1,791,482
Accumulated Amortisation	(1,720,899)	(1,699,263)
	70,583	**92,219**
Movement in Intangible Assets		
Opening Balance	92,219	106,600
Transferred from Capital Work-In-Progress	-	-
Additions	-	-
Disposals at Written Down Value	-	-
Amortisation	(21,636)	(14,381)
Closing Balance	**70,583**	**92,219**

Right of Use Assets

The College's lease portfolio includes buildings and motor vehicles. These leases have lease terms of ranging between 3 and 10 years.

The option to extend or terminate are contained in the property leases of the College. These clauses provide the College opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the College. The extension options termination options which are probable to be exercised have been included in the calculation of the Right of Use Asset.

Amounts recognised in the statement of the financialposition:

	Leased Motor Vehicles $	Leased Buildings $	Total $
Cost			
Balance at 1 July 2024	164,539	6,165,110	6,329,649
Acquisitions	-	508,654	508.654
Disposals	-	-	-
Balance at 30 June 2025	**164,539**	**6,673,764**	**6,838,303**
Amortisation			
Balance at 1 July 2024	127,975	1,912,340	2,040,315
Amortisation expense	36,564	1,075,845	1,112,409
Disposals	-	-	-
Balance at 30 June 2025	**164,539**	**2,988,185**	**3,152,724**
Carrying amounts			
Balance at 30 June 2025	**-**	**3,685,579**	**3,685,579**

Amounts recognised in the statement of profit or loss	2025 $	2024 $
Amortisation expense related to right-of-use-assets:	1,112,409	870,777
Interest expense on lease liabilities	217,221	223,975
Short term leases expense	-	-
Low value asset lease expense	-	-
	1,329,630	**1,094,752**

11. PROPERTY PLANT AND EQUIPMENT

	2025 $	2024 $
Office Equipment (at cost)	1,052,010	962,402
Accumulated Depreciation	(873,597)	(668,069)
	178,413	294,333
Movement in Plant and Equipment		
Opening Balance	294,333	357,932
Additions	46,179	46,444
Disposals at Written Down Value	(1,818)	(1,196)
Depreciation Expense	(160,281)	(108,847)
Closing Balance	178,413	294,333
Leasehold Improvements (at cost)	330,223	330,223
Accumulated Depreciation	(141,076)	(135,459)
	189,147	194,764
Movement in Leasehold Improvements		
Opening Balance	194,764	255,797
Additions		-
Depreciation Expense	(5,617)	(61,033)
Closing Balance	189,147	194,764
Total Property Plant and Equipment	**367,560**	**489,097**

12. TRADE AND OTHER PAYABLES

	2025 $	2024 $
(i) Current		
Trade and Sundry Creditors	4,002,334	2,084,463
Unearned Income	65,238,576	55,659,705
Accruals	629,607	1,077,750
Employee Benefits (annual leave)	1,622,691	1,160,886
GST Payable	649,734	904,445
	72,142,942	60,887,249
Included in unearned income, are amounts from directors for memberships paid in advance:	**5,591**	**4,523**

13. PROVISIONS

	2025 $	2024 $
Current		
Long Service Leave	827,680	787,371
Non Current		
Long Service Leave	132,454	45,057
Provision for "Make Good"	151,494	76,579
	283,948	121,636

	2025 $	2024 $
Analysis of Total Provisions		
Current	827,680	787,371
Non-current	283,948	121,636
Total Provisions	1,111,628	909,007

The movement in the provision during the 2025 financial year is as follows:

	Provision for "Make Good" $	Long Service Leave $
Opening balance at 1 July 2024	76,579	832,428
Additional provisions raised during the year	74,915	171,765
Amounts used	-	(44,058)
Balance as at 30 June 2025	151,494	960,135

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 and current costs to meet lease obligations. Management review the provision annually.

14. LEASES

	2025 $	2024 $
Lease liabilities are presented in the statement of financial position as follows:		
Current	843,319	664,793
Non-current	3,687,898	4,252,253
	4,531,217	4,917,046

The lease liabilities are secured by the related underlying assets. The undiscounted maturity analysis of lease liabilities at 30 June 2024 is as follows:

	Within 1 year $	1-5 years $	Over 5 years $	Total $
30-Jun-25				
Lease payments	432,906	2,528,705	912,666	3,874,277
Finance charges	181,788	435,819	39,332	656,939
Net present values	614,694	2,964,524	951,998	4,531,216
30-Jun-24				
Lease payments	861,668	3,098,969	1,796,268	5,756,905
Finance charges	196,875	536,078	106,906	839,859
Net present values	664,793	2,562,891	1,689,362	4,917,046

15. RETAINED EARNINGS

	2025 $	2024 $
Retained Earnings at the beginning of year	10,217,482	9,397,706
Net Surplus/(Deficit)	2,846,523	819,776
Retained Earnings at the end of year	13,064,005	10,217,482

16. AUDITOR'S REMUNERATION

	2025 $	2024 $
Audit and review of Financial Statements	46,700	26,700
Other Project Audit Services	6,000	11,000
	52,700	37,700

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.

18. 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 271 employees (2024: 191) at the end of the reporting period.

19. SEGMENT INFORMATION

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

20. ECONOMIC DEPENDENCY

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

21. 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:

	2025 $	2024 $
Key management personnel compensation		
- short-term benefits	1,820,998	1,664,593
- post-employment benefits	215,854	193,297
- other long-term benefits	54,045	63,543
Total	2,090,897	1,921,433

Of the above short-term benefits $31,626 (2024: $6,560) relates to payments to directors for transactions made at arm's length. Directors' fees of $292,277 (2024: $223,982) 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 2025 financial year (2024: nil).

22. NOTES TO THE STATEMENT OF CASHFLOWS

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

ACTIVITIES	2025 $	2024 $
Surplus/(Deficit) from ordinary activities after income tax	2,846,523	164,094
Depreciation	156,913	160,112
Amortisation	1,209,089	885,158
Loss/(Gain) on Disposal of Assets	79	11
Market value movement in Investments	(701,277)	86,450
(Increase)/Decrease in Receivables	(855,446)	(616,613)
(Increase)/Decrease in Prepayments	(53,633)	(506,672)
Increase/(Decrease) in Employee Entitlements	202,621	196,827
Increase/(Decrease) in Creditors & Borrowings	11,255,694	20,623,167
Net Cash Provided by Operating Activities	14,060,563	20,992,534

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	2025 $	2024 $
Cash on Hand	200	200
Cash at Bank	7,235,178	9,177,804
Cash on Deposit	63,108,885	49,241,948
	70,344,263	58,419,952

iii) Undrawn Credit Card Facilities	2025 $	2024 $
Facility Limits at reporting date	336,000	317,500
Less: drawn at balance date	(206,519)	(181,645)
Undrawn facilities at reporting date	129,481	135,855

iv) Changes in Liabilities arising from Financing Activities

	1-Jul-24 $	Cash flows $	Acquisition $	Fair value changes $	Reclassification $	30-Jun-25 $
Lease Liabilities	4,917,046	(894,611)	508,781	-	-	4,531,216
Total	4,917,046	(894,611)	508,781	-	-	4,531,216

23. EVENTS AFTER THE BALANCE SHEET DATE

There have been no material events that have occurred since the end of the financial year.

24. FINANCIAL INSTRUMENTS

Financial Risk Management Policies

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

The Company does not have any derivative instruments at 30 June 2025.

i. Treasury Risk Management

The FARM 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 FARM 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 2025 the weighted average effective interest rate in relation to cash and cash equivalents was 4.39% (2024 4.99%) 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 $184,916 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 2025.

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:

Financial Assets	2025 $	2024 $
Cash and cash equivalents	70,344,263	58,419,952
Accounts receivable and other debtors	2,528,637	2,095,701
Investments	11,712,360	8,872,422
Total Financial Assets	84,585,260	69,388,075
Financial Liabilities		
Financial liabilities at amortised cost	-	-
Accounts payable and other payables	4,002,334	2,087,463
Total Financial Liabilities	4,002,334	2,087,463

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.

25. 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.

a. 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:** Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the College can access at the measurement date.
- **Level 2:** Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.
- **Level 3:** 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-Jun-25			
	Notes	Level 1 $	Level 2 $	Level 3 $	Total $
Recurring fair value measurements					
Financial assets					
Financial assets at fair value through profit or loss					
- Listed securities and managed investments	6	11,712,360	-	-	11,712,360
Total financial assets recognised at fair value on a recurring basis		11,712,360	-	-	11,712,360

		30-Jun-24			
	Notes	Level 1 $	Level 2 $	Level 3 $	Total $
Recurring fair value measurements					
Financial assets					
Financial assets at fair value through profit or loss					
- Listed securities and managed investments	6	9,528,104	-	-	9,528,104
Total financial assets recognised at fair value on a recurring basis		9,528,104	-	-	9,528,104

26. CONTINGENT LIABILITIES

The College has no contingent liabilities at 30 June 2025 (2024: nil).

27. Investment accounted for using the equity method

i. The Company has 50% joint control in the entity Joint Colleges Training Services Pty Ltd. The remaining 50% is controlled by the Royal Australian College of General Practitioners (RACGP). The principal object of the joint venture is improving healthcare provided to Aboriginal and Torres Strait Islander peoples. The Joint Venture has a 30 June reporting period and receives its revenue as grant through RACGP and ACRRM.

ii. The movement in equity accounted associate investments is as follows:

	2025 $	2024 $
Balance at the beginning of the financial year	-	-
Share of JV surplus from ordinary activities after income tax	-	-
Less: Dividend received	-	-
Retained Earnings at the end of year	-	-

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:

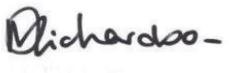
1. The financial statements and notes as set out on pages 9 to 30 are in accordance with the Corporations Act 2001 and the Australian Charities and Not-for-Profit Commission Act 2012 and:

   (a) comply with Australian Accounting Standards; and

   (b) give a true and fair view of the company's financial position as at 30 June 2025 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 subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2022.



Director: Ms Margot Richardson

Dated at 45 Henderson Road, Barrine, QLD 4872,
this 2nd day of October 2025

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 2025 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 2025 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 2022*.

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 confirm that the independence declaration, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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.

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
3 October 2025

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