ACRRM



ACRRM ANNUAL REPORT 2026



Acknowledgement

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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Published October 2026

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| Front cover photo: Dr Erin Wright, ACRRM Rural Generalist registrar



CONTENT

4 President report

6 CEO report

8 About ACRRM

10 Advocacy in Action

14 Community and Care

20 Celebrating Excellence

24 Training and Education

32 Training Regions

- NSW and ACT 33
- Northern Territory 34
- Queensland 35
- South Australia 36
- Tasmania 37
- Victoria 38
- Western Australia 39

40 2026 Fellows roll

48 Finance

Supporting RGs throughout their careers remains at the heart of everything we do.



President report

One of the great privileges of serving as ACRRM President is the opportunity to meet Rural Generalists (RGs) at every stage of their journey. Over the past year, I've spoken with medical students just beginning to imagine a future in rural medicine, Registrars preparing for Fellowship, experienced RGs taking on leadership roles, and seasoned members who have spent decades caring for their communities and doing the job.

Despite their different experiences, they all share something in common: a passion and commitment to providing high-quality healthcare close to home for rural, remote and First Nations Australians.

This year, that commitment was recognised in a way many of us have worked towards for decades.

The official recognition of Rural Generalist Medicine as a medical specialty in September 2025 was a landmark achievement for our profession, our College and, most importantly, the communities we serve.

It acknowledges what RGs have long known—that delivering comprehensive, highly skilled medical care across rural, remote and First Nations Australia requires a unique combination of expertise, adaptability and leadership.

For many members, this milestone represents the culmination of years of advocacy and determination. It reflects the efforts of countless RGs, educators, supervisors, College leaders and staff who have worked tirelessly to build and strengthen the profession. It also sends a powerful message to future generations of doctors that Rural Generalist Medicine is recognised, valued and essential to Australia's healthcare system.

While we rightly celebrate this achievement, we know the work does not stop here.

Throughout the year, ACRRM continued to advocate strongly for rural, remote and First Nations communities. We engaged with governments, policymakers and stakeholders on issues that matter deeply to our members and the people they care for. From workforce shortages and Rural Generalist training to maternity services, palliative care, digital health, Medicare reform and improved access to ADHD assessment, we consistently championed practical solutions that recognise the realities of healthcare outside the urban footprint.

Closing the Gap remains a priority. Too many First Nations Australians continue to face barriers to accessing healthcare, particularly in remote communities. ACRRM remains committed to supporting First Nations-led solutions and ensuring that equity remains at the centre of healthcare reform.

Advocacy also means ensuring rural voices are heard wherever important decisions are being made. Over the past year, ACRRM worked alongside organisations including RACGP, the National Rural Health Alliance, the Council of Presidents of Medical Colleges and the National Council of Primary Care Doctors to advance shared priorities and strengthen the voice of rural medicine.

I was also fortunate to represent ACRRM internationally, attending rural health conferences in New Zealand and Canada. While healthcare systems differ around the world, the challenges facing rural and remote communities are remarkably similar. Workforce shortages, access to services and the need to attract and retain doctors remain common themes. It was encouraging to see Australia's Rural Generalist model recognised as a leader internationally and to share ideas with colleagues who are working to solve similar challenges in their own countries.

Supporting RGs throughout their careers remains at the heart of everything we do. This year saw continued growth in training opportunities, strong interest in Fellowship pathways and valuable opportunities for professional development. Events such as the Supervisor Summit highlighted the dedication of the educators and mentors who support the next generation of RGs.

One of the highlights of the year was the inaugural Emerging Leaders Conference, which is designed to support recently Fellowed members who are keen to grow their leadership potential. The by-application opportunity is for doctors who want to make an impact, and was a showcase of extraordinary commitment and talent. While already quietly making a difference in their communities every day, either through delivering babies, responding to emergencies, supporting patients through chronic illness, providing mental health care and more, their work is inspiring.

As we look ahead, we do so from a position of strength. The recognition of Rural Generalist Medicine as a specialty provides new opportunities to grow our workforce, strengthen training pathways and improve healthcare outcomes where it's most needed.

There is still much to do, but the future is bright. Together, we will continue to build a strong, sustainable RG workforce and ensure that people living outside metropolitan Australia have access to the care they deserve, close to home.

The achievements we celebrate in this report belong to all members and staff across the College. I thank everyone for their commitment to ACRRM, and the Rural Generalist profession more broadly.



Dr Rod Martin
President

CEO report

This trajectory for ACRRM continues to be on the rise. This year is marked by growth, consolidation and a continued focus on delivering outcomes for our members, registrars, Fellows and the rural, remote and First Nations communities they serve.

As a College, we have worked through a period of transformation while remaining focused on our vision: Healthy rural, remote, and First Nations communities through excellence, social accountability and innovation.

The official recognition of Rural Generalist Medicine as a specialty provides an important platform for the future, and it reinforces the responsibility we have to ensure our training, systems, governance and partnerships are ready for the next phase of growth.

A key milestone this year has been the consolidation of our Rural Generalist Training Scheme Pathway to the Australian General Practice Training program from 1 January. This was a substantial body of work for the College, our teams, supervisors, training posts and registrars, and it reflects the maturity of our College-led training model.

We were also pleased to see strong registrar satisfaction results, which demonstrate the quality of the support, education and training experience being delivered across the country. These outcomes are the result of the commitment of our medical educators, supervisors, training teams and staff, and they provide a strong foundation as we continue to grow Fellowship and training pathways.

Securing funding to deliver RG training through to 2030 was another important achievement. It provides stability for the College and confidence for registrars, training sites and communities. Most importantly, it allows us to continue building the RG workforce Australia needs.

Internally, ACRRM has continued to strengthen its organisational capability. This involved leadership developments, including the appointment of a new Chief Operating Officer, and continued investment in the systems, processes and structures that support operational excellence. As the College grows, it is essential that our internal capability grows with it while being adaptable and sustainable.

Workforce development has always been, and remains a major focus of the College. We continued to support training and workforce initiatives across all regions, while strengthening the RG pipeline from medical student through to Fellowship. This whole-of-career approach is central to ensuring rural, remote, and First Nations communities have access to appropriate doctors now and into the future.

Our partnerships have also continued to deliver impact. ACRRM has worked closely with universities, governments, medical colleges and sector partners to advocate for practical solutions and support better outcomes for the communities where our RGs live and work.

Reconciliation and Closing the Gap remain important priorities for ACRRM. Through our partnership with Joint Colleges Training Services and Cultural Education and Cultural Mentoring, we continued to strengthen cultural education and cultural safety across the training continuum, recognising that a culturally responsive workforce is essential to achieving equitable healthcare outcomes for First Nations peoples and communities.

We have also continued our work with the National Allergy Council through *allergy assist*, supporting access to practical education and resources for clinicians. In positive news, the allergy assist program moved from trial to be an ongoing service.

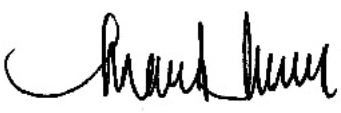
The establishment of the new Joint Consultative Committee for Rural Generalist Medicine is another important step in strengthening collaboration and advancing the recognition and future of the profession. The JCCRG is chaired by the National Rural Health Commissioner Professor Jenny May AM.

This year we also celebrated excellence across the College and the profession. Our awards program recognised outstanding contributions in education, research, First Nations health, practice management, leadership and member achievement. I particularly acknowledge our Distinguished Service Award recipients, Associate Professor Marlene Drysdale, Dr Malcolm Fairleigh and Dr Kenneth McCallum, whose service reflects the values that underpin ACRRM's success.

The achievements of ACRRM are made possible by many people: our members, Fellows, registrars, supervisors, medical educators, College Councillors, Board members and staff. Their collective contribution supports the strength of the College and the communities we serve.

Looking ahead, ACRRM is well placed to continue growing Fellowship numbers, strengthening training delivery and building a sustainable, member-focused College. The recognition of Rural Generalist Medicine as a specialty marks the beginning of our next chapter, and the task now is to ensure the College continues to lead with purpose and capability.

Thank you to everyone who has contributed to ACRRM's work this year. Together, we are building a stronger future for Rural Generalist Medicine and for the communities that rely on it.



Marita Cowie AM
CEO



Securing funding to deliver RG training through to 2030 was another important achievement. It provides stability for the College and confidence for registrars, training sites and communities. Most importantly, it allows us to continue building the RG workforce Australia needs.



About ACRRM

The Australian College of Rural and Remote Medicine (ACRRM) is accredited by the Australian Medical Council (AMC) for setting professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice.

ACRRM is the nation's only College solely focused on rural, remote and First Nations healthcare.

We are committed to delivering sustainable, high-quality health services to rural and remote communities by providing:

- Quality education programs
- Innovative support, and
- Strong representation for doctors who serve those communities.

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 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

7652
Members
6.4% increase

183
First Nation Members
7.7% increase

1298
Registrars
7.2% increase

2414
Fellows
5.5% increase

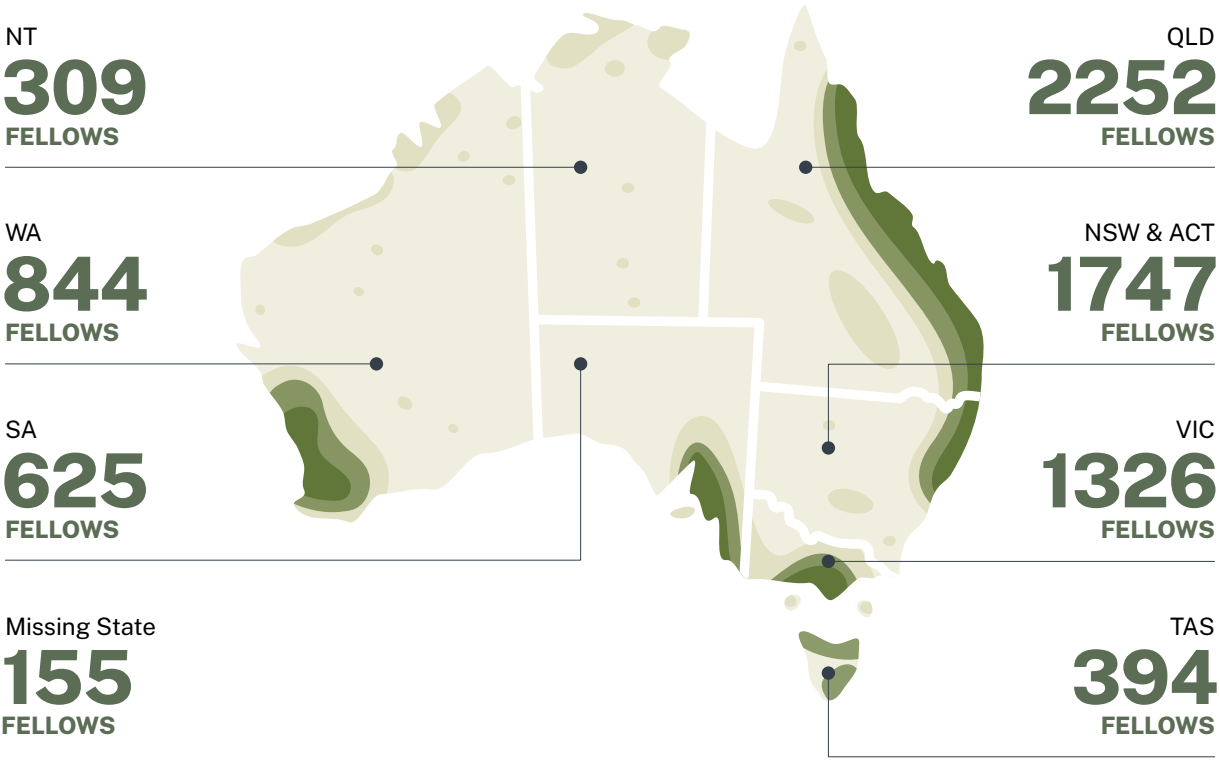
2550
Supervisors
7.8% increase

1184
Training posts
3.5% increase

296
Staff
15.2% increase

203
Medical Educators
24% increase

Members location





ADVOCACY IN ACTION:

ACRRM DRIVING NATIONAL REFORM FOR RURAL HEALTH

ACRRM continues to strengthen its position as an influential voice for rural, remote and First Nations healthcare — combining advocacy, policy reform, and leadership to ensure the needs of rural, remote and First Nations communities remain central to healthcare reform discussions.

From workforce shortages and healthcare access, maternity service closures, digital inequity and climate-related health risks, ACRRM consistently advocated for practical solutions shaped by the realities of living outside the metropolitan corridor.

A defining moment came in September 2025 with Rural Generalist Medicine officially recognised as a medical specialty in Australia — a historic achievement reflecting decades of sustained advocacy by ACRRM and its members. The recognition represented more than professional acknowledgement; it was a major step forward in strengthening healthcare access and continuity for communities most in need.

Throughout the year, ACRRM used its national platform to advocate strongly for equitable healthcare investment. The College highlighted growing disparities in healthcare funding for rural, remote and First Nations Australians, reinforcing that communities with the greatest health burden continue to receive less support and fewer services.

ACRRM's advocacy extended across all levels of government through a significant program of policy submissions and formal inquiries. Key contributions included submissions to the:

- Senate Select Committee on Productivity in Australia;
- House of Representatives inquiry into Local Government Funding and Fiscal Sustainability;
- Inquiry into Financial Support for State and Territory Infrastructure Projects; and
- Pricing Framework for Australian Public Hospital Services 2026–27.

The College also delivered its comprehensive 2026–27 Pre-Budget Submission, outlining urgent priorities including Rural Generalist workforce investment, advanced skills recognition, sustainable training pathways, and equitable access to care.



| From the left: Dr Emily Moody (ACRRM), Dr Aaron Chambers (RACGP), A/Prof David Rimmer (ACRRM), Dr Amelia Duhs (RACGP), Minister Mark Butler, Marita Cowie (ACRRM), and A/Prof Ruth Stewart (ACRRM)

Alongside formal submissions, ACRRM advanced national policy conversations through a suite of member-informed position statements that articulated the College's vision of 'healthy rural, remote and First Nations communities through excellence, social accountability and innovation'.

These included statements on:

- Rural and Remote Maternity Services;
- Multidisciplinary Teams in Rural and Remote Communities;
- End of Life Care; and
- Rural Generalist Medicine.

ACRRM's advocacy was not confined to workforce reform alone. Across more than 70 media releases, the College championed issues that directly affect rural communities, including:

- improving access to palliative care close to home;
- responding to family and domestic violence in rural settings;
- strengthening vaccine uptake;
- addressing rural mental health;
- expanding ADHD assessment access; and
- recognising climate change and extreme weather as major health risks for rural Australia.
- showcasing ACRRM leaders and representatives through awards and acknowledgements.

The College also maintained a strong national presence through conferences, awards, partnerships and international representation, including WONCA in New Zealand and the Society of Rural Physicians Canada conference.

Across every submission, statement, media release and advocacy campaign, ACRRM reinforced a clear and consistent message: rural Australians deserve healthcare that is equitable, accessible, sustainable and designed around the needs of their communities.

Regional focus

New South Wales and Australian Capital Territory

ACRRM continued to advocate for rural healthcare in NSW and the ACT, with Council member Dr Angus Brown representing the College at monthly Rural Doctors Association meetings. Discussions included the effectiveness of Urgent Care Clinics and their role in local healthcare delivery.

The College contributed to the NSW HIV Strategy 2026–2030, highlighting the role of Rural Generalists and General Practitioners in making most HIV diagnoses. ACRRM also participated in focus groups to inform the NSW Regional Health Strategic Plan 2022–2032 and helped develop guidance for opioid treatment prescribers.

Work progressed towards NSW Department of Health recognition of ACRRM's new ADHD: Assessment and Management for Rural Generalists course as an important training opportunity for GPs. ACRRM President Dr Rod Martin contributed to this work through the Department's working group.

Northern Territory

The College welcomed investment in NT Rural Generalist training pathways and highlighted the importance of supporting First Nations Rural Generalists and communities through initiatives including the Territory Trekker Bursary.

Key NT activities included:

- Advocacy for expanded Rural Generalist training
- Promotion of First Nations leadership in rural medicine
- Support for the CDU School of Medicine
- NT conference and bursary initiatives to support workforce development.

Queensland

ACRRM joined the celebration of 20 years of the Queensland Rural Generalist Pathway (QRGP), highlighting the expansion of Rural Generalist training in priority communities

The College supported innovative workforce models including the First Nations-led Single Employer Model trial in Charleville.

Queensland-focused advocacy included:

- Rural maternity service protection
- Awareness of climate-related health issues following flooding in the state's far north
- Pharmacy prescribing concerns
- Recognition of Rural Generalists in workforce planning and strategy

ACRRM advocated for members within the mandatory reporting to the Queensland Police Service reforms where a person is unsuitable to possess a firearm, with the College ensuring the government understand the purpose of practitioners within this process.

The College also voiced our member feedback within the Queensland government's Health Legislation Bill 2026, with ACRRM's main comment being that infrastructure investment cannot come without investment in the workforce.

South Australia

In South Australia, ACRRM worked collaboratively with the broader medical sector ahead of the state election, supporting a three-point healthcare reform plan and continuing advocacy around workforce sustainability and rural access to care.

The College advocated for our members leading towards the South Australian 2025 election, advocating for our member priorities. ACRRM also congratulated the South Australian Government following the election while reinforcing the need for ongoing rural workforce investment.

In South Australia ACRRM continues its involvement with the other colleges as part of an ad hoc commitment to further with the meeting, focusing on the concerns raised with the New Women's and Children's Hospital.



| From the left: Minister for Health, Disability and Aging Mark Butler, ACRRM President Dr Rod Martin, RACGP President Dr Michael Wright, ACRRM registrar Dr Adam Overweel at a media conference announcing further funding for GP and RG training.

Tasmania

ACRRM called for ongoing support for critical rural health services and welcomed renewed focus on health during the state election period.

Key activities included:

- Advocacy to protect GP Assist services
- Support for expanded training pathways in Launceston
- Continued awareness of the Rural Generalist model and the integral role RGs play in healthcare teams.

The College successfully advocated for the inclusion of Rural Generalist medicine in Tasmania's 20-Year Preventive Health Strategy, recognising the vital role Rural Generalists play in improving the health of rural and remote communities and strengthening the future of the state's health system.

ACRRM's new ADHD: Assessment and Management for Rural Generalist course has been recognised by the Tasmanian Department of Health as an important part of training for GPs.

Victoria

Following the release of the 2026–27 Victorian Budget, ACRRM undertook detailed analysis of measures affecting rural healthcare delivery, highlighting both important investments and continuing challenges facing regional communities. The College welcomed funding directed toward regional hospitals, mental health services and the Regional Health Infrastructure Fund, with investments impacting communities including Ballarat, Geelong, Warrnambool, Horsham, Shepparton and West Gippsland.

ACRRM continued to advocate strongly for long-term solutions to workforce shortages, growing demand pressures and persistent healthcare inequities affecting rural Victorians.

Importantly, ACRRM ensured rural and regional health priorities remained visible during a financially constrained budget environment, consistently advocating for equitable investment in line with national advocacy priorities.

ACRRM submitted member feedback in Victoria for the Better Protection for Life Support Customers Consultation as part of Essential Services Commission, supporting the reform while ensuring efficient communication with all relevant stakeholders, including our members.

Western Australia

ACRRM advocated for stronger rural medical training pathways in Western Australia, providing a letter of support for the Rural Clinical School of Western Australia to transition its pilot program to a funded model and expand its intake to 50 medical students. This investment would create more opportunities for students to train in rural communities and help strengthen the future rural medical workforce.

The College's policy team also supported workshops to help medical practitioners understand WA's firearm licensing reforms and their responsibilities under the changes.



Dr Jacinta Mangiameli

When ACRRM registrar Dr Jacinta Mangiameli moved to Katherine in the Northern Territory, she knew rural medicine would bring variety, challenge and the opportunity to make a real difference in community.

What she didn't expect was to experience the town's worst flooding in nearly three decades – followed by ex-tropical cyclone Narelle!

In early March, the Katherine River surged to around 19.2 metres, inundating homes, cutting roads and forcing evacuations. For Jacinta and her colleagues at Katherine District Hospital, it meant adapting quickly while managing the impact on their own lives.

"A lot of the hospital staff live in the same unit complex and we were suddenly without power," she says.

"Access was limited because drains and streets were blocked, so we were basically housebound for a few days before eventually relocating to a hotel."

As floodwaters threatened the hospital, the team evacuated patients and established a makeshift emergency department at the St John Ambulance Station.

"We had to evacuate about 20 to 30 patients — essentially a full hospital," Jacinta says.

When ex-tropical cyclone Narelle brought renewed flooding concerns, a second evacuation was supported by the National Critical Care and Trauma Response Centre through an AUSMAT hospital deployment.

The response demonstrated the capability of Katherine's registrars, Fellows, locums and other healthcare workers.

"That meant we had people available to help keep services running when things got difficult."

Now in her final year of training, Jacinta has spent the past 12 months in Katherine while completing advanced specialised training in anaesthetics. Her training has taken her across rural and remote Australia, including a stint with the Royal Flying Doctor Service.

> **"Rural Generalists are adaptable and flexible — you learn to work with what you have."**

Beyond the medical response, Jacinta joined police on welfare checks and witnessed the community rally around those helping.

"The community spirit was really strong," she says.

"You see it in the little things — like the local coffee shop donating coffee to emergency services, healthcare workers and volunteers. It makes you feel valued."

Despite the challenges, the experience reinforced why she chose rural generalism.

"These kinds of situations really highlight how important flexibility and teamwork are," she says.

"And it reminds you that rural medicine isn't just about clinical work — it's about being part of the community and showing up when people need you most."

Read Jacinta's full story on the ACRRM website.



COMMUNITY AND CARE:

THE STRATEGY BEHIND KANGAROO ISLAND'S HEALTH WORKFORCE RENEWAL

South Australia's Kangaroo Island is a place defined by community. Remote, rugged and spectacular, it is home to 4,800 people who rely deeply on one another. For many years, Kangaroo Island had a resident GP workforce, however, the Island has more recently grappled with pressures facing many rural and remote healthcare providers: limited workforce supply, long and expensive recruitment cycles, shorter retention period of resident workforce, and stretching resources to provide the continuity of care that people deserve.

As the only practice on the island, the Kangaroo Island Medical Clinic (KIMC) has carried much of the responsibility for healthcare of this community, including medical staffing of the island's hospital.

With the intent to create a sustainable healthcare delivery for the island, something needed to change. This required acknowledging that the healthcare landscape is evolving, including the modern workforce and priorities that shape it. Flexibility, belonging, and meaningful career pathways are no longer optional - they're essential.

"At KIMC, they are not just responding to these shifts—we're leading them. By embracing new realities of workforce expectations and priorities, championing a Rural Generalist (RG) model of care and driving strategic initiatives, the team is building something better".

What was once a struggle for stability is slowly becoming a story of renewal — grounded by evidence, strengthened by community partnership, and guided by a belief that RGs should be supported not just to work, but to belong.

Two years ago, longstanding local doctor and ACRRM Fellow James Doube and his wife, dentist Cindy Dennis, realised KIMC required a "new normal" if it was to continue delivering health services to the Kangaroo Island community. Until that point, their careers had been defined by movement - different rosters, different places, juggling family life. Embracing ownership of KIMC meant putting down roots with their three children and redefining the future of the practice to create stability beyond themselves, for the community.

At the time, there was just one permanent Fellow. Slowly and deliberately, that number has grown to more than five RGs, plus an increasing number or registrars. This has reduced dependence on locum workforce and increased continuity of care to the community.

For Business Manager Tanya Biddell, who has lived on the island for more than 30 years and worked at the clinic for 20, this shift is both significant and hard-earned. She has watched the fluctuations of the rural medical workforce, felt the strain on the small team, and navigated the complexity of running a practice that works closely with Kingscote Hospital, outreach clinics, and aged care services.

Together, Tanya, Cindy and James knew they needed to rethink how a remote practice attracts and keeps doctors. Traditional recruitment tools weren't enough. They began with a simple question: What would make a doctor — and their family — choose Kangaroo Island?

The answer wasn't found in a single solution, but in a series of evidence-based, community-focused initiatives that came together as part of the clinic's 2025–2027 workforce plan.

One of the most transformative initiatives has been the creation of a childcare service, established due to identified urgent need and the absence of an existing local alternative. KI Medical Clinic offers a childcare service to its team, providing essential support to four families, with additional health workers expressing interest as demand continues to grow. In parallel with this immediate service provision, funding from the ACRRM Community Grants Fund is enabling the clinic to lead a structured project investigating sustainable and replicable childcare models suited to rural and remote communities.



| Dr Cindy Dennis and Dr James Doube (FACRRM)

For Cindy, childcare was not an optional extra but a cornerstone of workforce stability - especially where both parents were healthcare providers. If clinicians are to build a life on the island, their families needed support and opportunity. Childcare, she says, is essential infrastructure in rural and remote healthcare.

Practical barriers to travel were another challenge. Discussions began with Angel Flight in 20241 and resulted in a trial transporting medical workforce, in addition to non-urgent patient transfers, between the mainland and Kangaroo Island. This included GP's leaving KI for essential training and various specialists visiting the island for clinics and theatre. ACRRM Rural Generalist Dr Erin O'Halloran is one of those who uses the service. A trip that once involved a long drive and a ferry crossing, or an unsuitably timed commercial flight, is now a 30-minute flight, allowing her to maintain her career and support the community without sacrificing connection to family living on the mainland. Similarly, this service has made specialist outreach clinics and additional short locum coverage feasible where it was otherwise completely impracticable.

KIMC is committed to building a sustainable and highly skilled rural workforce through its ongoing support of ACRRM registrar training.

As part of this commitment, we have implemented the Skilled Workforce Pathway Project, a structured initiative developed using feedback from current and past clinicians to ensure it is fit for future workforce needs.

The project aims to provide Rural Generalist registrars with comprehensive clinical exposure in a remote environment, supported by formal education, supervision, and professional mentorship. This integrated approach to training will be embedded into KIMC to enable registrars to develop capability, confidence, and continuity within the rural general practice setting. We see this as one way to build a reliable long-term pipeline of clinicians who are well-prepared for the complexities and opportunities of rural medicine.

Another ACRRM RG, Dr Kyle Fairclough, relocated to Kangaroo Island with his young family and completed his fellowship. They came for a year and stayed for six.

"When I reflect on why I wanted to be a Rural Generalist, it's simple," he says. "I didn't want to treat hearts or livers or bones — I wanted to treat people. Using my skills in Kangaroo Island has allowed me to truly be part of a community and help people live healthier lives."

Workforce sustainability isn't just about recruitment— it's about retention and professional growth. KIMC provides robust clinical support through experienced senior clinicians, visiting specialists, and collaborative partnerships with Kingscote Hospital. This integrated model provides doctors access to mentorship, peer support, and specialist input, enabling them to deliver high-quality care across general practice, anaesthetics, emergency and inpatient medicine.

The clinic has also introduced a 'local connector' role to help new arrivals navigate non-work related queries like housing, schools, partner employment, and finding social connections. Inspired by Dr Cath Cosgrave's research-based Attract Connect Stay2 model, we adopt the belief that belonging is as important as professional support. In a region like Kangaroo Island, these early relationships are often what turn a short-term placement into a long-term home. It is that sense of connection that KIMC hopes to foster in every new clinician.

> **Through these various initiatives, the clinic now has a team of 12, many of whom provide anaesthetics, surgery, and emergency care across both the clinic and Kingscote Hospital.**

A focus on training, systems development and clinical support ensures the practice is not only attracting doctors but enabling them to thrive.

For Cindy and Tanya, the progress is encouraging — but they are clear there is more to do.

"The Skilled Workforce Pathway Project is supported by data so we know what is working and what is not.

" Despite ongoing challenges, the foundations are stronger than they have been in years," Cindy says.

What is emerging is a story of a community and a clinic investing in one another. A practice forced to rely on short-term fixes is now building a future rooted in strategy, stability, connection and care. And at its centre are people — RGs who want to belong, families building new lives, and a community that values the relationships that sustain its health.



Rural communities driving local solutions

Strong rural healthcare relies on more than doctors alone – it relies on communities working together to attract, support and retain the health workforce they need. In 2025–26, ACRRM helped make that possible through the Rural and Remote Community Support Grants Program funded by the Department of Health, Disability and Ageing.

The one-off program invested more than $2.66 million across 54 community-led projects in rural and remote Australia, providing grants of up to $50,000 to initiatives designed to strengthen healthcare delivery and support the recruitment and retention of doctors in communities classified as Modified Monash Model 4–7.

The response demonstrated both the need for, and enthusiasm behind, locally driven workforce solutions. A total of 85 applications were received from organisations across Australia highlighting the commitment of rural and remote communities to creating sustainable healthcare for the future.

Rather than adopting a one-size-fits-all approach, the program recognised that each community faces unique challenges. Funding supported projects focused on education and training, recruitment and retention, First Nations community initiatives, university partnerships and rural training pathway development.

Across Australia, communities used the funding in innovative ways to strengthen their local workforce.

In Western Australia, Livingstone Medical Centres established structured partnerships with universities to increase rural student placements, engage regional students and build a long-term recruitment pipeline into Rural Generalist practice.

In the Northern Territory, Miwatj Health Aboriginal Corporation expanded experiential cultural learning opportunities, enabling clinicians and registrars to deepen their understanding of Yolŋu culture and language through guidance from local Cultural Advisors across six remote communities.

In Tasmania, CoHealth introduced the Attract-Connect-Stay Framework in Triabunna and Bicheno, supporting recruitment, community integration and long-term retention through workshops, community engagement and a Community Connector program that assists health professionals and their families to settle into rural life.

> **Other projects focused on strengthening local training pathways and creating environments where doctors can build lasting careers.**

On Kangaroo Island, funding supported early childhood initiatives that also formed part of the medical centre's recruitment strategy. In Victoria, the establishment of the Junior Medical Officer Society of Gippsland is helping create end-to-end rural training pathways, while in Queensland, Emerald developed a regional education model using remote supervision across three rural general practices.

Although many projects are still underway, the Rural and Remote Community Support Grants Program demonstrates that meaningful workforce solutions are often created by the communities themselves. By investing in local ideas and local leadership, ACRRM is helping build stronger healthcare systems that will benefit rural, remote and First Nations communities well into the future.



Community takes a seat for better healthcare

The Lakes Entrance community has delivered a powerful message about the importance of access to local healthcare through its Longest Waiting Room campaign.

Ninety chairs were placed along the Lakes Entrance Footbridge, representing the additional appointments that could be available each week if Cunninghame Arm Medical Centre recruited another senior GP.

ACRRM Censor and Cunninghame Arm Medical Centre principal Dr David Campbell spoke directly to the public, explaining the need for additional doctors to help meet community demand and strengthen the practice's capacity to train and supervise the next generation of Rural Generalists doctors.

The campaign was supported by an ACRRM Rural and Remote Community Support Grant and delivered in partnership with the Lakes Entrance Action and Development Association and local residents.

The striking display attracted coverage from Seven News Melbourne and Seven National News, taking the community's message to doctors across Australia.

Since then, the campaign has moved into a targeted recruitment phase, generating interest from several doctors and prompting a showcase weekend for prospective GPs and their families.

The initiative demonstrates what can happen when practices, communities and the College work together to develop locally led solutions to rural workforce challenges.

| Photos supplied by Cunninghame Arm Medical Centre



EVENTS WITH PURPOSE

This year, ACRRM introduced its most ambitious events program to date, creating more opportunities for members to strengthen their clinical skills, grow as educators and leaders, contribute to advocacy and connect with colleagues across Australia and beyond.

The expanded program included seven major events, attended by approximately 1400 delegates, and reflected the different roles Rural Generalists play throughout their careers.

Advanced Specialised Training in focus

A major development was the introduction of dedicated Advanced Specialised Training (AST) conferences, bringing together Rural Generalists working in specialised fields to maintain advanced skills, share knowledge and explore challenges specific to their work in rural and remote communities.

The inaugural Rural Generalist Anaesthetist Conference — SARGA26 was held in South Australia's Barossa Valley in February. Its clinically focused program covered paediatric and obstetric anaesthesia, chronic pain, neonatal resuscitation, ultrasound, emergency scenarios and clinical courage through expert presentations, practical workshops and peer discussion.

In May, the AST Conference in Obstetrics and Gynaecology brought Rural Generalist Obstetricians together in the Hunter Valley, New South Wales. Sessions addressed the realities of rural maternity care, including complex caesarean sections, catastrophic postpartum haemorrhage, obstetric ultrasound, neonatal care and psychologically safe rural teams.

The College will continue expanding this model, with Emergency Medicine and Surgery conferences also on the 2026 calendar.

Developing educators and leaders

The College also invested in members whose contributions extend beyond clinical practice.

Nearly 200 supervisors attended the inaugural Rural Generalist Supervisor Summit in Sydney, combining professional development with peer learning and recognising their essential contribution to the Rural Generalist training pipeline.

The inaugural Emerging Leaders Conference supported 23 recently Fellowed Rural Generalists to build their leadership confidence, networks and capacity to contribute to advocacy, education, service innovation and health-system reform.

Member networking events across the country provided further opportunities for members to connect locally, raise regional issues and engage directly with College representatives.

Registrars undertook assessments from locations across Australia and New Zealand, as well as internationally, including the United States, Papua New Guinea and even Antarctica, demonstrating the increasing reach and flexibility of ACRRM's assessment program.

Wherever possible, ACRRM events were scheduled alongside established national, regional and externally hosted conferences, making participation easier while strengthening connections across the rural health sector.

Partnering across the sector

ACRRM sponsored, attended and presented at events hosted by organisations including the Australian Indigenous Doctors' Association, Rural Doctors Association of Australia and its state and territory associations, rural workforce agencies and universities.(do we have anything else to add here – doesn't matter if not)

Through presentations, panels, workshops, exhibitions and networking activities, the College promoted Rural Generalist Medicine, strengthened partnerships and ensured rural, remote and First Nations healthcare remained part of national conversations.

International connections

President Dr Rod Martin represented ACRRM at three major international events: GP25: Conference for General Practice in Christchurch; the Society of Rural Physicians of Canada's Annual Rural and Remote Medicine Conference in Quebec City; and the 21st WONCA World Rural Health Conference in Wellington.

The conferences provided opportunities to share Australia's Rural Generalist model, learn from international approaches and strengthen relationships with organisations facing similar workforce and healthcare-access challenges.

At WONCA, Dr Martin joined CEO Marita Cowie, ACRRM Fellows and rural health leaders from around the world in discussions about culturally informed, community-led care. The conference theme, Whānau Ora: Integrating Mātauranga Māori, Indigenous knowledge with rural health for a thriving future, strongly aligned with ACRRM's commitment to improving First Nations health.

RMA25: Going the Distance

The College's flagship event, Rural Medicine Australia 2025, was co-hosted with the Rural Doctors Association of Australia at Crown Perth from 22–25 October.

Under the theme Going the Distance, RMA25 attracted 900 registrations and explored the clinical, workforce and social challenges shaping rural and remote healthcare. The program included 73 accepted presentations, workshops and panels, alongside networking events, awards and the ACRRM Fellowship Ceremony.

Seven keynote presenters — Akram Azimi, Dr Simon Quilty, Professor Jenny May AM, Grace Brown OAM, Dr Tracy Westerman AM, Adjunct Associate Professor Shannon Nott and Professor Mark Hannaford — challenged delegates to consider health equity, leadership, resilience, housing, First Nations health and the future of rural healthcare.

Together, the events strengthened ACRRM's role as a place where Rural Generalists come together to learn, lead and shape better healthcare for rural, remote and First Nations communities.

















CELEBRATING EXCELLENCE

ACROSS AUSTRALIA, MEDICAL STUDENTS, REGISTRARS, RURAL GENERALISTS, EDUCATORS, RESEARCHERS, PRACTICE MANAGERS AND LONG-SERVING COLLEGE MEMBERS ARE STRENGTHENING HEALTHCARE IN RURAL, REMOTE AND FIRST NATIONS COMMUNITIES.

The 2025 ACRRM Excellence Awards recognise the people behind this work—the future Rural Generalists establishing careers, the doctors providing exceptional community-centred care, and the educators, advocates and professionals whose contributions strengthen the Rural Generalist profession.

State recipients were recognised across four award categories, with national winners announced at Rural Medicine Australia 2025 in Boorloo/Perth on 24 October.

The next generation of Rural Generalists

The Medical Student of the Year Award celebrates students who are highly engaged in their studies, committed to training in rural and remote locations, and already contributing to their communities.

The 2025 state recipients were:

- **Aadhikar Sharma** (Western Australia)
- **Catherine Southam** (South Australia)
- **Parsa Javadpour** (Northern Territory)
- **Heidi Annand** (Victoria)
- **Chloe Campbell** (NSW/ACT)
- **Eiryn Twidale** (Queensland)

Eiryn Twidale, from Kingaroy in Queensland's South Burnett region, was named the 2025 National Medical Student of the Year, recognising her commitment to pursuing a career as a Rural Generalist and improving healthcare access for rural communities.

The Registrar of the Year Award recognises registrars who demonstrate outstanding commitment to their training, Fellowship progression, patient care and the communities they serve.

State honours went to:

- **Dr Jessica Morgan** (Western Australia)
- **Dr Adam Overweel** (South Australia)
- **Dr David Owusu Sekyere** (Tasmania)
- **Dr Erin Wright** (Victoria)
- **Dr Carrie Davenport** (NSW/ACT)
- **Dr Carolyn Belonogoff** (Queensland)

Dr Carrie Davenport was named the 2025 National Registrar of the Year. Based in Port Macquarie, Dr Davenport was recognised for her contribution to rural child health, medical education and community care.

Excellence in Rural Generalist Medicine

The Rural Generalist of the Year Award honours doctors who provide exemplary care across rural, remote and First Nations communities, combining a broad scope of practice with a deep understanding of local needs.

The 2025 recipients were:

- **Dr Rowena Conway** (South Australia)
- **Dr Sarah Goddard** (Northern Territory)
- **Dr Sally Street** (Tasmania)
- **Dr Peter Nesbitt** (Victoria) and
- **Dr Andrew Scott** (Queensland)

National Rural Generalist of the Year **Dr Sally Street** has dedicated her career to serving communities across Australia, from Arnhem Land to Tasmania. A Rural Generalist obstetrician, advocate and mentor, Dr Street was recognised for her clinical leadership, commitment to reform and support for the next generation of rural doctors.

The **Rural Generalist Medical Educator of the Year Award** celebrates those who go above and beyond to support registrars through the education component of their Fellowship program. The state recipients were:

- **Dr David Warhurst** (South Australia)
- **Dr John Kelly** (Northern Territory)
- **Professor Peter Arvier** (Tasmania)
- **Dr Dominic Matildis Blanks** (Victoria)
- **Dr Susan Tyler-Freer** (NSW/ACT)

Professor Peter Arvier was named the national winner for his exceptional contribution to Rural Generalist education. His work has helped shape the careers of hundreds of doctors and strengthen the rural medical workforce in Tasmania and across Australia.



| Dr Carrie Davenport and Dr Rod Martin



| Professor Peter Arvier and Dr Rod Martin



| Dr Malcolm Fairleigh



| Suzette Chemello and Dr Rod Martin



| Associate Professor Sue Harrison (middle)



| Associate Professor Marlene Drysdale and Dr Rod Martin

Leadership, research and service

The national awards also recognise people whose expertise and leadership make an important contribution to rural healthcare beyond the consulting room.

Suzette Chemello received the Outstanding Contribution to Rural Practice Management Award. Through her leadership in Kununurra, she has helped establish an innovative and sustainable model of care that supports patients to receive treatment while remaining close to their families and community.

Dr Sarah Jane Springer, a proud Wiradjuri woman and Rural Generalist, received the Outstanding Contribution to First Nations Healthcare Award. Her work reflects a strong commitment to culturally safe care, trusted community relationships and better health outcomes for First Nations peoples.

The Rural Health Research Award was presented to Dr Revathy Carnagarin for research that advances knowledge, informs clinical practice and supports improved healthcare for rural, remote and First Nations communities.

Member recognition

Three College members—**Associate Professor Marlene Drysdale, Dr Malcolm Fairleigh and Dr Kenneth McCallum—received Distinguished Service Awards.** These awards acknowledge their significant and enduring contributions to rural medicine, Rural Generalist Medicine and the work of the College.

Associate Professor Sue Harrison OAM received the ACRRM–Rural Doctors Association of Australia Peter Graham 'Cohuna' Award. The award recognises outstanding advocacy and medical service, particularly in procedural practice. Through more than four decades of service in Echuca, Associate Professor Harrison has cared for her community, trained generations of medical students and junior doctors, and contributed to rural health organisations and advocacy.

Together, the 2025 recipients reflect the breadth, skill and community spirit of Rural Generalist Medicine. Their achievements demonstrate the many ways individuals can strengthen healthcare—from choosing a rural career and supporting the next generation, to advancing research, improving models of care and providing decades of dedicated service.

Read more about the recipients and their achievements on the 2025 ACRRM Excellence Awards webpage.

ACRRM Emerging Leaders drive innovation in Rural Generalist Medicine

Driving innovation, shaping systems, engaging others, and achieving outcomes were among the key themes explored at the College's inaugural Emerging Leaders Conference, held in October in Wadjimup (Rottnest Island, WA).

The three-day event brought together more than 20 recently Fellowed Rural Generalists from across Australia to collaborate and strengthen their leadership capability.

ACRRM College Council Chair Dr Claire Arundell was the inspiration behing the initiative to invest in people shaping the future of rural generalism and the College.

The conference program featured a series of interactive workshops and peer-learning sessions led by author and educator Tracy Ezard, ACRRM Life Fellow Dr Louis Peachey, former presidents Dr Sarah Chalmers, Dr Lucie Walters, Dr Jeff Ayton and members of the leadership team Dr Arundell, Dr Emily Harrison, Dr Shannon Nott, and Dr Jarrad Lenegan.

The event was also attended by ACRRM President Dr Rod Martin and Chief Executive Officer Ms Marita Cowie.

Doctors selected for the inaugural program include:

- Dr Albert Ng
- Dr Andrew Hawthorne
- Dr Angie Vico
- Dr Barbara Butler
- Dr Benjamin Dodds
- Dr Brenton Systermans
- Dr Brianna Smith
- Dr Christopher Hinton
- Dr Emily Walpole
- Dr Erin Louise Murphy
- Dr Georgina Mills
- Dr Liam Walsh
- Dr Marian Dover
- Dr Melissa Price-Purnell
- Dr Natalie Pink
- Dr Nichole Harch
- Dr Nigel Paul Hendrickson
- Dr Oliver Angliss
- Dr Pallas Mareyo
- Dr Rebecca Devitt
- Dr Sarah Ross
- Dr Saviena van Es
- Dr Stefanie Hammond
- Dr Tracey Bodetti
- Dr Tyson Whitelaw





TRAINING AND EDUCATION

TO SUPPORT RURAL, REMOTE AND FIRST NATIONS COMMUNITIES IN EVERY REGION

Inaugural Supervisor Summit strengthens national connections

ACRRM's inaugural Supervisor Summit brought together nearly 200 Rural Generalist Supervisors from across Australia for three days of professional development, collaboration and connection in Sydney from 13–15 August 2025.

Held under the theme *Shaping tomorrow's RGs*, the Summit recognised the essential role supervisors play in guiding, mentoring and inspiring the next generation of Rural Generalist doctors. It provided a rare opportunity for supervisors, many working hundreds or thousands of kilometres apart, to meet face-to-face, exchange experiences and strengthen their national professional network.

The program featured two learning streams designed for new and experienced supervisors, alongside social and networking activities. Sessions explored supervision, assessment, education and training, with topics spanning cultural safety, mentoring strategies and developments in clinical practice. Experienced College staff and guest speakers from General Practice Supervision Australia contributed practical insights that supervisors could take back to their training posts and communities.

ACRRM President Dr Rod Martin says investing in supervisors is fundamental to sustaining a skilled and supported Rural Generalist workforce.

"Our supervisors are leaders in their communities and linchpins of Rural Generalist training," Dr Martin says.

"When our supervisors are supported, our registrars are supported — and that means stronger, safer healthcare for the communities we serve."

The strong attendance and enthusiastic engagement demonstrated supervisors' commitment to excellence in Rural Generalist education and ensured it would become a permanent fixture on the ACRRM calendar of events.

ACRRM RG Podcasts connect the Rural Generalist community



Dr Lucie Walters, Dr James Best, Julian Holland, Professor Richard Hays and Dr Emily Moody

During 2025–26, ACRRM RG Podcasts continued to grow as a practical and accessible source of professional learning for Rural Generalists. Bringing together two complementary series, *RG Life Hacks* and *Supervisors' Compass*, the podcasts support registrars and supervisors at different stages of the training journey. Together, they bring both sides of the training conversation, helping registrars navigate rural practice and strengthening those who guide them.

7200

Downloads

77.6% increase

4700

Listeners

324.5% increase

Hosted by Dr Emily Moody, *RG Life Hacks* is aimed primarily at registrars and explores the knowledge, skills and personal strategies that help Rural Generalists not only sustain, but thrive in, diverse and rewarding rural medicine careers. Episodes have explored topics beyond the formal curriculum, often described as the 'hidden curriculum' of rural practice, including wellbeing, professional boundaries, medico-legal issues, leadership, retrieval services, artificial intelligence, trauma-informed education and diverse Rural Generalist career pathways.

"Rural Generalists learn so much from each other that you won't necessarily find in a textbook or curriculum. *RG Life Hacks* is about capturing those conversations and sharing the practical insights, experiences and strategies that can make a real difference throughout a rural career." – Dr Emily Moody, host, *RG Life Hacks*

Supervisors' Compass, hosted by Dr James Best and Professor Richard Hays, was launched in 2025 to provide practical conversations about the challenges and rewards of supervising Rural Generalist registrars. The series has explored getting supervision off to a strong start, feedback and assessment, supporting neurodiverse learners, boundaries and professionalism, exam preparation and applying learning theory in everyday supervision.

"Good supervision is about much more than teaching clinical knowledge. *Supervisors' Compass* is a space to share what works and explore the everyday challenges of supporting registrars." – Dr James Best, host, *Supervisors' Compass*

A key innovation has been the development of two distinct but connected podcast streams under the ACRRM RG Podcasts banner. The conversational format turns expert knowledge, lived experience and practical advice that might otherwise remain within a workshop, conference or ED lunchroom into enduring learning resources for the wider profession.

The two series provide ACRRM with a flexible way to respond to emerging issues, broaden the range of Rural Generalist voices represented and share practical insights from across rural and remote practice.

Both series are freely available through the ACRRM website and on major podcast platforms, including Spotify, Apple Podcasts and Podbean.

Listen online:

RG Life Hacks and Supervisors' Compass

Building capability across the career span

While training the next generation of Rural Generalists remains a core focus, ACRRM continued to strengthen and expand its educational offerings across every stage of the professional journey. Throughout 2025–26, the Education Development team responded to emerging member needs, introduced new learning opportunities, advanced curriculum redevelopment activities, expanded the reach of digital education, and strengthened the educational foundations that support Rural Generalist training and practice across Australia.

Curriculum redevelopment for the future of Rural Generalist Medicine

One of the most significant achievements of the year was the comprehensive review and redevelopment of the ACRRM Rural Generalist Curriculum. Since the current curriculum was implemented in 2021, the Rural Generalist landscape has evolved considerably, shaped by the transition to College-led training, changing workforce and community needs, increasing use of digitally enabled models of care, recognition of Rural Generalist Medicine as a specialist field, and evolving accreditation and educational standards.

Drawing on consultation with members, supervisors, educators and stakeholders, alongside benchmarking, literature reviews and curriculum analysis, the review confirmed the strengths of the existing curriculum while identifying opportunities to improve structure, usability, progression of learning and alignment between curriculum, education, training and assessment.

This work has led to the development of a contemporary capability-based framework that strengthens the integration of CanMEDS-aligned professional roles, better articulates the work of Rural Generalists across diverse contexts, and provides a foundation for future improvements across education programs, assessment, supervision and continuing professional development.

Strengthening educational leadership and collaboration

The year also saw continued growth and maturation of the Education Development team and the strengthening of educational leadership across the College.

A Regional Leads Community of Practice was established, bringing together representatives from every training region to provide advice, feedback and strategic guidance on educational initiatives. The Community of Practice has become an important mechanism for sharing innovation, supporting national consistency and ensuring regional perspectives inform future education development.

The College also strengthened its educational workforce through increased engagement of Dr Matt Ruhl (FACRRM) in the shared role of National Clinical Educator – Fellowship Education Program and the appointment of Dr Lachlan McIver as National Clinical Educator – Research to support the development of education pathways for Project and Research Advanced Specialised Training.

Across the year, ACRRM engaged with 83 Clinical Educators who contributed to course development, delivery, moderation and educational leadership activities.

Strengthening the Fellowship Education Program

The ACRRM Fellowship Education Program has been enhanced through ongoing curriculum maintenance, content renewal and educational innovation. During the year, more than 70 learning topics across 10 online modules were reviewed and updated to ensure content remained current, relevant and aligned to contemporary Rural Generalist practice.

A major milestone was the launch of redesigned Semester C and D programs, comprising 10 modules and more than 60 topics, providing registrars with an improved learning experience and stronger alignment with training outcomes. The team also developed a new palliative care module focused on rural and remote practice, strengthening registrar capability in an important area of clinical care.

> **More than 500 registrars engaged with the Fellowship Education Program during the year, generating over two million page views across the online learning environment.**

The team also designed and delivered six three-day virtual workshops across two semesters, supporting Rural Generalist development at scale, while continuing to strengthen regional delivery through the review and redesign of multiple topics within the regional education program.



Supporting innovation in clinical training

The Education Development team continued to work closely with the Clinical Training team to design, develop and refresh educational programs that support the procedural and emergency skills required of Rural Generalists. During the year, the team developed Advanced Airway Skills for Rural Clinicians, Advanced Neonatal Resuscitation, a revised REOT program, and the HEART course. These programs combine contemporary educational design with practical, clinically relevant learning experiences and are delivered nationally by the Clinical Training team.

Responding to emerging member needs

ACRRM Online Learning continued to expand in response to member feedback, workforce requirements and emerging healthcare priorities. New courses introduced during the year included ADHD: Assessment and Management for Rural Generalists, Mental Health Skills Training for Rural Practice (MHST Level 1), Understanding Coercive Control for Rural and Remote Practitioners, Managing Obesity in Rural Practice, Emergency Cardiology and ECGs, Eating Disorders in Rural Practice, and Domestic, Family and Sexual Violence, alongside a broad range of additional learning resources covering healthy ageing, infant and maternal wellbeing, veterans' health, oral health, sexual health, population health and rural practice foundations.

These investments were reflected in strong engagement across the online learning environment. During 2025–26, more than 5,000 unique learners completed over 20,000 course enrolments across ACRRM Online Learning. Learners logged into the platform more than 420,000 times, spent over 10,300 hours engaging with educational content, and generated more than 32 million page views. This continued growth highlights the increasing importance of flexible, accessible online education for Rural Generalists regardless of location.

Meet Dr Kylie Parry, National Lead Medical Educator – Cultural Education



Dr Kylie Parry brings extensive rural clinical experience, a commitment to First Nations health and a passion for mentoring to the new role of ACRRM's National Lead Medical Educator – Cultural Education.

A Dungutti and Biripai woman who grew up on the Northern Tablelands of New South Wales, Dr Parry works as a Rural Generalist in Tennant Creek. She began her healthcare career as a registered nurse before studying medicine and has since held education, mentoring and leadership roles at local, Territory and national levels.

Through her national role, Dr Parry supports culturally safe healthcare and the development of the next generation of rural doctors. Her work reflects the College's commitment to cultural education that responds to the needs of rural, remote and First Nations communities.

"I am passionate about advocating for better health outcomes for rural and remote communities, particularly First Nations people," Dr Parry says.

She is also committed to creating opportunities for Aboriginal and Torres Strait Islander people in medicine.

"I want to continue helping create pathways for First Nations medical students, registrars and Fellows, and support culturally safe healthcare that reflects the needs of communities."

Her leadership brings valuable experience and perspective to the College's cultural education work.

Strengthening Professional Standards for ACRRM RG program

This year saw the establishment of ACRRM's dedicated Professional Standards function, and the appointment of manager Jodie Jetann.

Jodie brings clinical, research, and policy experience to a role that sits at the intersection of rural and remote practice, quality improvement, and health policy.

Since joining the College, she has led the development of two major initiatives: the Standards for Rural Generalist Medicine and the Small Rural Hospital Emergency Department Standards. Both projects are being developed through structured evidence review and consultation with ACRRM members and sector stakeholders.

The new standards will provide Rural Generalists with clear, nationally relevant guidance that supports safe, high-quality care in rural, remote and First Nations communities. This work strengthens the professional foundations of Rural Generalist Medicine while ensuring standards remain responsive to the unique challenges of delivering healthcare outside metropolitan settings.

Expanding access to ADHD care closer to home



Changes to ADHD diagnosis and prescribing legislation are creating an important opportunity to improve access to care for people living in rural and remote Australia.

For many communities outside the urban fringe, accessing ADHD care has traditionally meant navigating long waiting lists, travelling significant distances and facing substantial costs to see specialist services. Where psychiatrists and paediatricians are scarce or unavailable locally, these barriers can delay assessment, diagnosis and treatment which contributes to inequity in care.

Expanding the role of appropriately trained Rural Generalists and GPs in ADHD assessment, diagnosis, prescribing and ongoing management has the potential to significantly change that experience.

For ACRRM, the opportunity is particularly important. Rural Generalists have an important role in supporting patients throughout the ADHD care journey, drawing on their provision of comprehensive, longitudinal care within their communities. Strengthening their capability, through education and resources, means more care can be delivered locally, with judicious use of non-RG/GP specialist advice and referral as required.

Recognising the changing clinical and regulatory environment, ACRRM has developed an ACRRM Online Learning course ADHD: Assessment and Management for Rural Generalists to give Rural Generalists the practical knowledge and confidence to respond.

The course was launched with the webinar Navigating ADHD from Presentation to Practice, which introduced key issues and supported engagement with the course content.

This education supports doctors to navigate ADHD from presentation to assessment and management within the realities of rural and remote practice, while understanding prescribing requirements and appropriate pathways for collaborative care.

Building ADHD capability within the existing Rural Generalist workforce is a practical example of the College's commitment to health equity: supporting Rural Generalists with the skills they need to deliver the right care, in the right place, closer to home.



Maintaining a quality assessment program

Behind every new ACRRM Fellow is an assessment program designed to ensure Rural Generalists are equipped to provide safe, comprehensive and culturally responsive care wherever their communities need them.

During 2025–26, the assessment team successfully delivered all Fellowship assessment modalities while supporting a growing number of registrars through periods of organisational expansion and technology transition.

A total of 1,104 summative assessments were conducted during the year—an increase of 124 on the previous financial year—while pass rates remained consistently strong at 84 per cent. Registrar preparation also expanded, with 147 Mock StAMPS sessions delivered to help candidates approach their assessments with confidence.

> **As candidate numbers increased, the team focused on ensuring assessment remains rigorous, fair and accessible through a range of continuous improvement activities.**

The College introduced a range of enhancements across its assessment programs, including expanded telehealth assessment options, online scoring for Case-Based Discussions, pilot remote proctoring for Multiple Choice Question assessments, revised Community Profiles for StAMPS, strengthened examiner recruitment and training, and ongoing refinement of assessment scoring methodologies. Together, these initiatives have improved accessibility for candidates while reinforcing the validity, reliability and consistency of Fellowship assessments.

Candidate feedback reinforced the value of these improvements. Registrars consistently reported positive experiences with ACRRM staff, clear communication throughout the assessment process, professional and supportive examiners, and strong alignment between assessments and the Rural Generalist curriculum. The continued expansion of online delivery was particularly well received, reducing travel requirements and making assessments more accessible for candidates in rural and remote locations.

Supporting this growth was an expanding network of assessors and examiners. During the year, 235 examiners contributed to Fellowship assessments, supported by the recruitment and training of 45 new examiners. Enhanced calibration activities, peer review processes and quality assurance measures further strengthened assessment consistency and ensured candidates received a fair and defensible assessment experience. Year-to-date results in 2026 also indicate higher candidate success rates, reflecting the continued refinement of assessment preparation and support.

Beyond delivering assessments, the team continued to strengthen ACRRM's contribution to national standards and Rural Generalist training. This included maintaining compliance with Australian Medical Council accreditation requirements, contributing to the Medical Board of Australia's Specialist Pathway Guideline review, strengthening governance and incident management processes, and working closely with Medical Educators and Supervisors to better align training with assessment expectations.

Looking ahead, the Assessment team will continue to modernise and improve the Fellowship pathway through the introduction of a revised Case-Based Discussion model, expanded online preparation resources, remote proctoring, a digital Emergency Medicine Logbook and further enhancements to assessment accessibility and candidate support.

Dr Prashan Kuruppu

For Dr Prashan Kuruppu, the path to becoming an ACRRM Rural Generalist was anything but straightforward. It was shaped by persistence and a commitment to keep going – especially when things didn't go to plan.



Born in Sri Lanka and trained in India, Dr Kuruppu came to Australia in 2007 with a strong clinical foundation and a clear goal: to practise medicine – in particular anaesthetics. While his clinical skills were never questioned, the journey through training and assessment proved challenging.

“I struggled with exams,” he says, honestly. “Not the knowledge – but how to deliver it.”

That distinction became a defining theme of his specialist journey. While he thrived in clinical environments, exam formats – particularly those requiring structured communication – presented hurdles.

English was not his first language; however, he mastered that at university. It was the expectations around communication and exam technique that added another layer of complexity.

Navigating different health systems and cultural expectations across three countries added to the challenge – but also helped shape the adaptable Rural Generalist he is today.

After beginning specialist anaesthetic training, the struggle intensified. Despite being accepted into a highly competitive program, repeated exam difficulties stalled his progression and eventually, he was at a crossroads.

Rather than stepping away from medicine, Dr Kuruppu adapted.

“I’ve always been someone who, if told I can’t do something, wants to prove that I can,” he says.

That mindset, together with the guidance of dedicated mentors, led him to the ACRRM pathway – one that aligned with his procedural interests and offered the breadth he was seeking. As a Rural Generalist, he could combine general practice with advanced anaesthetics skills, hospital work and community care.

But the challenges didn’t end there. While training with ACRRM, Dr Kuruppu faced one of his toughest hurdles: the StAMPS assessment. He failed the exam five times.

“For a long time, I didn’t understand why I was failing,” he says. “It wasn’t about knowledge – it was about structure and delivery.”

What changed everything was the structured support that wrapped around him.

Through the College, Dr Kuruppu connected with experienced Medical Educators, the ACRRM training support team and assessment leads who recognised his strengths, backed his potential and helped him refine his approach. With targeted coaching, mentorship and persistence, he passed on his next attempt.

“It was a huge relief,” he says. “It validated everything I had worked towards.”

That moment marked a turning point – not just in achieving Fellowship in 2021, but in unlocking new opportunities.

Today, Dr Kuruppu works across multiple settings, including independent anaesthetic practice, rural hospitals and Aboriginal Community Controlled Health Services. He is also deeply involved in medical education, examining and mentoring the next generation of doctors, and facilitating ACRRM courses throughout the country.

For Dr Kuruppu, the diversity of Rural Generalism is what makes the role so rewarding, allowing him to meet community needs in ways a single specialty cannot.

“The support I had – from mentors, supervisors and ACRRM – made all the difference,” he says. “People saw something in me and kept backing me.”

That support didn’t just help him succeed – it shaped the way he now supports others

Today, Dr Kuruppu is a member of ACRRM's Assessment Committee, a Medical Educator on the Focused Assessment Support Program and a valued facilitator on ACRRM courses. As a contributor to the College's training program, he is passionate about normalising failure, building resilience and helping doctors realise that setbacks do not define their careers.

His commitment to developing future Rural Generalists will continue this October, when he plays a key role in ACRRM's Emerging Leaders Conference in Adelaide. Bringing together 30 recently selected Fellows from across Australia, the conference is designed to develop leadership capability and prepare participants to become future ambassadors for ACRRM, their communities and the broader health system.

“It’s okay to fail,” he says. “Failing doesn’t mean you’re not good enough. It just means you need a different approach.

“Adaptability,” he says, “is key.

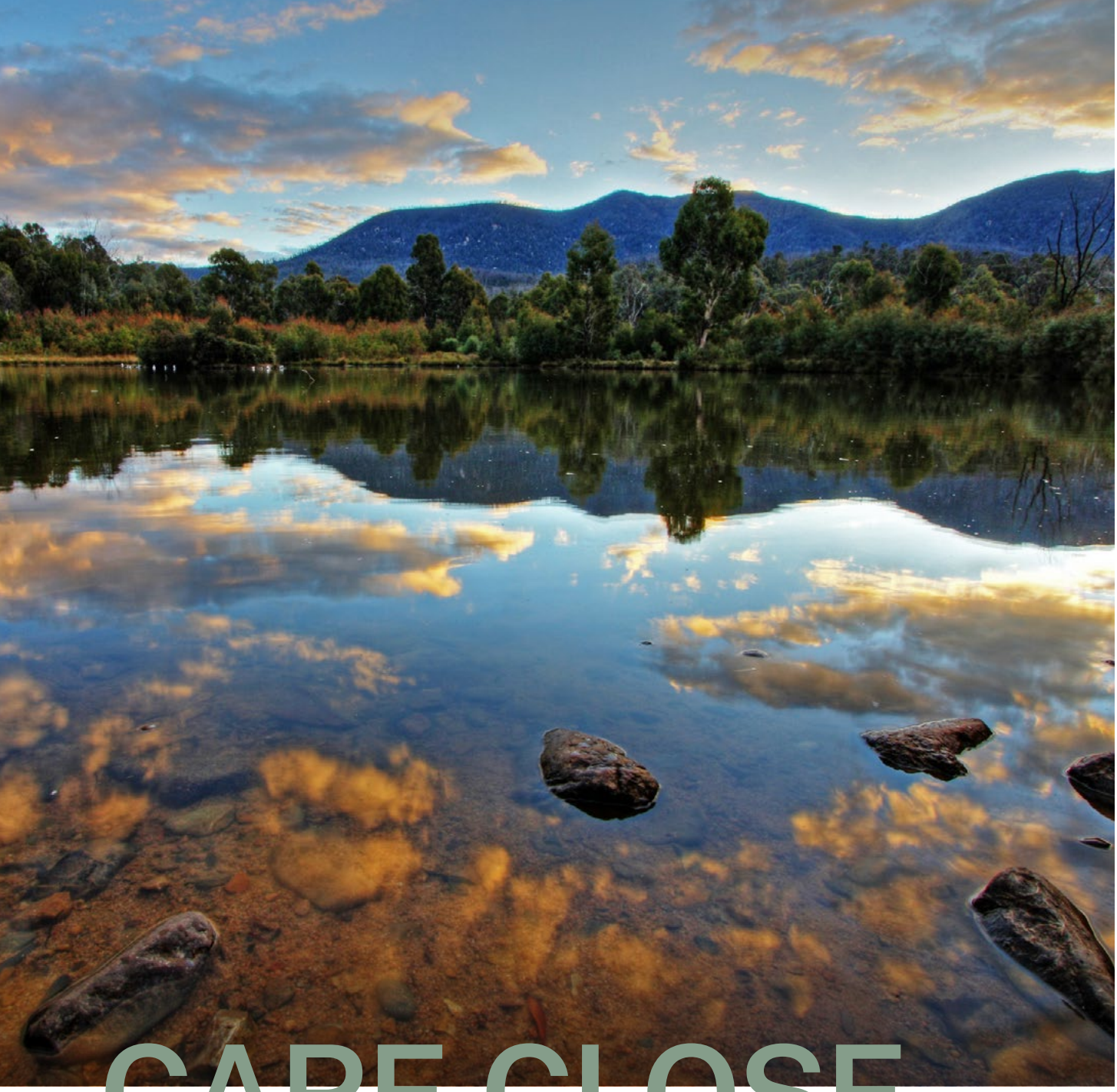
> **“My career has taken me across countries, cultures and systems. Being able to adapt and keep going has been crucial.”**

Looking back, Dr Kuruppu sees his journey not as a series of setbacks, but as a process of growth.

“If you asked me years ago, I might have said I wished things were easier,” he reflects. “But now, I wouldn’t change it. This is where I’m meant to be.”

For those currently navigating challenges, his advice is simple: persevere, seek support and trust that there are many ways to succeed.

Because sometimes, the long road doesn’t just lead to success—it leads to purpose.



CARE CLOSE TO HOME

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.

New South Wales and Australian Capital Territory

Building confidence through immersive rural training

From simulated multi-casualty emergencies on the Far South Coast to practical education delivered closer to where registrars train, 2025–26 was a year of hands-on learning across New South Wales.

The College expanded regional training capacity while creating opportunities for registrars, supervisors, and medical educators to connect, learn, and build the skills needed to respond confidently to the diverse challenges of Rural Generalist practice.

Training and support closer to home

At 1 July 2026, the NSW/ACT training region supported 234 registrars and 48 Medical Educators. Across NSW, 336 accredited training posts and 670 supervisors supported the delivery of training. During the year, training posts increased by 5 per cent, supervisor numbers by 7 per cent, and Medical Educator numbers across NSW/ACT by 14 per cent.

Regional delivery remained a priority. Assessment preparation workshops were introduced across five regional locations during 2026, supporting registrars in place. Medical educator onboarding was redesigned to strengthen regional support, while supervisor workshops provided professional development and connection for those overseeing registrar training.

Education for the realities of rural medicine

A highlight was the NSW/ACT Regional Workshop in Bega and Eden, where registrars participated in immersive emergency training, including a large-scale multi-casualty simulation in partnership with the NSW State Emergency Service.

Presented without warning, a simulated four-vehicle collision challenged registrars to rapidly triage and manage 12 patients while working alongside emergency services. The exercise developed leadership, teamwork, communication, and clinical decision-making skills for situations where Rural Generalists may be required to coordinate complex emergency responses with limited specialist support.

In Goulburn, registrars participated in practical, scenario-based education spanning emergency care, addiction medicine, justice health, mental health, sexual health, child and family health, and neonatal and obstetric emergencies. Developed with guest speakers from Southern NSW Local Health District, the workshop combined multidisciplinary expertise with practical learning relevant to rural and remote practice.



A voice for rural NSW

ACRRM continued to represent rural doctors through engagement with the Rural Doctors Association and NSW Government consultation processes.

College input helped inform the NSW HIV Strategy 2026–2030, recognising the important role Rural Generalists and General Practitioners play in HIV diagnosis and care. ACRRM also participated in focus groups supporting the NSW Regional Health Strategic Plan 2022–2032 and contributed to the development of opioid treatment prescribing guidance.

The College continued working with NSW Health towards recognition of ACRRM's ADHD: Assessment and Management for Rural Generalist course as an important training opportunity for General Practitioners, with ACRRM President Dr Rod Martin participating in the Department's working group.

Together, this work strengthens training while ensuring the experience and perspectives of rural doctors contribute to the policies, education, and health services shaping care across NSW.



Northern Territory

Ready when remote communities need them

In the Northern Territory, Rural Generalist training is preparation for medicine in some of Australia's most remote and challenging environments. During 2025–26, ACRRM strengthened the training pipeline while delivering practical education in regional and remote locations, supporting First Nations leadership, and advocating for investment in a workforce equipped to respond when communities need it most.

Growing the Territory workforce

The NT supported 115 registrars during 2025–26, up from 110 the previous year – an increase of approximately 11 per cent. The region also welcomed 13 new Fellows during the year.

Medical Educator capacity continued to grow, with 18 Medical Educators supporting registrars across the Territory.

ACRRM welcomed investment in NT Rural Generalist training pathways and supported the establishment of the Charles Darwin University School of Medicine, an important step towards enabling more doctors to complete their medical education and training in the Territory.

Taking education to remote communities

Practical education was brought closer to registrars through specialised regional training sessions delivered in rural and remote locations, including Gove.

New Regional Procedural Logbook Skills Sessions provided registrars with opportunities to complete and have essential procedures assessed and signed off locally, supporting their progression through training without unnecessary travel away from the communities where they work.

These initiatives recognise the realities of training across the Territory's vast distances and help ensure remote location is not a barrier to accessing high-quality education and support.



Rural Generalists responding when it matters

The importance of developing doctors with broad clinical, leadership, and emergency response skills was demonstrated during significant flooding in Katherine.

When the local hospital required evacuation, ACRRM registrar Dr Jacinta Magiameli took a leading role in helping coordinate the establishment of temporary hospital services in a safe location.

Working under highly challenging circumstances, her response demonstrated the adaptability, leadership, and broad capabilities required of doctors working in remote communities, where Rural Generalists can play a pivotal role during emergencies and natural disasters.

Building the future workforce

ACRRM continued to promote First Nations leadership in rural medicine and support initiatives designed to attract and retain doctors in the Territory.

The Territory Trekker Bursary supported participation in the NT rural health conference, providing opportunities to experience the Territory's rural health community, develop professional connections, and explore future Rural Generalist careers.

Through training, education, engagement, and advocacy, ACRRM continues to strengthen a workforce capable of delivering high-quality care across the Territory – from regional centres to some of Australia's most remote communities.



Queensland

Growing training, capability and connection across Queensland

With more registrars choosing ACRRM training in Queensland, this was a year of significant growth – and of expanding the education, support, and connections needed to sustain it. ACRRM increased training capacity, delivered more hands-on education across the state, strengthened engagement with universities, hospitals, and communities, and continued to advocate for the services and workforce rural, remote and First Nation Queensland communities need.

Supporting a growing training network

At 30 June 2026, Queensland supported 453 registrars, an increase of 11 per cent from the previous year. They were supported by 617 supervisors, 286 accredited training posts, and 55 Medical educators.

During 2026, 155 new registrars joined ACRRM in Queensland. The regional team expanded its administration and medical educator capacity grew by 28 per cent in response, while Training Program Advisors increased visits to training posts to strengthen local relationships and support.

Practical education across Queensland

Access to hands-on education expanded, with seven face-to-face procedural skills days delivered across the state.

Two ACRRM Fellowship Education Program workshops were also delivered, each attracting approximately 100 registrars, providing opportunities for clinical learning, peer connection, and support.

Single Employer Model opportunities continued to increase across Queensland, providing additional options for doctors to undertake integrated training while remaining connected to their communities.

Engagement with universities, hospitals, local communities, and prospective registrars also grew significantly, helping build the pipeline into Rural Generalist training.

Strengthening pathways into rural practice

ACRRM joined celebrations marking 20 years of the Queensland Rural Generalist Pathway, recognising its contribution to the development of Queensland's Rural Generalist workforce and the expansion of training in priority communities.

The College also supported innovative workforce approaches, including the First Nations-led Single Employer Model trial in Charleville, placing Aboriginal and Torres Strait Islander leadership and community needs at the centre of workforce development.



Advocating for rural Queensland

ACRRM continued to advocate for sustainable rural maternity services, recognition of Rural Generalists in workforce planning, and stronger responses to climate-related health impacts following flooding in Far North Queensland.

The College raised member concerns around pharmacy prescribing and contributed to Queensland Government reforms relating to mandatory reporting to Queensland Police where a person may be unsuitable to possess a firearm, advocating for clarity around the role of medical practitioners.

ACRRM also provided member feedback on the Health Legislation Bill 2026, reinforcing a fundamental rural workforce priority: investment in health infrastructure must be matched by investment in the workforce needed to deliver care.

Together, this work is expanding Rural Generalist training while strengthening the education, connections, and advocacy that support Rural Generalists throughout rural and remote Queensland.



South Australia

Growing the next generation of Rural Generalists in SA

From introducing medical students and junior doctors to Rural Generalist training, to supporting registrars approaching Fellowship, ACRRM focused on building South Australia's future rural medical workforce throughout 2025–26. This pipeline approach is delivering results, with registrar numbers increasing by 18 per cent over the year.

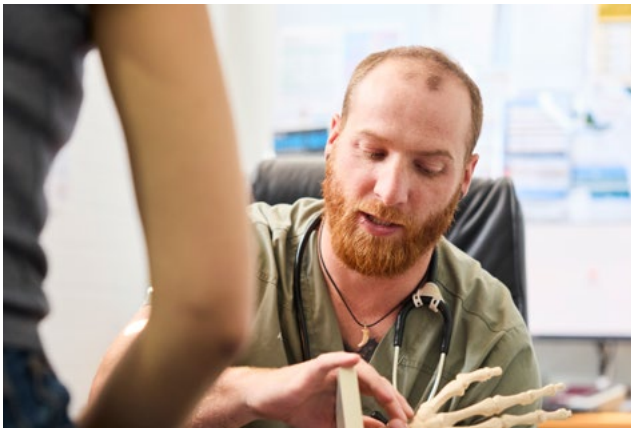
Building the training pipeline

At 1 July 2026, 98 registrars were training in South Australia, up from 83 a year earlier. They were supported by 170 supervisors, 82 accredited training posts, and 22 medical educators.

ACRRM also focused on developing the next generation of medical educators, including recruiting new Fellows into educator roles and appointing SA's first registrar medical educator, with further registrar appointments progressing.

Engagement began even earlier in the pathway. The pilot ACRRM Future Gens Day brought 17 prospective Rural Generalists into a regional education workshop to participate in learning, contribute as standardised patients, and connect with current registrars.

In Mt Gambier, more than 60 medical students, prevocational doctors, supervisors, practice and hospital staff, and university representatives came together to learn about ACRRM Rural Generalist training. The event generated new student memberships and training applications, helping turn interest in rural medicine into the next step towards a Rural Generalist career.



Supporting success through education

Regionally tailored assessment preparation delivered strong outcomes following targeted preparation activities.

Dedicated Emergency Medicine Advanced Specialised Training orientation and StAMPS preparation also provided registrars with peer connection and medical educator support as they transitioned into advanced training.

New rural Advanced Specialised Training posts, including Emergency Medicine and Paediatrics, were also accredited, creating additional opportunities for registrars to develop advanced skills in South Australia.

Strengthening communities and the profession

On Kangaroo Island, an ACRRM Rural and Remote Community Support Grant provided $50,000 to support childcare solutions. Investment in essential community infrastructure such as childcare helps rural communities attract and retain doctors and their families, strengthening the sustainability of the local healthcare workforce.

ACRRM also worked alongside the broader medical sector to advocate for South Australian healthcare. Ahead of the state election, the College supported a three-point healthcare reform plan and advocated for continued investment in the rural workforce and equitable access to care.

ACRRM President Dr Rod Martin, CEO Marita Cowie, and SA Registrar Liaison Officer Dr Aaron Overweel also joined Federal Health Minister Mark Butler for the announcement of further investment in General Practitioner and Rural Generalist training.

The College continued collaborating with other medical colleges on issues affecting the state health system, including concerns relating to the new Women's and Children's Hospital, ensuring rural medical perspectives remain part of discussions shaping healthcare in South Australia.



Tasmania

Building pathways that keep doctors in communities

In Tasmania, strengthening the Rural Generalist workforce means creating opportunities for doctors to train, develop advanced skills, and build careers in the communities that need them. Throughout 2025–26, ACRRM expanded regional support and remote supervision, introduced new training opportunities, and worked with partners to strengthen the pathway from early interest in rural medicine through to Fellowship and ongoing rural practice.

Strengthening training across Tasmania

> **At 30 June 2026, Tasmania supported 71 registrars, 155 supervisors, 76 accredited training posts, and 15 medical educators.**

Training capacity grew strongly during the year, with the number of accredited training posts increasing by 27 per cent and supervisors by 15 per cent. Registrar numbers increased by 9 per cent, while the Medical Educator workforce grew by 25 per cent.

Support for registrars was strengthened through a dedicated Lead Medical Educator for registrar progression and establishment of the Regional Progression Advisory Committee. ACRRM also increased its physical presence in the north west, including dedicated time at the Mersey Rural Health Hub and Burnie Rural Clinical School.

Building skills and the pipeline

New Advanced Specialised Training opportunities were introduced in retrieval medicine, mental health, and community paediatrics, expanding the advanced skills registrars can develop in Tasmania.

Education included procedural skills, skin cancer, dental health, cultural education, and StAMPS preparation. ACRRM Fellowship Education Program workshops were conducted across the two semesters.

ACRRM registrar medical educators also helped plan and deliver a Clinical Learning and Immersive Practice workshop for 16 junior doctors interested in rural medicine, supporting engagement with Rural Generalist careers before Fellowship training begins.

From training to sustainable communities

Innovative remote supervision models are helping maintain training and healthcare in smaller communities. On Flinders Island, ACRRM supported a registrar placement through remote supervision following the departure of a long-term local General Practitioner.

In the Huon Valley, ACRRM training is contributing to an established local workforce across Dover and Geeveston, including a monthly women's health clinic delivered by an ACRRM registrar.



In the north west, the College is working with Tasmanian Health Service departments to develop pathways from registrar training into post-Fellowship Rural Generalist positions in emergency medicine, anaesthetics, mental health, and palliative care.

Advocating for Tasmania's rural health

ACRRM continued to advocate for critical rural health services, including GP Assist, while supporting expanded medical training pathways in Launceston and promoting the integral role Rural Generalists play in multidisciplinary healthcare teams.

Importantly, College advocacy contributed to the inclusion of Rural Generalist Medicine in Tasmania's 20-Year Preventive Health Strategy, recognising the role Rural Generalists play in improving health outcomes in rural and remote communities and strengthening the future of the state's health system.

Together, this work is creating stronger pathways for doctors to train, practise, and build long-term careers in Tasmanian communities.



Victoria

Listening, adapting and strengthening rural training



Listening to registrars and responding to what works best for them shaped ACRRM's approach in Victoria during 2025–26. From redesigning workshops to make regional education more accessible, to strengthening individual support and developing new processes now being adopted nationally, the focus was on creating a training experience that supports Rural Generalists at every stage of their journey.

Strengthening training and support

At 30 June 2026, Victoria supported 210 registrars, 453 supervisors, 174 accredited training posts, and 23 medical educators. Registrar numbers increased by 13 per cent during the year, while the supervisor network grew by 12 per cent. Medical educator numbers also increased strongly, rising by 28 per cent. Face-to-face Training Post visits and regular 'pulse checks' strengthened connections with registrars, supervisors, and practices, helping identify support needs early and monitor training progress.

Importantly, initiatives developed by the Victorian regional team are having impact beyond the state. A new Registrar Engagement Escalation Process and Training Plan templates developed in Victoria are being adopted for national rollout.

Education shaped by registrars

Registrar feedback led to a redesign of face-to-face education workshops, with larger cohorts divided into smaller peer semester groups and workshops delivered across two regional locations. The change created greater opportunities for interaction and discussion while reducing travel requirements for registrars.

Victoria also delivered four Clinical Immersion Days engaging 200 regional high-school students, providing early exposure to rural medicine and helping build awareness of Rural Generalist careers.

The Victorian Single Employer Model trial continued to grow, with plans to expand from three to five host health services, creating further opportunities to support integrated Rural Generalist training.

Connecting the next generation

In Gippsland, ACRRM supported the launch of The Network, a peer-driven initiative bringing together doctors, medical students, and healthcare professionals to connect, learn, and support one another throughout medical training.

The initiative builds local professional connections while supporting the next generation of Rural Generalists – an important part of developing a sustainable workforce that remains connected to regional communities.

Advocating for rural Victoria

Following the 2026–27 Victorian Budget, ACRRM analysed measures affecting rural healthcare and welcomed investment in regional hospitals, mental health services, and the Regional Health Infrastructure Fund, while continuing to advocate for long-term solutions to workforce shortages, growing demand, and healthcare inequities.

The College also provided member feedback to Victoria's Better protection for life support customers consultation, supporting reform while advocating for effective communication with medical practitioners and other stakeholders.

Through training, engagement, and advocacy, ACRRM continued to ensure rural communities and the doctors who care for them remain visible in decisions shaping Victoria's health system.



Western Australia

Building partnerships across a vast state

Across Western Australia, ACRRM strengthened the training, education, engagement, and advocacy networks supporting Rural Generalists and the communities they serve during 2025–26.

At 1 July 2026, 117 registrars were training across WA, supported by 279 supervisors, 139 accredited training posts, and 22 Medical Educators. Importantly, the number of training posts increased by 25 per cent during the year, while supervisor numbers grew by 18 per cent, expanding the capacity to support Rural Generalist training across the state.

Connecting through partnership

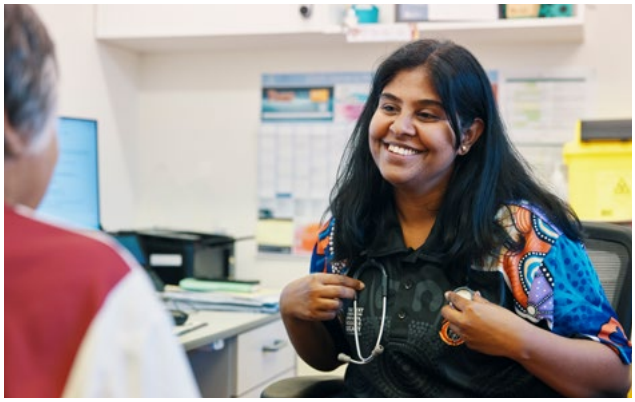
A significant development was ACRRM joining Rural Health West's Health Professionals Network as an Associate Partner. The partnership connects the College with seven regional Health Professionals Networks and provides opportunities for local engagement, interdisciplinary education, and collaboration. Through the partnership, ACRRM can support up to two targeted activities in each region each year, strengthening connections with members, registrars, and the wider rural health workforce.

Regional engagement was also a strong focus. Visits by training and engagement teams provided opportunities to connect directly with future RGs, registrars, supervisors, and practice managers, share information, and identify emerging training and accreditation needs.

Education where registrars train

In April, the WA team spent a week in Broome delivering education and engagement activities. Nine supervisors attended a dedicated workshop, 12 registrars participated in procedural training targeting difficult-to-access logbook requirements, and 42 people joined a community sundowner bringing together registrars, supervisors, senior clinicians, junior doctors, and medical students.

In Kununurra, a Flexible Funds grant supported Ord Valley Aboriginal Health Service to purchase new digital teaching equipment. The technology is enabling shared education between Ord Valley Aboriginal Health Service, Wunan Health, and Kununurra Hospital, creating greater access to high-quality learning for Rural Generalist registrars in one of Australia's most remote communities.



Supporting rural health beyond training

The College continued to advocate for initiatives that strengthen WA's future rural workforce. ACRRM provided a letter of support for the Rural Clinical School of Western Australia to move from its pilot model to a funded program and increase its medical student cohort to 50. Expanding opportunities for medical students to live, learn and train in rural and remote communities is an important part of building the pipeline of future Rural Generalists and encouraging more doctors to pursue Rural Generalist careers in the state.

The College's policy team also supported WA medical practitioners to understand changes arising from gun licensing reforms, contributing to educational workshops and helping members navigate their responsibilities under the new arrangements.

These are an example of activities which demonstrate the breadth of ACRRM's role in WA – building training capacity, delivering education closer to home, strengthening professional connections, and advocating on issues affecting RGs and their communities.





2026 FELLOWS ROLL

A HUGE CONGRATULATIONS TO OUR NEW FELLOWS IN THE 2025/2026 FINANCIAL YEAR

Dr Maryam Abolfathi
Dr Jerry Abraham Alex
Dr Abdullah Akram
Dr Bronte Appleton
Dr Stephen Arthur
Dr Afolabi Ayeni
Dr Neranja Bandara
Dr Geordie Beath
Dr Robert Bender
Dr Jackson Blythe
Dr Alexander Booth
Dr Nicolene Botha
Dr Heidrun Brinkmann
Dr Samuel Broadbent
Dr Lauren Buchan
Dr Angus Buchanan
Dr Paul Bumford
Dr Marc Burton
Dr Hayden Cain
Dr Hayley Cameron
Dr Robin Chan
Dr Daniel Charles
Dr Mun Yoong Cheang
Dr Vikram Chellaboina
Dr Yi Han Cheng
Dr James Close
Dr Maddison Close
Dr Jack Collins
Dr Sophie Collins
Dr Keegan Coomer
Dr Garn Cooper
Dr Catelin Costello
Dr Juliet Crowe
Dr Merinda Crowe
Dr Alexander Cuthill
Dr Steven Davis
Dr Pedro Del Solar Gonzales
Dr Kane Della Vedova
Dr Alec Denney
Dr Peter Dewing
Dr Nicola Doyle
Dr Mark Edwards
Dr Catherine Engelke
Dr Paul Everett
Dr Kyle Fairclough
Dr Jandree Fransch
Dr David Garne
Dr Kyle Gould
Dr Sarthak Goyal
Dr Rebecca Graham
Dr Chloe Greenfield
Dr Asanka Gunawardana

Dr Marcus Gurgius

Dr Geoffrey Hannan

Dr Kimberley Hardwick

Dr Stewart Hazelton

Dr Rachel Henderson

Dr Reece Hodge

Dr Bronwyn Hoogland

Dr Kathryn Hudson

Dr Corina Hunt

Dr Jonathan Insermini

Dr Eleanor Jameson

Dr Elspeth Jarman

Dr Chloe Jess

Dr Alexander John

Dr Adelle Jordan

Dr Nayomi Amalka Kadugodage

Dr Paula Kearns

Dr Nicola Kelly

Dr Maham Khan

Dr Irene Kirczenow

Dr Yen Lee Koh

Dr Thomas Koroma

Dr Coert Kruger

Dr Herman Kruger

Dr Raviraj Kugapiriyan

Dr Shireen Kumar

Dr Dinesh Kumarage

Dr Edwin Kwan

Dr Zara La Roche

Dr Tommy Lam

Dr Akeem Lawal

Dr Clinton Leahy

Dr Jed Leishman

Dr Michael Leith

Dr Arne Leschner

Dr Jean Littlewood

Dr Simon Lockwood

Dr Kyaw Lwin

Dr Katherine Lynch

Dr Seth Makin

Dr Ferdinand Mampuya

Dr Julia Matassa

Dr Michael Mbaogu

Dr Russell McGoldrick

Dr Raymond McKenna

Dr Benjamin McKernan

Dr Timothy McNaught

Dr Ganizani Mlawanda

Assoc. Prof Alam Mohamed Yoosuff

Dr Jessica Morgan

Dr John Morgan

Dr Peter Morris

Dr Roy Morris

Dr Christopher Muirhead

Dr Aaron Murphy

Dr Ahamed Mustaq

Dr Sailesh Narsinh

Dr Luqman Nasar

Dr Sally Nelson

Dr Iain Nicolson

Dr Jemma Nokes

Dr Anna Nott

Dr Adekunle Olaifa

Dr Peter Onaiyekan

Dr Temitope Oni

Dr Ochanya Otowo

Dr Sarah Paget

Dr Catherine Palmqvist

Dr Rajendrakumar Patankar

Dr Nanda Pathirana

Dr Naomi Penna

Dr Kathryn Phillips

Dr Rebecca Pike

Dr Abieyuwa Pius-Usiobaifo

Dr Thomas Ponsonby

Dr Melissa Pope

Dr Nadia Powell

Dr Kiran Pujar

Dr Vinod Pushpalingam

Dr Samantha Radcliffe

Dr Deepthi Ramasinghe

Dr Lojene Raveenthiran

Dr Emily Rayers

Dr Farid Razzaghi

Dr Kate Reid

Dr Sara Renwick-Lau

Dr Matthew Riggs

Dr Jessica Roberts

Dr Samuel Robins

Dr Mirielsa Shaharmy Ruiz

Dr Shane Sadleir

Dr Isiaka Salawu

Dr Sutharsamohan Sankaralingam

Dr Sarah Saunders

Dr Leeanne Schaefer

Dr Mitchell Scott

Dr Adam Shanley

Dr Antanas Sharkis

Dr Samuel Sher

Dr Zaid Shihab

Dr Jay Short

Dr Senthuran Sivabalan

Dr Keturah Skov

Dr Soyinka Sonubi

Dr Sajjad Soomro

Dr Bjarte Sorensen

Dr Bradley Spackman

Dr Sorcha Stapleton

Dr Nathan Sturgess

Dr Devinda Suriyaarachchi

Dr Kristi Swan

Dr Travis Taggert

Dr Luke Talbot

Dr Nicola Tarnowski

Dr Maung Thet

Dr Justin Titmarsh

Dr Brendan Tonson-Older

Dr Sakhi Trivedi

Dr Abimbola Ugoagwu

Dr Marcus Urmoneit

Dr Priya Vadivel

Dr Amanda van Zyl

Dr Santhosh Vellaiah Retnaswamy

Dr Ryan Waddell

Dr Samantha Walker

Dr Keith Walsh

Dr Martin Watson

Dr Samantha Weaver

Dr Meredith Webb

Dr Kellie West

Dr Thomas Whittaker

Dr Craig Willersdorf

Dr Alexander Willows

Dr Brad Wittmer

Dr Jessica Wright

Dr Zhong Zhang

Dr Miriam Zweck



STRENGTHENING

FIRST NATIONS VOICES ACROSS THE COLLEGE

The Aboriginal and Torres Strait Islander Members Group continued to strengthen First Nations voices, leadership and cultural understanding across ACRRM during 2025–26.

Bringing together Aboriginal and Torres Strait Islander Rural Generalist doctors from across Australia, the group provides an important space for connection, peer support and shared experience, while also advising the College on issues affecting First Nations registrars, members, and the communities they serve.

Throughout the year, members worked with the College to guide activities marking significant events including National Reconciliation Week and NAIDOC Week, helping ensure these activities were meaningful, culturally appropriate and informed by First Nations perspectives.

The group also contributed to initiatives increasing the visibility and celebration of First Nations culture across ACRRM. This included input into First Nations artwork for Rural Medicine Australia (RMA) 2026 and the development of new First Nations ACRRM scrubs, with distribution planned in the latter half of 2026.

The Members Group continued to contribute to ACRRM's Reconciliation Action Plan (RAP) journey and the College's broader commitment to reconciliation.

This included involvement in a cultural maturity audit undertaken by Yarnup, examining College policies, processes and practices. The work will help identify strengths, gaps and opportunities for improvement across the organisation and inform the development of ACRRM's fourth Innovate RAP.

Bringing issues to the national table

The Members Group provides an important pathway for issues identified by First Nations members to be considered within ACRRM's broader governance and decision-making structures.

During 2025–26, members identified national training matters for discussion by College Council, including difficulties associated with the accreditation of Aboriginal and Torres Strait Islander Advanced Specialised Training (AST) sites, AST equivalency arrangements, and turnaround times for AST Fellowships.

Dr Patricia (Trish) Murphy serves as the First Nations representative on College Council, providing an important connection between First Nations members and the College's national representative body. Dr Murphy was also appointed as the First Nations representative on the Selection Committee following the departure of Dr Natalie Pink, ensuring First Nations perspectives are represented within another key College process.

A stronger voice in College governance

A significant development during the year was the Members Group's decision to transition its growing governance role through the establishment of a formal First Nations Committee.

The decision came from the Members Group itself, reflecting members' readiness and ambition to strengthen and formalise the voice they had already been building within the College. The ACRRM Board endorsed the decision at its February 2026 meeting.

The Committee will be a new and separate governance body with formal standing within College processes, with nominations coming from within the Members Group to maintain a community-led approach.

Importantly, the Committee will not replace the Members Group. The Members Group will continue as the open and supportive community it has always been, providing a place for Aboriginal and Torres Strait Islander ACRRM members to come together, connect and support one another. From the desert to the saltwater communities, it will remain a space where Mob can yarn, build networks and celebrate the strength and diversity of our membership, while warmly welcoming future members into the ACRRM community.

With the Committee to be established after the end of the 2025–26 reporting period, its endorsement marks an important next step in strengthening First Nations leadership, representation and influence across ACRRM.

Members

Chair

- Dr Regina Philips

Members

- Dr Andrew Cartwright
- Dr Danielle Dries *(Registrar Director)*
- Dr Sarita Lawler
- Dr Patricia Murphy *(College Council representative)*
- Uncle (Dr) Louis Peachey
- Uncle (Dr) Mark Sykes
- Dr Belinda Washington
- Dr Jackson Blythe
- Dr Nathan Combs
- Dr Rebecca Fatnowna
- Dr Karlie James
- Dr Jean Pepperill
- Dr Natalie Pink
- Dr Loyola Wills
- Dr Samra McNeil
- Dr Montana Chugg

First Nations College Artwork

Our Journey

by Thomas Croft, Barngala artist

ACRRM commissioned *Our Journey* to reflect the College's enduring commitment to cultural safety, community-led care and the strength of Aboriginal and Torres Strait Islander voices in rural medicine. The artwork, which contains distinct elements from both Aboriginal and Torres Strait Islander cultures, symbolises a shared journey of learning, healing and connection.



Introducing ACRRM's new Chief Operating Officer, Sinead McCarthy



A key organisational milestone during the year was the creation of the Chief Operating Officer (COO) role.

The position was established to strengthen leadership and collaboration across the College's administrative and operational business units, with a focus on improving efficiency, enhancing communication, and fostering greater integration and alignment across ACRRM.

Following a comprehensive national recruitment process, Sinead McCarthy was appointed to the role in early 2026.

Sinead brings extensive executive leadership experience from complex, geographically dispersed organisations across a range of sectors, including primary industries, natural resources and mining, trade, energy and water, social services, and criminal justice.

Throughout her career, Sinead has led large portfolios spanning strategy, governance, people and culture, finance, ICT and digital services, communications, infrastructure, workplace health and safety, procurement, legal, and audit and risk. She is recognised for her ability to translate strategy into operational outcomes, particularly during periods of transformation and renewal.

Sinead's values-driven leadership approach aligns strongly with ACRRM's vision and culture. Her commitment to ethical leadership, strong stakeholder relationships, and building high-performing teams grounded in trust, clarity and shared purpose positions the College well as it continues to strengthen its operations and deliver for members, registrars and rural, remote and First Nations communities.

Committee and council reports

Education Council

The Education Council held five meetings during the financial year, 1 July 2025–30 June 2026.

Council Chair Dr Tarun Sen Gupta presented the Fellowship Program Strategies at the ACRRM Board meeting on 12 December 2025. The key aims are to increase Fellowship completion rates to strengthen the rural and remote workforce; improve trainee satisfaction and ACRRM's reputation as the College of choice for Rural Generalists; and align the program with the skills underpinning Rural Generalist recognition.

The strategies also seek to position ACRRM's program at the forefront of international best practice over the next 5–10 years and beyond, reflecting the full scope of Rural Generalist practice and community needs. They include a contemporary curriculum and assessment framework that supports programmatic design, progression monitoring and assessment.

To support these strategies, Council considered papers for endorsement on revised CBD assessment, supplemental assessment and policy, AST assessment changes, the progression framework and curriculum review.

Council welcomed the following members during the year:

- Dr Marina Parente, Quality and Safety Council nominee, replaced by Dr David Kealy in May 2026
- Dr Alice Fitzgerald, Board representative
- Dr Rosie Murphy, Registrar Committee representative.

Council acknowledged the contributions of outgoing Fellow member Dr David Rosenthal and former Board representative Dr David Rimmer.

Quality & Safety

Over the past 12 months, the Quality & Safety Council has strengthened ACRRM's oversight of clinical quality, standards and governance. A major focus was progressing the Rural Generalist Standards, including clearer scope, credentialling and practice-context requirements, while supporting the Capability Framework as a foundation for aligning education, assessment and training. The Council also strengthened quality assurance for education resources, including review cycles for logbooks, and supported a more proportionate approach to external consultation and endorsement requests.

Oversight of curriculum implementation, CPD, research and digital health remained central, alongside support for the Standard for a Digitally Connected Rural Community. The Council also sharpened its own governance through structured work planning, membership renewal and a skills-matrix approach to future appointments. Importantly, it pushed for more meaningful education reporting, with greater focus on participation by cohort, benchmarks, module currency, quality and educational impact, helping ensure College activity remains responsive, accountable and aligned with the needs of Rural Generalists.

Council

- Dr Sally Banfield *(Chair)*
- Dr Debra Tennett *(Research Committee Chair, resigned)*
- Dr Sue Harrison *(CPD Committee Chair)*
- Dr Chris Pearce *(Digital Health Committee Chair)*
- Dr Marina Parente Alberquerque *(Registrar Committee Rep)*
- Dr Andrew Jamieson
- Dr Shannon Nott
- Dr David Kealy
- Dr David Campbell *(Censor In Chief, Ex Officio)*

Research

The Research Committee continued to build momentum around practical research activity across ACRRM. The Committee supported initial development of the funded Research Education Program, providing a forum to consider how research capability can be developed among Rural Generalists. It also progressed planning for ACRRM's RMA26 research activities, including a panel focused on turning rural problems into evidence that changes practice.

Particular attention was given to creating opportunities for research and academic Advanced Specialised Training registrars to present their work, share experiences and discuss barriers to research participation. These activities have helped renew engagement with research across the College and support rural researchers.

Committee

- Dr Debra Tennett *(Chair, resigned)*
- Dr Ewen McPhee *(member, now confirmed as new Chair)*
- Dr Thiru Thirukkumaran
- Dr Ko Chin Chen
- Dr Kirsten Van Wunnik
- Dr Michael McLaughlin
- Dr Oleg Kravtchenko
- Professor Katharine Wallis
- Dr David Campbell

CPD

The CPD Committee maintained a strong focus on the accuracy, clarity and usability of ACRRM's CPD systems and requirements. The Committee provided oversight of CPD App V2, including issues affecting the recording of mandatory activities and compliance, and supported user testing of the new platform. It also reviewed Maintenance of Professional Standards requirements to ensure alignment between ACRRM systems and Ahpra obligations. CPD statistics and compliance remained a focus, alongside clearer communication of requirements to members. The Committee also contributed to work on Fellows' engagement with College education, promotion of no-cost CPD resources and review of education content and currency.

Committee

- Dr Sue Harrison *(Chair)*
- Dr Daniel Fry
- Dr David Rosenthal
- Dr Peter Baker
- Dr Viney Joshi
- Dr Ingrid Wangel
- Dr Leonard Brennan

Digital Health

ACRRM has hosted the GP advice service Tele-Derm for the past 22 years. Co-founder, Dermatologist Dr Jim Muir continues to lead Tele-Derm, which provides GPs and Rural Generalists access to two dermatologists and a plastic surgeon, alongside a wealth of dermatology education opportunities.

In 2025-26, 560 GPs joined Tele-Derm taking the total number of registrations to over 6000 with over 2000 of these GPs using the service in the last 12 months. ** cases were submitted to the Tele-Derm specialists, for advice on diagnosis, treatment and management helping their patients access care without the need for costly travel and disruptive time away from their community, while also upskilling the GP workforce.

Following the successful one-year pilot of a new allergy advice service, allergy-assist will continue in 2026-27 thanks to a partnership agreement with the National Allergy Council to give GPs and RGs access to immunologists and allergy specialists for another two years.

We have seen significant growth in virtual care services in Australia over the last 12 months. There are unique risks to delivering virtual care services and ACRRM has been leading the way with two new telehealth and virtual care standards and improvements to its online education program to develop and improve clinical skills for telehealth consultations.

ACRRM continues to support planned improvements to interoperability across all Australian care systems by working with key stakeholders including the federal government and the national digital health agency in providing rural and remote expertise to their advisory committees and national program of work.

Directors' report

For the year ended 30 June 2026

The Directors submit the following report for the year ended 30 June 2026 under section 60.5 of the *Australian Charities and Not-for-profits Regulations 2022* and 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 (resigned 30/09/2025)
- Mr Stephen Buchanan (term commenced 24/10/2025)
- Dr Danielle Dries
- Dr Jillann Farmer (term commenced 24/10/2025)
- Dr Alice Fitzgerald
- Ms Brynnie Goodwill (term completed 24/10/2025)
- Dr John Hall
- Dr Michelle Hannan (term commenced 24/10/2025)
- Dr Rodney Martin
- Dr Shannon Nott
- Mrs Margot Richardson (term completed 24/10/2025)
- A/Prof David Rimmer (term completed 24/10/2025)

Principal activities, objectives & strategies

The College vision is "Healthy rural, remote and First Nations communities through excellence, social accountability and innovation". We strive to achieve this through strategies that will improve access to high quality, continuous, comprehensive medical care close to home; health promotion activities; and delivering education and training excellence.

Our principal activities include creating flexible career and training pathways for Specialist Rural Generalist and General Practice medical workforce, setting clinical and professional standards, delivering continuing professional development, clinician support and rural health community advocacy.

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 2026 amounted to a surplus of $3,049,373 (2025: surplus of $2,846,523). 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 and to date of this report.

Ms Amanda Anderson



(resigned 30/09/2025)

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

Mr Stephen Buchanan



(term commenced 24/10/2025)

BBus (Accy), MAICD

Mr. Buchanan is an institutional risk, capital management, and financial governance specialist with over 30 years of experience across global financial services, sovereign treasuries, and regulated healthcare. He brings deep institutional expertise, having directed risk strategy for an A$125B sovereign treasury portfolio and a €36B enterprise, and is an architect of prudential and risk-remediation frameworks for Tier-1 financial institutions.

He concurrently serves as an Independent Non-Executive Director, Treasurer, and Chair of the Finance, Risk & Investment Committee for a regional medical foundation, bringing direct experience governing public sector funding models and Commonwealth statutory grants.

Stephen is the Chair of the Finance, Audit and Risk Management Committee for the Australian College of Rural and Remote Medicine.

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 Jillann Farmer



(term commenced 24/10/2025)

FRACGP, GCAppL, MHA, FRACMA, FRACGP-RG

Dr Jillann Farmer was Medical Director of the United Nations, based at the headquarters in New York for 8 years. During tenure at the UN, she was responsible for the health, safety and wellbeing of all UN personnel deployed throughout the world and was also responsible for the standards in healthcare facilities operating under the UN flag. She managed the UN's response to the New York wave of COVID-19 in 2020.

Since leaving the UN, she has worked as a Deputy Director General in Queensland Health and as a front-line GP in primary care and a rural generalist in emergency medicine. Prior to serving in the UN, she was the Medical Director of the Patient Safety Centre in Queensland Health, and the inaugural Director of the Clinician Performance Support Service.

From 2023 Jillann has been the Chief Executive Officer of a "A Better Culture", a project to shift the culture of medical practice to one of respect, inclusion and equity. She is currently a member of the Board of the Australian College of Rural and Remote Medicine.

Jillann is a current member of FARM and Resptectful Workplaces Committees.

Dr Alice Fitzgerald



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.

Ms Brynnie Goodwill



(term completed 24/10/2025)

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

Dr John Hall



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

Dr John Hall is a Rural Generalist Obstetrician with extensive leadership experience across rural and remote Australia. He is currently the Director of Maternity Services for the Torres and Cape Hospital and Health Service (TCHHS) and Medical Director of Melaleuca Health Pty Ltd. He is also the owner of Melaleuca Medical - Cooktown (previously Cooktown Medical Centre), the only general practice in Cooktown, providing comprehensive primary care services to the local community.

He previously owned and led one of the Darling Downs' largest regional general practices, growing a two-doctor practice in Oakey into a multi-site service employing more than 20 doctors across Oakey, Kingsthorpe and Toowoomba over 13 years, before selling the business to Ochre Health in 2019.

John also served for 10 years as Medical Superintendent of Oakey Hospital and later as Director of Medical Services (Rural) for Darling Downs Health, before being recruited as Director of Medical Services for Ochre Health. Throughout his career, he has continued to provide broad-scope rural medicine including obstetrics, emergency medicine and primary care in communities across Queensland and remote Australia.

A passionate advocate for rural maternity services, rural hospitals and sustainable private practice, John was a founding committee member of the Queensland Rural Generalist Pathway and served as Acting Director for 12 months. He is a past President of the Rural Doctors Association of Australia (2019–2021), a former President of the Rural Doctors Association of Queensland, and a past Board member of AMA Queensland. During the COVID-19 pandemic, he played a key national advocacy role supporting rural and remote health professionals and workforce reform.

John is a Fellow of both the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP), and has been a committed GP supervisor and medical educator throughout his career.

In 2023, he undertook a sabbatical in London collaborating with the London School of Hygiene and Tropical Medicine on research examining perinatal mortality and access to birthing services in high-income countries, while also working remotely for NSW Health's Virtual Rural Generalist Service. He completed an MBA/MPH through James Cook University in 2026.

John is a member of the People and Culture Committee.

Dr Michelle Hannan



(term commenced 24/10/2025)
FACRRM AFRACMA GAICD AICGG
BMedSc(Hons I) BSc(Med)/MBBS DCH
MPH&TM MHM MIDI

Dr Michelle Hannan became a FACRRM in 2017 with an AST in Emergency Medicine, and also holds postgraduate qualifications in Public Health, Infectious Diseases and Health Administration.

She has worked as a Rural Generalist across primary care, emergency medicine, and aeromedical retrieval in various rural and remote areas including Wagga Wagga, Broken Hill, Mt Isa, Charleville and now Tasmania.

Michelle has held senior leadership roles across public, private, and not-for-profit sectors, including as State Lead Primary Health Care for the Royal Flying Doctor Service (Queensland Section). She currently serves as Medical Lead for Care@Home, Tasmania's virtual care service, where she oversees clinical strategy, governance, and service delivery and planning.

Dr Rod Martin



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



MBBS, MPH, MHM, FACRRM, CF

Dr Shannon Nott is an experienced Rural Generalist, health executive, and nationally recognised leader in digital health, virtual care, and rural health system innovation. He is Chief Medical Officer for the Royal Flying Doctor Service (South Eastern Section), a Non-Executive Director of the Australian College of Rural and Remote Medicine (ACRRM), and Medical Advisor to the NSW Rural Doctors Network.

Clinically, Shannon works as a Visiting Medical Officer in anaesthesia and continues to practise in pre-hospital medicine, remote health, and rural generalist care across Australia's most isolated communities. He holds multiple Adjunct Associate Professor appointments across leading Australian universities, contributing to education and research in rural health, digital health, and future health systems.

Shannon led the establishment of nationally recognised virtual care models including the Virtual Rural Generalist Service and vCare. As Clinical Director of the NSW Health Virtual Care Accelerator, he oversaw the rapid deployment of virtual care during the COVID-19 pandemic. Following this, he continued as NSW Health Senior Medical Advisor for Virtual Care, supporting the development of the NSW Virtual Care Strategy and the implementation of multiple statewide virtual care initiatives.

Shannon remains a sought-after advisor to governments and health services and is listed as a digital health expert with the World Health Organization.

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

Mrs Margot Richardson



(term completed 24/10/2025)

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 was Chair of FARM Committee.

Associate Professor David Rimmer AOM



(term completed 24/10/2025)

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.

Company Secretary and CEO

Associate Professor Marita Cowie AM



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

A/Prof Marita Cowie is the foundation Chief Executive Officer 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.

Ms Nikki Parker



(appointed Company Secretary 28/07/2025)

BSC, JD, GDLP, FGIA

Nikki Parker joined ACRRM as Company Secretary in July 2025. She is an experienced lawyer, governance professional and board secretary with a strong background in corporate governance, legal advisory and executive guidance across the government, statutory authority and not-for-profit sectors. Nikki is passionate about fostering strong governance, supporting effective boards and building organisational capability.

Meeting of directors

During the 2025-2026 financial year, 8 meetings of Directors were held with attendance as follows:

	Directors Meetings	
Directors	**Eligible to attend**	**Attended**
Dr Rodney Martin	8	8
Ms Brynnie Goodwill	5	4
Dr Danielle Dries	8	8
Dr Shannon Nott	8	8
Dr John Hall	8	7
A/Prof David Rimmer	4	4
Ms Margot Richardson	5	3
Ms Amanda (Mandy) Anderson	3	3
Dr Alice Fitzgerald	8	8
Mr Stephen Buchanan	4	3
Dr Michelle Hannan	4	4
Dr Jillann Farmer	4	4

Attendance of ex officio board members at meetings of directors

	Directors Meetings	
Ex officio board members	**Eligible to attend**	**Attended**
A/Prof David Campbell, Censor in Chief	8	8
A/Prof Marita Cowie, Chief Executive Officer	8	8
A/Prof Daniel Halliday, Immediate Past President	8	8

There is one formally constituted committee of the Board being the College Council. During the financial year 6 meetings of the Council were held with attendance as follows:

	Council Meetings	
Council members	**Eligible to attend**	**Attended**
Dr Rodney Martin	6	6
Dr Alice Fitzgerald	6	4
Dr Stephen Holmes	6	4
Dr Jasmine Banner	6	6
Dr Claire Arundell	6	4
Dr Emily Harrison	6	4
Dr Danielle Dries	6	6
Mr Stan Stavros	6	4
Dr Brendan Carrigan	6	5
Dr Patricia Murphy	6	6
Ms Mandy Anderson	2	0
Ms Brynnie Goodwill	3	2
Mrs Margot Richardson	3	2
Dr Shannon Nott	6	3
Dr John Hall	6	2
Mr Stephen Buchanan	3	1
Dr Michelle Hannan	6	3
Dr Jillann Farmer	3	1
Dr Katie Hume	6	4
Dr Brian Treanor	3	3
Dr Toni Smith	6	5
Dr Jarrad Lenegan	6	6
Dr Angus Brown	6	4

	Council Meetings	
Ex officio council members	**Eligible to attend**	**Attended**
Ms Marita Cowie, Chief Executive Officer	6	5
A/Prof Daniel Halliday, Immediate Past President	6	3
Dr David Campbell, Censor-in-Chief	6	3
A/Prof David Rimmer	3	2

The Finance, Audit and Risk Management Committee (FARM) during the financial year held 7 meetings (including 1 joint FARM/Board meeting) with attendance as follows:

	Finance audit and risk management committee meetings	
Finance audit and risk management committee members	**Eligible to attend**	**Attended**
Mr Stephen Buchanan	5	5
Dr Emily Harrison	7	6
Ms Margot Richardson	1	1
Ms Brynnie Goodwill	1	1
Dr Brendan Carrigan	7	6
Dr Shannon Nott	7	4
Dr Jillann Farmer	5	4

	Finance audit and risk management committee meetings	
Ex officio finance and audit risk management members	**Eligible to attend**	**Attended**
A/Prof Marita Cowie (ex-officio member)	7	6
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 2026 has been received by the directors.

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



Director: Mr Stephen Buchanan

Dated at Sydney, NSW, this Twenty-fifth (25th) day of September 2026

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 2026 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
25 September 2026

A member of Bentleys, a network of independent advisory and accounting firms located throughout Australia and New Zealand that trade as Bentleys. All members of the Bentleys Network are affiliated only, are separate legal entities and not in partnership. Liability limited by a scheme approved under Professional Standards Legislation. A member of Allinial Global - an association of independent accounting and consulting firms.

Advisors
Accountants
Auditors

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2026

	Notes	2026 $	2025 $
Rendering of Services	2	11,816,658	11,030,087
Grant Income	2	98,205,552	74,438,268
Sponsorship	2	550,864	772,259
Interest	2	559,540	468,205
Investment income – dividends and franking credits	2	703,513	435,419
Investment income – changes in market value (realised)	2	4,449	16,737
Investment income – changes in market value (unrealised)	2	348,587	701,277
College Services & Admin Expenses	3	(10,711,301)	(10,577,460)
Grant Expenses	3	(98,428,489)	(74,438,269)
Current Year Surplus/Deficit Before Income Tax	1	**3,049,373**	**2,846,523**
Income Tax Expense		-	-
Net Current Year Surplus		**3,049,373**	**2,846,523**
Other Comprehensive Income		-	-
Total Comprehensive Income for the Year		**3,049,373**	**2,846,523**

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

STATEMENT OF FINANCIAL POSITION

As at 30 June 2026

	Notes	2026 $	2025 $
CURRENT ASSETS			
Cash and Cash Equivalents	5	58,260,883	70,344,263
Investments	6	13,833,527	11,712,360
Trade and Other Receivables	7	2,150,844	2,528,637
Other Assets	8	2,495,389	2,140,810
TOTAL CURRENT ASSETS		76,740,643	86,726,070
NON-CURRENT ASSETS			
Intangible Assets	9	49,547	70,583
Right-of-use Assets	10	3,322,376	3,685,579
Plant and Equipment	11	265,953	367,560
TOTAL NON-CURRENT ASSETS		3,637,876	4,123,722
TOTAL ASSETS		80,378,519	90,849,792
CURRENT LIABILITIES			
Trade and Other Payables	12	59,096,162	72,142,942
Provisions	13	973,560	827,680
Lease Liabilities	14	956,503	843,319
TOTAL CURRENT LIABILITIES		61,026,225	73,813,941
NON-CURRENT LIABILITIES			
Provisions	13	359,245	283,948
Lease Liabilities	14	2,879,672	3,687,898
TOTAL NON-CURRENT LIABILITIES		3,238,917	3,971,846
TOTAL LIABILITIES		64,265,142	77,785,787
NET ASSETS		**16,113,377**	**13,064,005**
EQUITY			
Retained Earnings	15	16,113,377	13,064,005
TOTAL EQUITY		**16,113,377**	**13,064,005**

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 2026

	Notes	2026 $	2025 $
Cash flows from operating activities			
Receipts from Members & Other Consultancies		14,623,359	11,952,582
Grants Received		91,426,661	91,740,816
Interest Received		559,540	468,205
Payments to Suppliers and Employees		(116,100,634)	(89,883,818)
Interest Paid		(301,232)	(217,221)
Net Cash (used in)/provided by Operating Activities	22(i)	(9,792,306)	14,060,564
Cash Flows from Financing Activities			
Lease Repayment		(813,386)	(969,529)
Net Cash (used in)/ provided by Financing Activities		(813,386)	(969,529)
Cash Flows from Investing Activities			
Payments for Property, Plant, Equipment and Capital WIP		(30,484)	(76,903)
Payment for long term investment		(502,775)	-
Payments for Investments		(1,668,790)	(2,793,538)
Proceeds from Investments		219,379	1,298,557
Dividends and Distributions Received		504,982	405,160
Net Cash (used in) Investing Activities		(1,477,688)	(1,166,724)
Net Increase (Decrease) in Cash Held		(12,083,380)	11,924,311
Cash at the Beginning of the Financial Year		70,344,263	**58,419,952**
Cash at the End of the Financial Year	22(i)	**58,260,883**	**70,344,263**

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 2026

	Retained Earnings $	Total $
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		
Comprehensive Income		
Net Surplus/(Deficit)	3,049,373	3,049,373
Other Comprehensive Income	-	-
Total Comprehensive Income	**16,113,378**	**16,113,378**
Balance at 30 June 2026		

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 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

	2026 $	2025 $
Operating Revenue		
Rendering of Services	11,816,658	11,030,087
Grant Income	98,205,552	74,438,268
Sponsorship	550,864	772,259
Non Operating Revenue		
Interest	559,540	468,205
Investment income – dividends and franking credits	703,513	435,419
Investment income – changes in market value (realised)	4,449	16,737
Investment income – changes in market value (unrealised)	348,587	701,277
	112,189,163	**87,862,252**

3. Expenses from ordinary activities

	2026 $	2025 $
Classification of Expenses by Function:		
College Services & Admin Expenses	10,711,301	10,577,460
Queensland Government GP Grant Expenses	3,593,361	-
Victorian Government GP Grant Expenses	998,651	1,440,893
RGTS Operations Grant Expenses	17,508,118	19,429,963
GP Procedural Grant Expenses	11,017,056	11,486,690
GP Anaesthetics Grant Expenses	402,508	452,329
Telehealth Grant Expenses (RHOF)	425,094	409,374
Yellow Fever Grant Expenses	-	41,646
Cultural Educators & Cultural Mentors Grant Expenses	51,093	-
Digital Health Grant Expenses	68,148	40,967
AST for Rural Generalists Grant Expenses	3,594,768	1,508,665
Rural Generalist Recognition Grant Expenses	-	22,917
CLT Strategic Funding Expenses	15,379,970	10,877,416
College Led Training Grant Expenses	45,389,722	28,727,409
	109,139,790	**85,015,729**
Other Expenses		
Non Program Related Employee Benefits Expense	7,040,495	6,230,270
Program Related Employee Benefits Expense	24,855,313	17,929,175

4. Surplus/(Deficit) from ordinary activities

	2026 $	2025 $
Activities		
Surplus/(Deficit) from Ordinary Activities includes:		
Net (Gain)/Loss from sale of Plant and Equipment	-	79
Superannuation contributions	3,373,541	2,467,913

5. Cash and cash equivalents

	2026 $	2025 $
Cash on Hand	200	200
Cash at Bank	12,555,386	7,235,178
Cash on Deposit	45,705,297	63,108,885
	58,260,883	70,344,263

6. Investments

	2026 $	2025 $
Listed Securities	3,142,540	2,799,633
Managed Investments	10,188,212	8,912,727
Long Term Investment	502,775	-
	13,833,527	11,712,360

7. Trade and other receivables

	2026 $	2025 $
Trade Receivable	1,854,716	2,431,040
Other Receivables	296,128	97,597
	2,150,844	2,528,637
Included in trade receivable above, are aggregate amounts receivable from the following related parties:		
Directors (other than loans to directors)	4,300	3,873

8. Other assets

	2026 $	2025 $
Prepayments	2,117,909	1,643,802
Accrued Income	377,480	497,008
	2,495,389	2,140,810

9. Intangible assets

	2026 $	2025 $
CRM & LMS Development (at cost)	1,791,482	1,791,482
Accumulated Amortisation	(1,741,935)	(1,720,899)
	49,547	70,583
Movement in Intangible Assets		
Opening Balance	70,583	92,219
Transferred from Capital Work-In-Progress	-	-
Additions	-	-
Disposals at Written Down Value	-	-
Amortisation	(21,036)	(21,636)
Closing Balance	49,547	70,583

10. 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 financial position:

	Leased Motor Vehicles $	Leased Buildings $	Total $
Cost			
Balance at 1 July 2025	164,539	6,509,225	6,673,764
Acquisitions	-	446,006	446,006
Disposals	-	-	-
Balance at 30 June 2026	164,539	6,955,231	7,119,770
Amortisation			
Balance at 1 July 2025	164,539	2,988,185	3,152,724
Amortisation expense	-	644,670	644,670
Disposals	-	-	-
Balance at 30 June 2026	164,539	3,632,855	3,797,394
Carrying amounts			
Balance at 30 June 2026	-	3,322,376	3,322,376

	2026 $	2025 $
Amortisation expense related to right-of-use-assets:	644,670	1,112,409
Interest expense on lease liabilities	58,283	217,221
Short term leases expense	-	-
Low value asset lease expense	-	-
	702,953	1,329,630

11. Property Plant and Equipment

	2026 $	2025 $
Office Equipment (at cost)	1,052,010	1,052,010
Accumulated Depreciation	(893,215)	(873,597)
	158,795	178,413
Movement in Plant and Equipment		
Opening Balance	178,413	294,333
Additions	35,756	46,179
Disposals at Written Down Value	-	(1,818)
Depreciation Expense	(55,374)	(160,281)
Closing Balance	158,795	178,413
Leasehold Improvements (at cost)	330,223	330,223
Accumulated Depreciation	(173,518)	(141,076)
	156,705	189,147
Movement in Leasehold Improvements		
Opening Balance	189,147	194,764
Additions	-	-
Depreciation Expense	(32,442)	(5,617)
Closing Balance	156,705	189,147
Total Property Plant and Equipment	**265,953**	**367,560**

12. Trade and other payables

	2026 $	2025 $
(i) Current		
Trade and Sundry Creditors	3,732,215	4,002,334
Unearned Income	50,378,759	65,238,576
Accruals	1,514,940	629,607
Employee Benefits (annual leave)	2,201,278	1,622,691
GST Payable	1,268,970	649,734
	59,096,162	72,142,942
Included in unearned income, are amounts from directors for memberships paid in advance:	**3,377**	**5,591**

13. Provisions

	2026 $	2025 $
Current		
Long Service Leave	973,560	827,680
Non Current		
Long Service Leave	126,751	132,454
Provision for "Make Good"	232,494	151,494
	359,245	283,948

	2026 $	2025 $
Analysis of Total Provisions		
Current	973,560	827,680
Non-current	359,245	283,948
Total Provisions	1,332,805	1,111,628

The movement in the provision during the 2026 financial year is as follows:

	Provision for "Make Good" $	Long Service Leave $
Opening balance at 1 July 2025	151,494	960,135
Additional provisions raised during the year	81,000	191,022
Amounts used	-	(50,846)
Balance as at 30 June 2026	232,494	1,100,311

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

	2026 $	2025 $
Lease liabilities are presented in the statement of financial position as follows:		
Current	956,503	843,319
Non-current	2,879,672	3,687,898
	3,836,175	4,531,217

The lease liabilities are secured by the related underlying assets. The undiscounted maturity analysis of lease liabilities at 30 June 2026 is as follows:

	Within 1 year $	1-5 years $	Over 5 years $	Total $
30-Jun-26				
Lease payments	1,041,548	2,415,120	-	3,456,668
Finance charges	58,283	321,225	-	379,508
Net present values	1,099,831	2,736,345	-	3,836,176
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

15. Retained earnings

	2026 $	2025 $
Retained Earnings at the beginning of year	13,064,005	10,217,482
Net Surplus/(Deficit)	3,049,373	2,846,523
Retained Earnings at the end of year	16,113,378	13,064,005

16. Auditor's remuneration

	2026 $	2025 $
Audit and review of Financial Statements	47,000	46,700
Other Project Audit Services	6,500	6,000
	53,500	52,700

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 328 employees (2025: 271) 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:

	2026 $	2025 $
Key management personnel compensation		
- short-term benefits	2,265,772	1,820,998
- post-employment benefits	277,766	215,854
- other long-term benefits	33,108	54,045
Total	2,576,646	2,090,897

Of the above short-term benefits $12,314 (2025: $31,626) relates to payments to directors for transactions made at arm's length. Directors' fees of $282,868 (2025: $292,277) are also included in short-term benefits.

Other than the above- mentioned compensation we also wish to disclose:

- A close family member of a director is employed by the College in a management position. Employment of the manager preceded the relationship. The individual is remunerated in accordance with standard market terms and conditions.
- A close family member of a key management person was employed by ACRRM in a casual role under standard terms and conditions, including receiving remuneration consistent with market rates.

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	2026 $	2025 $
Surplus/(Deficit) from ordinary activities after income tax	3,049.372	2,846,523
Depreciation	132,092	156,913
Amortisation	665,706	1,209,089
Loss/(Gain) on Disposal of Assets	-	79
Market value movement in Investments	(348,587)	(701,277)
(Increase)/Decrease in Receivables	(12,504)	(855,446)
(Increase)/Decrease in Prepayments	(474,107)	(53,633)
Increase/(Decrease) in Employee Entitlements	221,177	202,621
Increase/(Decrease) in Creditors & Borrowings	(13,025,455)	11,255,694
Net Cash Provided by Operating Activities	(9,792,306)	14,060,563

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

	2026 $	2025 $
Cash on Hand	200	200
Cash at Bank	12,555,386	7,235,178
Cash on Deposit	45,705,297	63,108,885
	58,260,883	70,344,263

iii. Undrawn Credit Card Facilities

	2026 $	2025 $
Facility Limits at reporting date	346,500	336,000
Less: drawn at balance date	(227,465)	(206,519)
Undrawn facilities at reporting date	119,035	129,481

iv. **Changes in Liabilities arising from Financing Activities**

	1-Jul-25 $	Cash flows $	Acquisition $	Fair value changes $	Reclassification $	30-Jun-26 $
Lease Liabilities	4,531,216	(1,141,046)	446,006	-	-	3,836,176
Total	4,531,216	(1,141,046)	446,006	-	-	3,836,176

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 2026.

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.

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 2026 the weighted average effective interest rate in relation to cash and cash equivalents was 4.77% (2025 4.39%) 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 $215,036 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 2026.

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:

	2026 $	2025 $
Financial Assets		
Cash and cash equivalents	58,784,593	70,344,263
Accounts receivable and other debtors	2,151,238	2,528,637
Investments	13,330,751	11,712,360
Total Financial Assets	74,266,582	84,585,260
Financial Liabilities		
Financial liabilities at amortised cost	-	-
Accounts payable and other payables	3,753,149	4,002,334
Total Financial Liabilities	3,753,149	4,002,334

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-26			
	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	13,330,751	-	-	13,330,751
Total financial assets recognised at fair value on a recurring basis		13,330,751	-	-	13,330,751

		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

26. Contingent liabilities

The College has no contingent liabilities at 30 June 2026 (2025: 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:

	2026 $	2025 $
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 2026 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: Mr Stephen Buchanan

Dated at Sydney, NSW, this Twenty-fifth (25th) day of September 2026

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 2026 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 2026 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.

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Advisors
Accountants
Auditors

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
30 September 2026

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