Candidate for RACGP President

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It really is time for a change

Business, as usual, has seen general practice continue to decline since the last time we voted for the President.

The Colleges own survey has shown that almost all members want the College to be advocating for general practitioners. This shouldn't be surprising, as if we don't take care of ourselves who will?

Here are some of the major issues that how I would deal with them:

1 Remuneration and the rebate rise

The College did a 'deal' with the government to end the rebate freeze. This was astonishing. History has always shown that deals are never beneficial for the medical profession. Even the most naïve political observer would have known that in this federal election health will again be the issue that changes peoples votes. At our loss, this deal potentially takes health off the agenda.

Whether a practitioner chooses to bulk-bill is not the issue. For most consultations, the rebate does represent the fee, and there are communities where bulk billing is the only viable option.

My Response

I would never have done the deal. I said it at the time.

The real issue here is the restoration of the rebate to where it would have been had there not been a rebate freeze. Although still inadequate, it is an issue that we should peruse.

Most importantly, we need to allow patients to pay just the gap and bill the government for the rebate, exactly like private insurance.

2 PLAN QI and CPD

PLAN was introduced under the pretext that if we don't shoot ourselves in the foot, APHRA will. If you are a GP over 70 years of age who has done their PLAN you probably are not feeling that this strategy has worked. Our sister college has not adopted this approach, and their members have not suffered.

All members should be concerned as to what has happened to our most experienced GPs will not happen to all of us, despite PLAN.

PLAN is not supported by the membership, is yet another piece of unremunerated self-imposed red tape for general practitioners and as a member organisation, led to members leaving. A failure on every level.

My Response

PLAN needs to be reviewed at the end of the triennium and replaced with CPD that works for general practitioners and not the presumed future policies of external bodies.

3 Pathology, general practice viability and advocacy

At the last election the government given a choice between propping up the profits of large pathology providers or leaving what is working, alone, chose the big pathology providers. Clearly, we are not considered a credible voice.

A decrease in pathology rents for many general practices will have a significant effect on their viability, considering that this is occurring on top of the rebate freeze. Whether you are a practice owner or contractor, the continuing squeeze on viability will eventually affect all members of the practice.

My Response

This should have been fought at the time, all I recall is silence.

This issue is still alive; the College needs to work with other groups who are trying to prevent government interference in normal free market activities.

4 Alternative models of healthcare

This is the euphemistic name given to changes to the way that GPs should be remunerated. No matter what these are called, the latest being ‘the patient centred home’, it is simply about moving the risk, read cost, of illness to general practice.
We are constantly reminded that somehow, we are responsible for the inefficiencies in the healthcare system and hence we are also responsible for fixing them.

General practice is the most efficient part of the health care system. As GPs we don’t have to fix anything. If others want to change the way that we are remunerated GPs should be no worse off. This is no different from any other member or sector of the community.

My Response

All proposed external changes to the way that general practice operates need to show clearly how general practitioners will benefit from a pecuniary and non-pecuniary perspective.

Changes need to take into consideration the significant private capital invested by general practice.

5 RACGP Governance

There have been many headlines about the failure of good corporate governance. What has not been highlighted in the analysis is that poor corporate governance results in poor performance of the organisation.

The College is correct in stating that the current structures do fail both the organisation and the members. The answer is not to put less general practitioners in control of the College.

I was Chairman of a company with the same turnover and complexity as the RACGP that was very successful with a board comprising of almost all general practitioners.

My Response

At the time, I wrote and joined others in the ultimate defeat of the proposal. Since then nothing has happened. If it was a problem, then it is still a problem now. Good corporate governance should have dictated a new acceptable response.

The RACGP governance structure desperately needs fixing. There is more than enough, experienced, high-quality company directors who work as general practitioners with broad medical and non-medical experience. We need a Board that can effectively run the company and be responsible to our members

6 GP Training

The future of general practice does rest on the quality of our newest colleagues. Medical students and resident doctors should see a stable well-run GP training program. Undertaking general practice training and supervision is difficult enough. To organise and meet the divergent needs of various stakeholders is significantly more complex than it has ever been. There will always be tensions between supervisors, trainees and the organising company.

General Practice training is soon returning to the College. This is a significant risk for the College and general practice training in general. The utter failure of the RACGP's Family Medicine program resulted in general practice training

being taken away from the College. This just cannot be allowed to happen again.

As a recent Chairman of the largest and most successful GP training provider, I am in a unique position to deliver a successful transition.

My Response

RACGP GP Training should operate and be managed by a wholly owned but separate company. This company would be run by directors who are general practitioners and trainees, develop its own culture and operation so that it will be responsive to supervisors and GP Registrars. It won't get lost in the larger bureaucracy of the RACGP.

7 MyHealth Record and other unremunerated activities

While there are many aspirational benefits of an electronic health record, it seems that our patients have failed to grasp them. In response, the government is now forcing patients to be part of the current experiment. However, this will affect general practice, patients will seek explanations, and we will be required to, in effect, maintain these medical e-records if they are to have any value.

My Response

This represents yet another area where general practitioners are required to take up valuable patient time because it is a 'good idea'. Practitioners need to be directly remunerated for this time unless it can be shown to save GPs time and resources.

I have the demonstrated the judgement, skills and experience to be a successful President. These are outlined in my curriculum vitae at www.drharrynespolon.com.

General practitioners and the College that represents them cannot continue to hope for positive change. The last two years have demonstrated that by effectively sitting on the sidelines has not resulted in an improvement in our ability to care for ourselves or our patients.

I am a proud general practitioner.

I do believe that general practice is deeply valued by our patients and our communities.

We need to take the lead to allow general practice to flourish.

I ask that you Vote 1 Harry Nespolon, to strengthen the RACGP and General Practice.