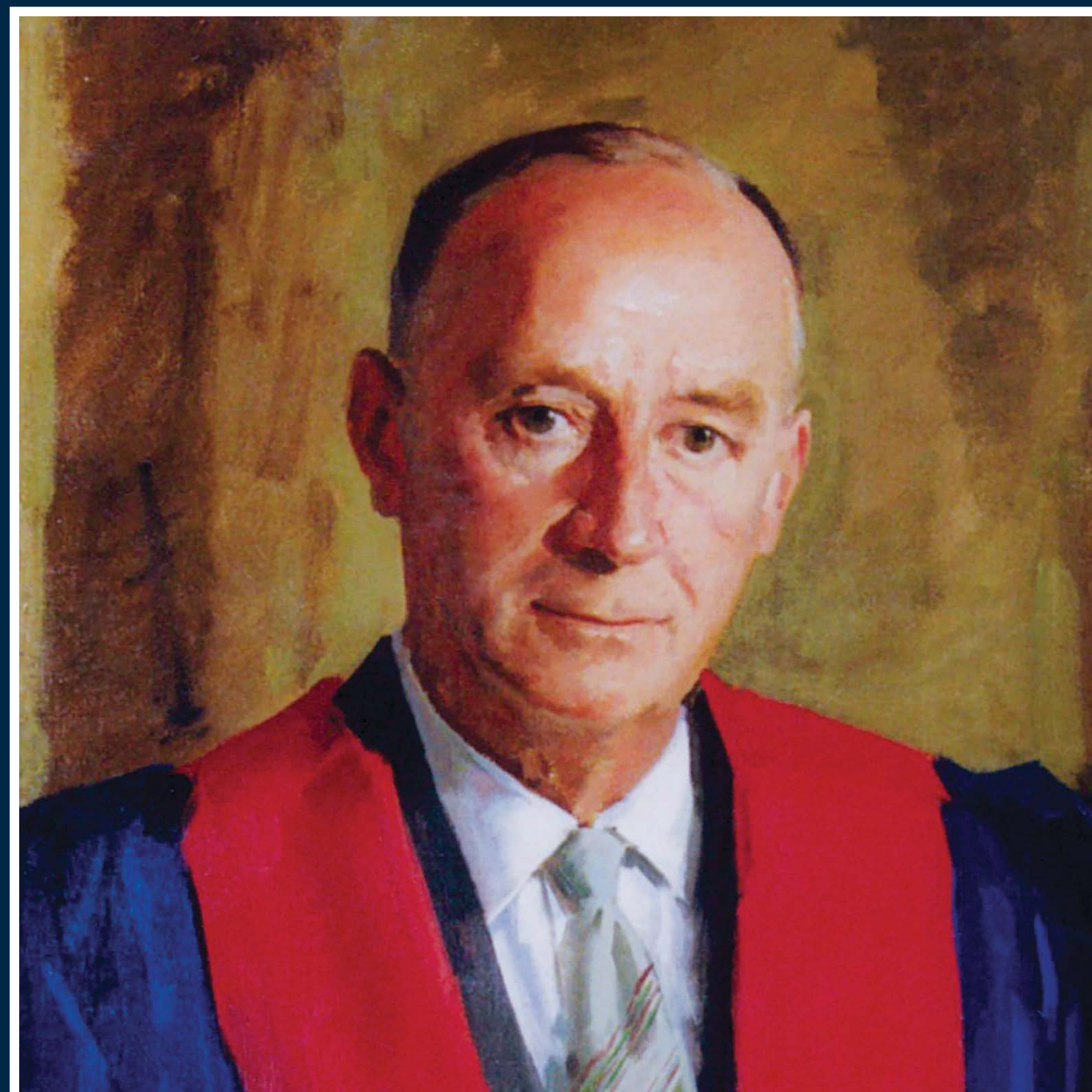


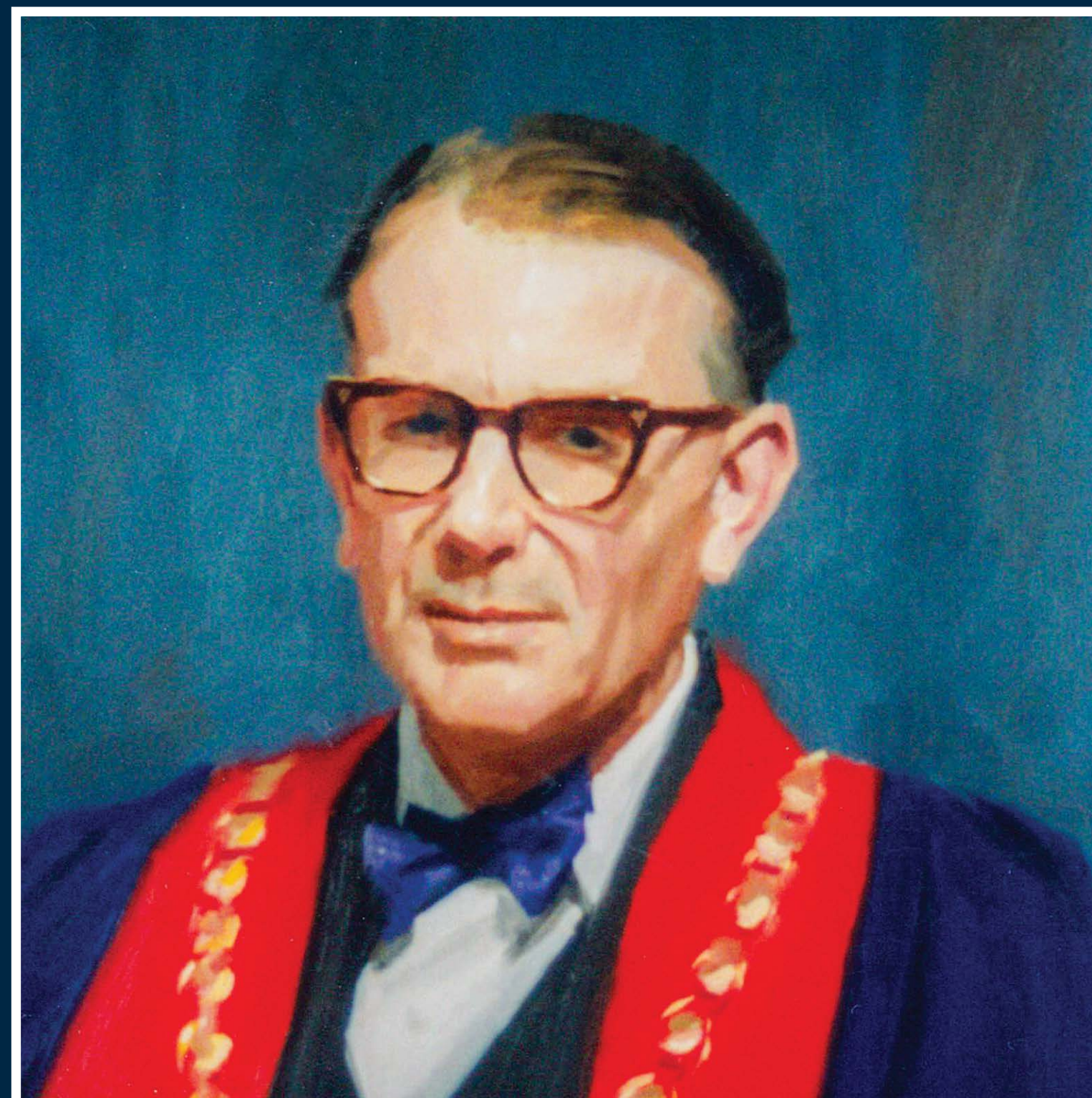


RACGP

RACGP past-president reflections



20 March 1959 – 28 October 1961
William Arnold Conolly



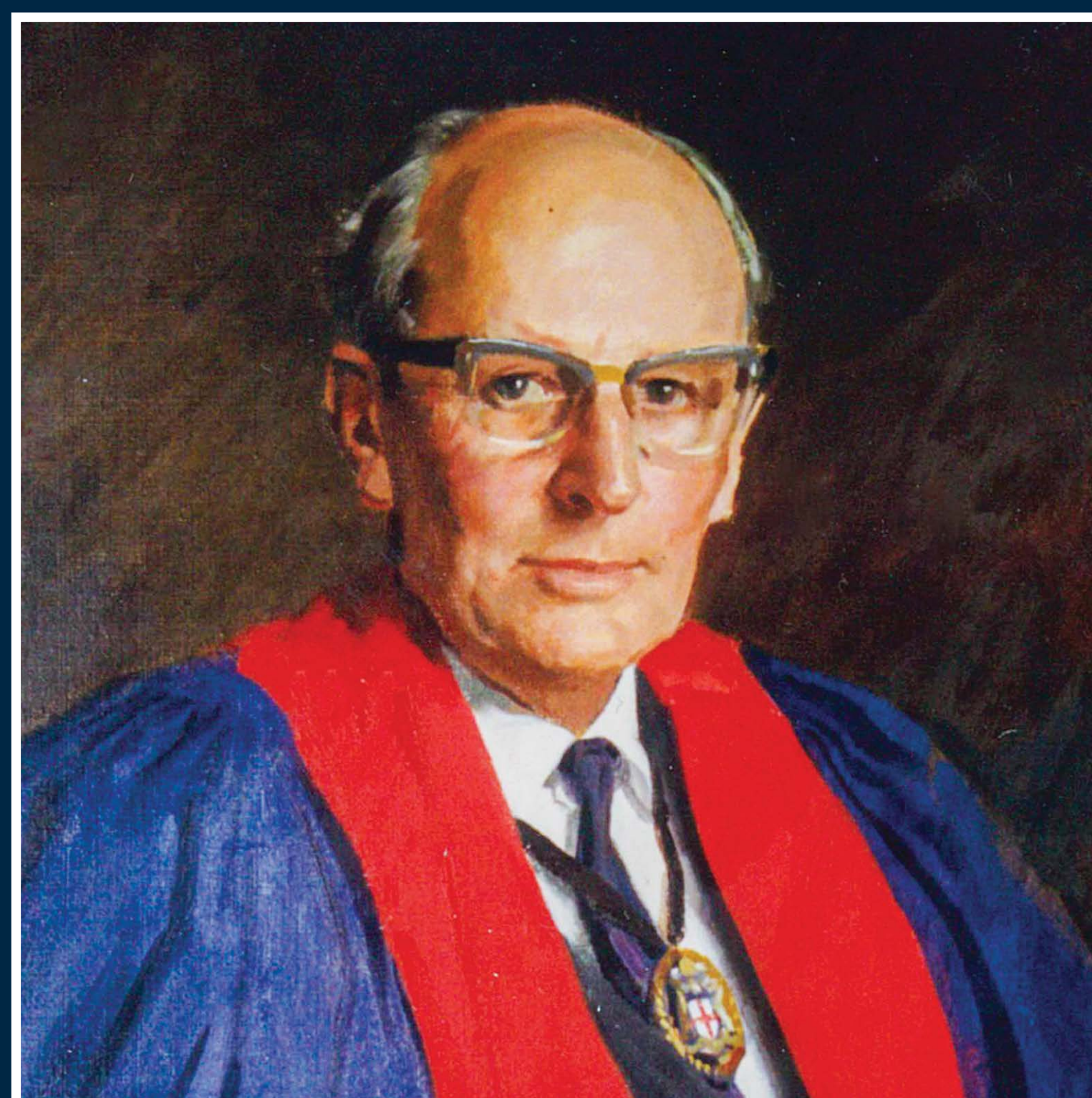
28 October 1961 – 24 October 1963
Hamilton Stuart Patterson AM



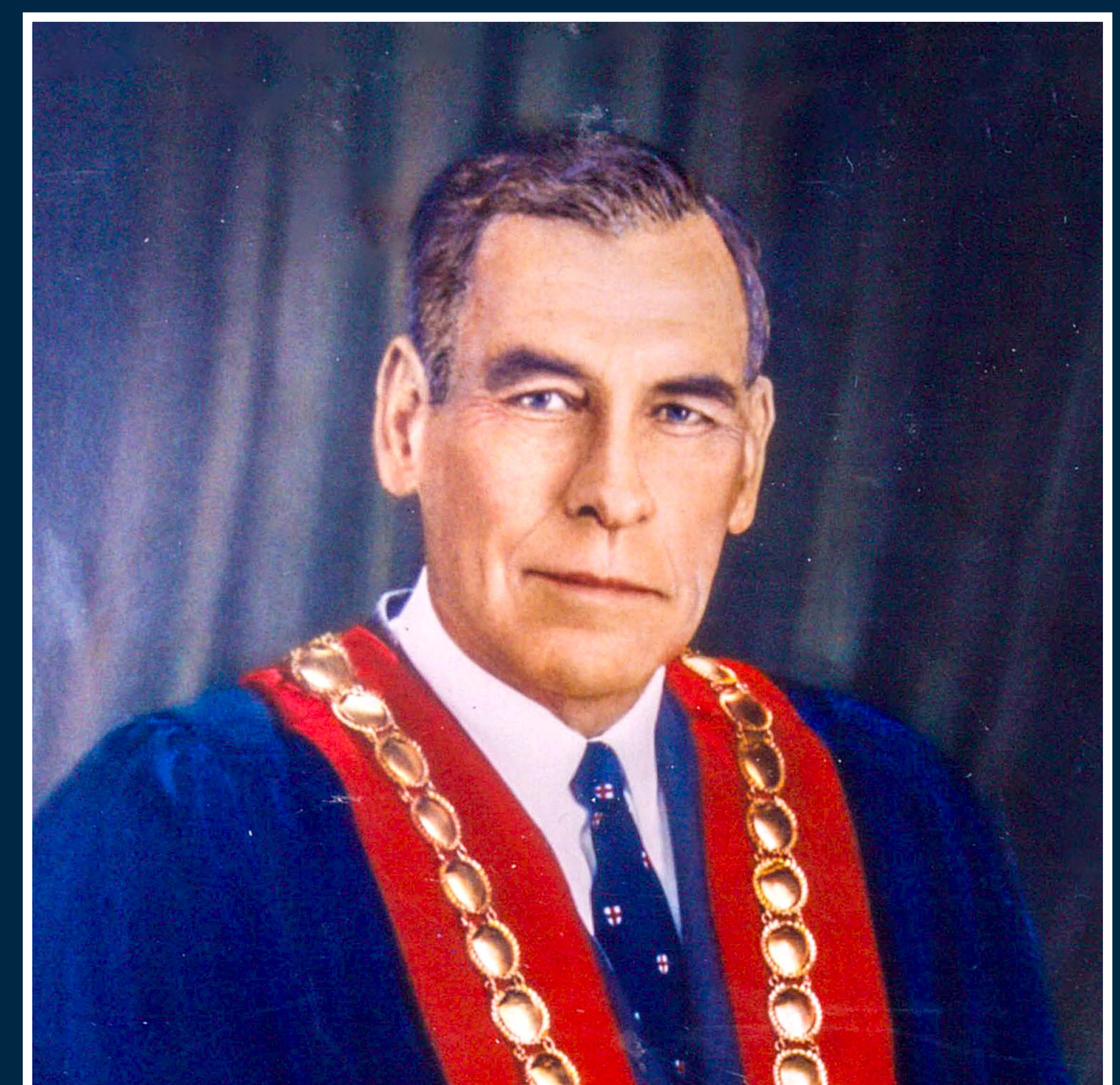
24 October 1963 – 27 October 1966
Colin Warden Anderson OBE



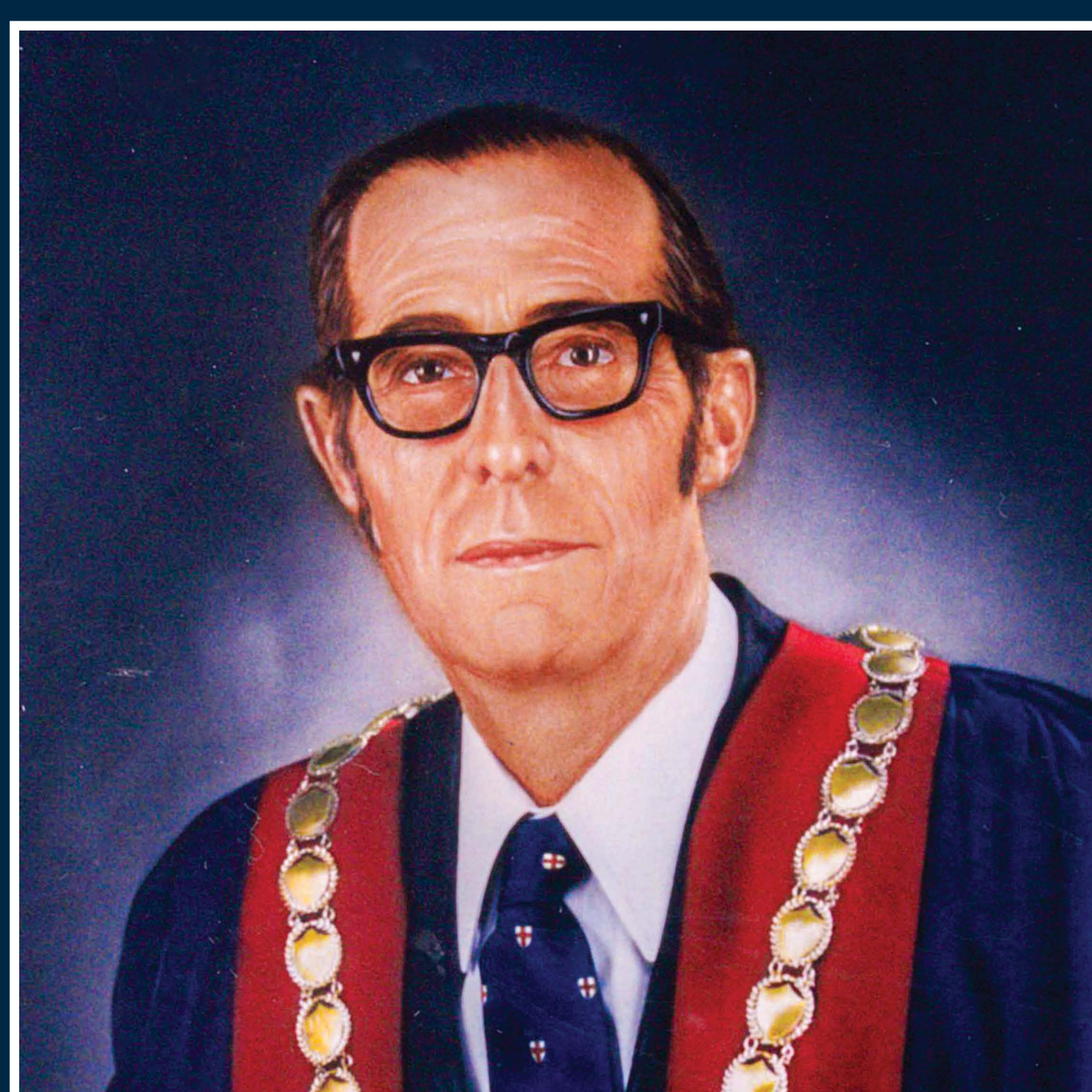
27 October 1966 – 10 October 1968
Carl Clifford Jungfer CBE



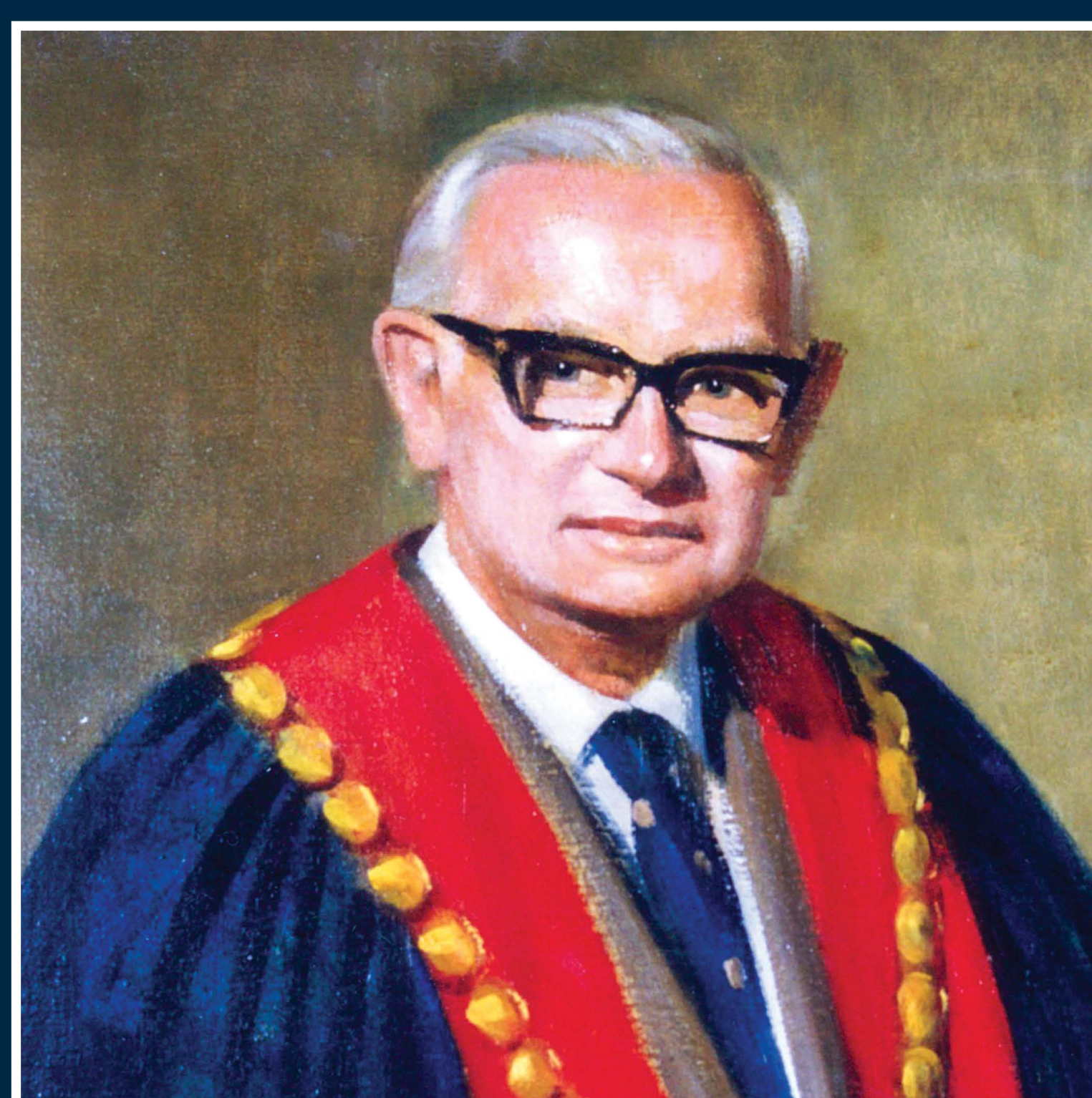
10 October 1968 – 15 October 1970
Montagu Owen Kent-Hughes



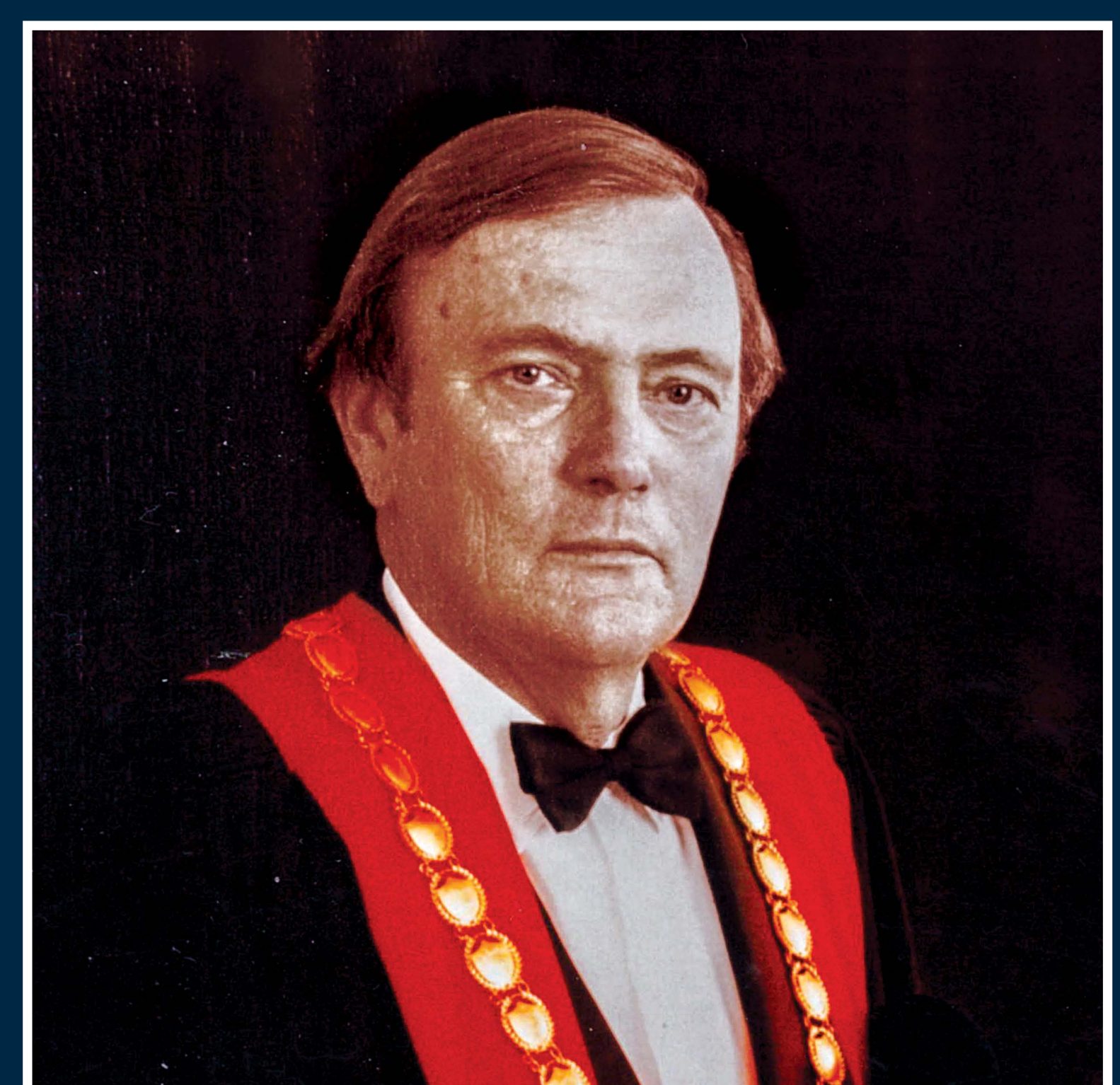
15 October 1970 – 5 October 1972
Harvard Northcroft Merrington



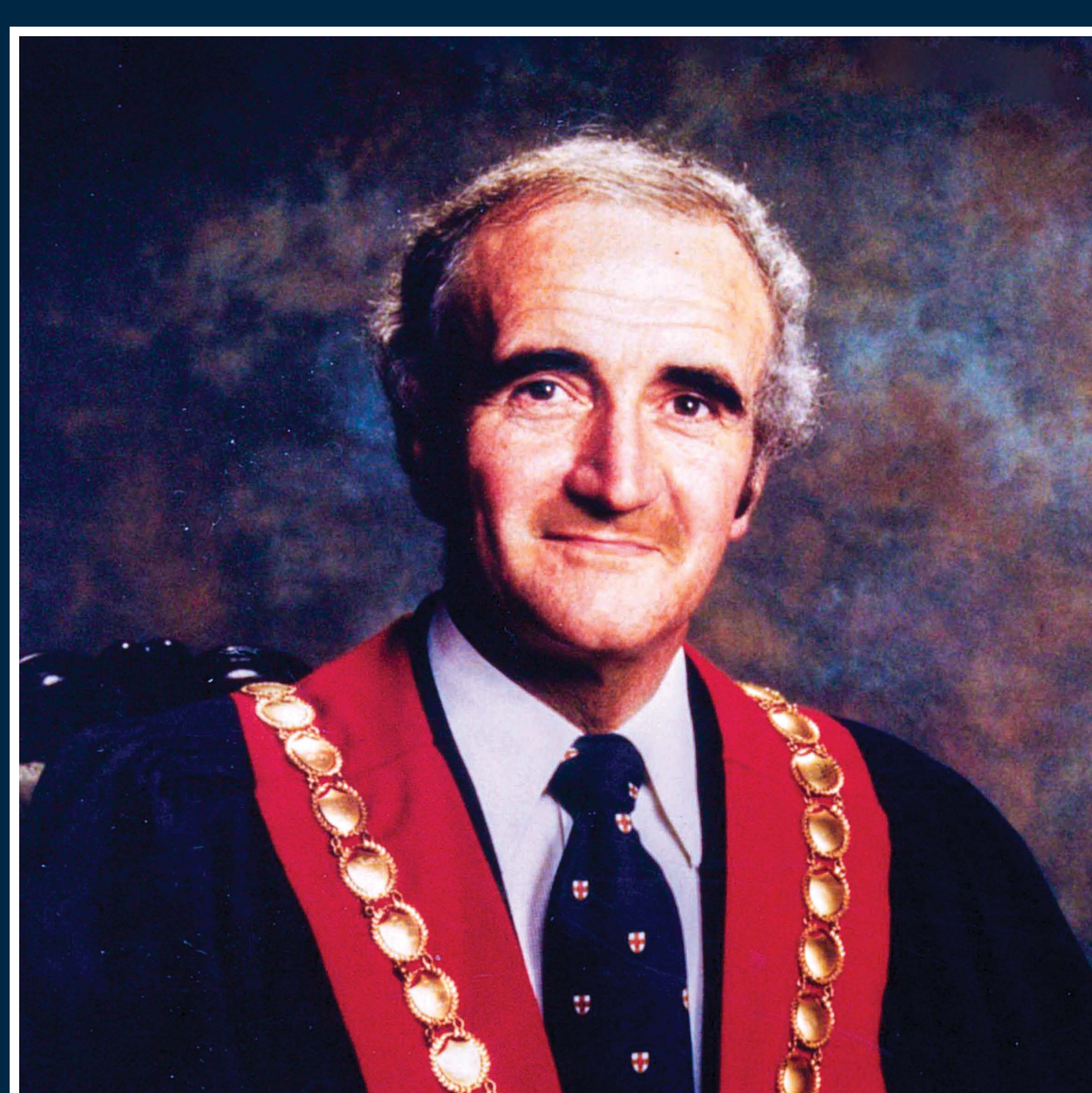
5 October 1972 – 3 October 1974
John Goulburn Radford



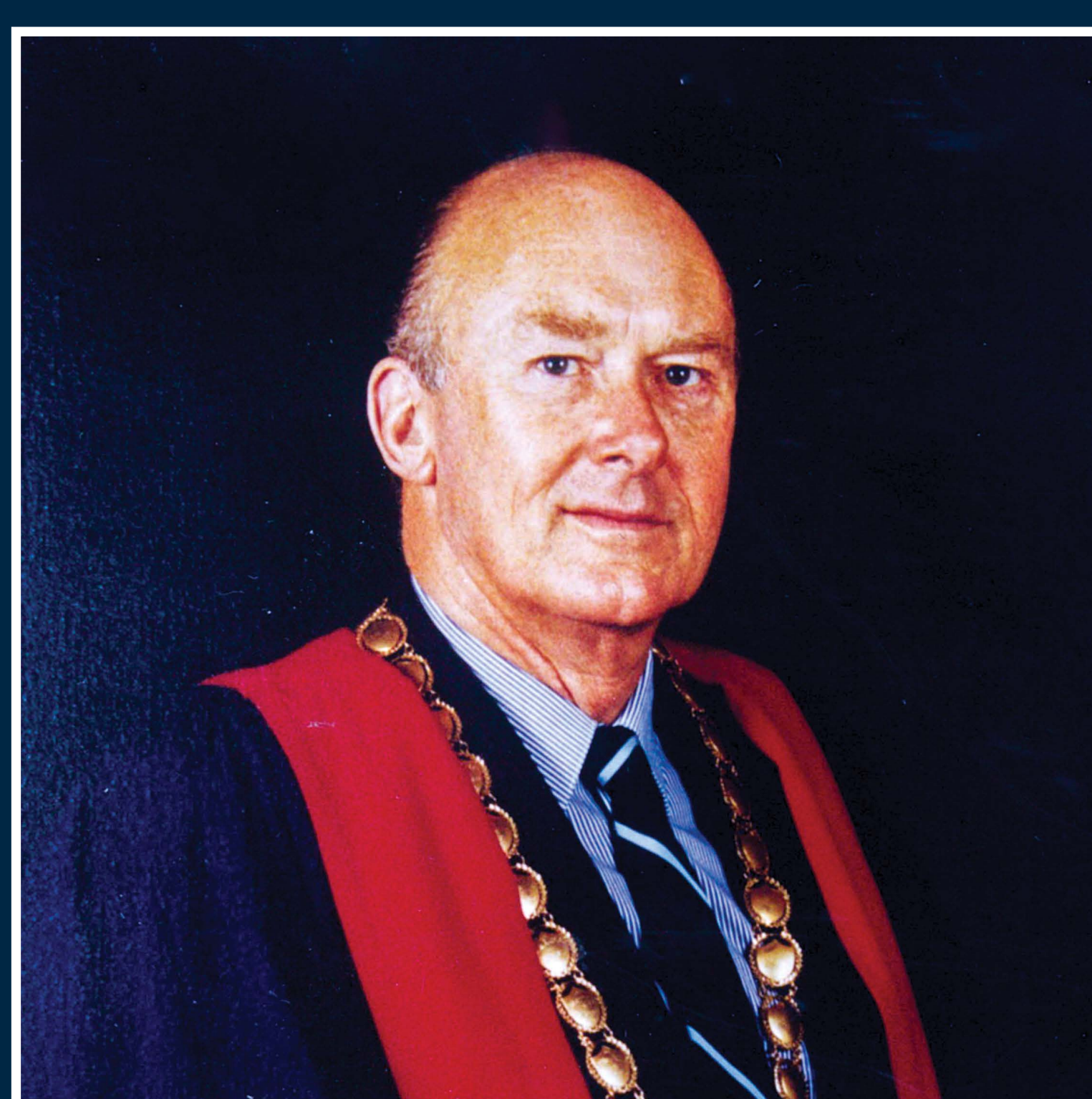
3 October 1974 – 25 August 1976
David Aylward Game AO



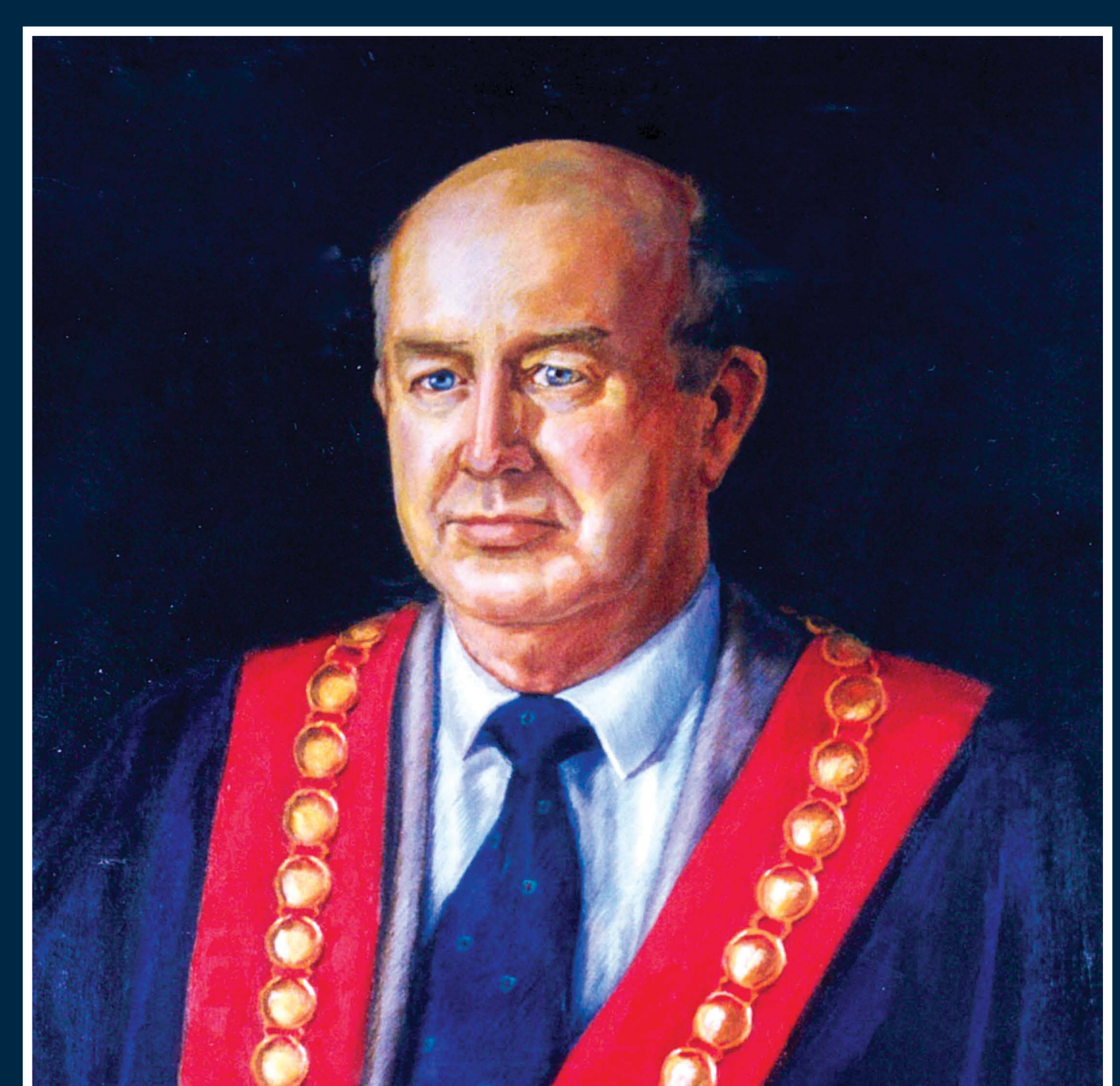
25 August 1976 – 25 October 1978
James Richard Henry Watson CMG



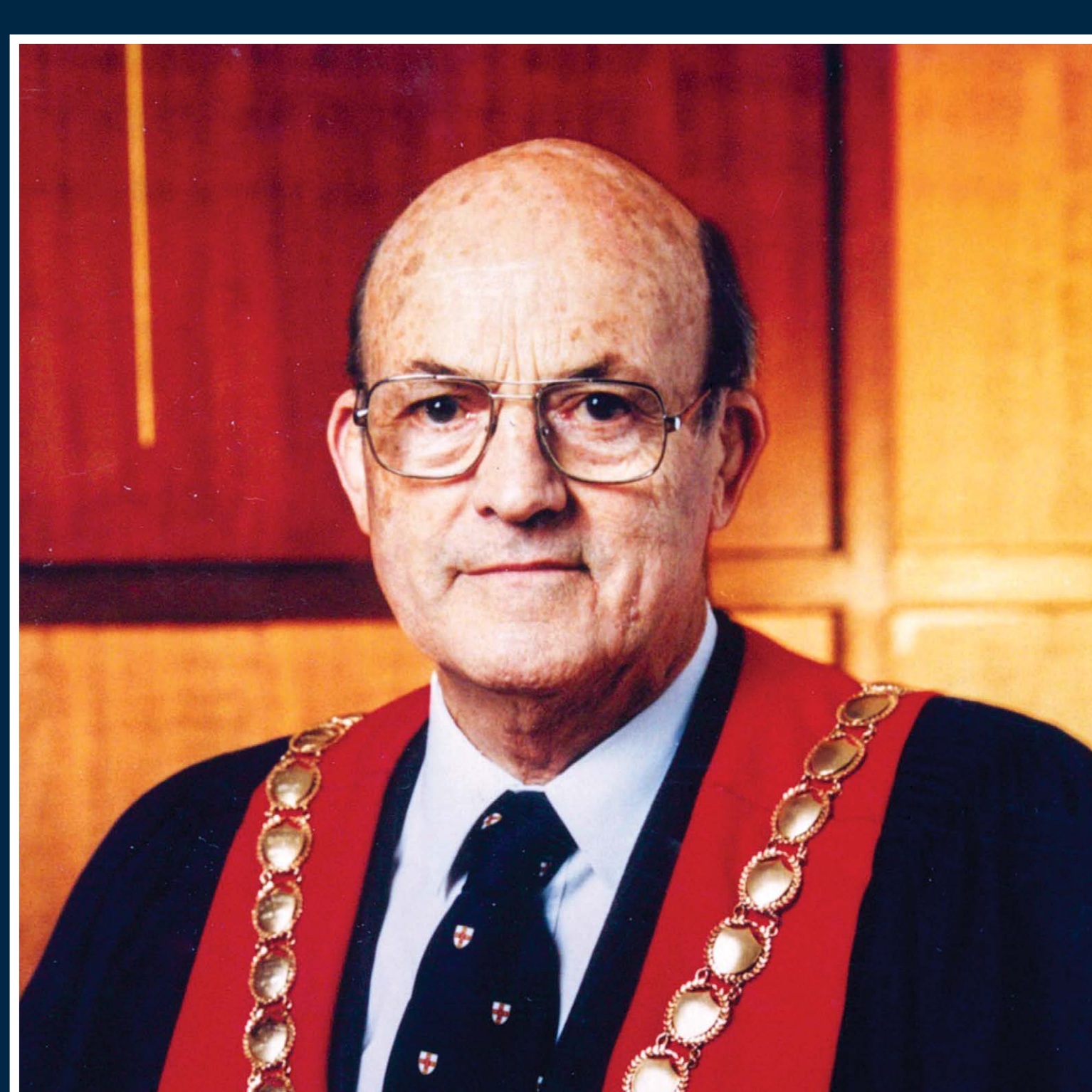
25 October 1978 – 12 August 1980
William Desmond Jackson



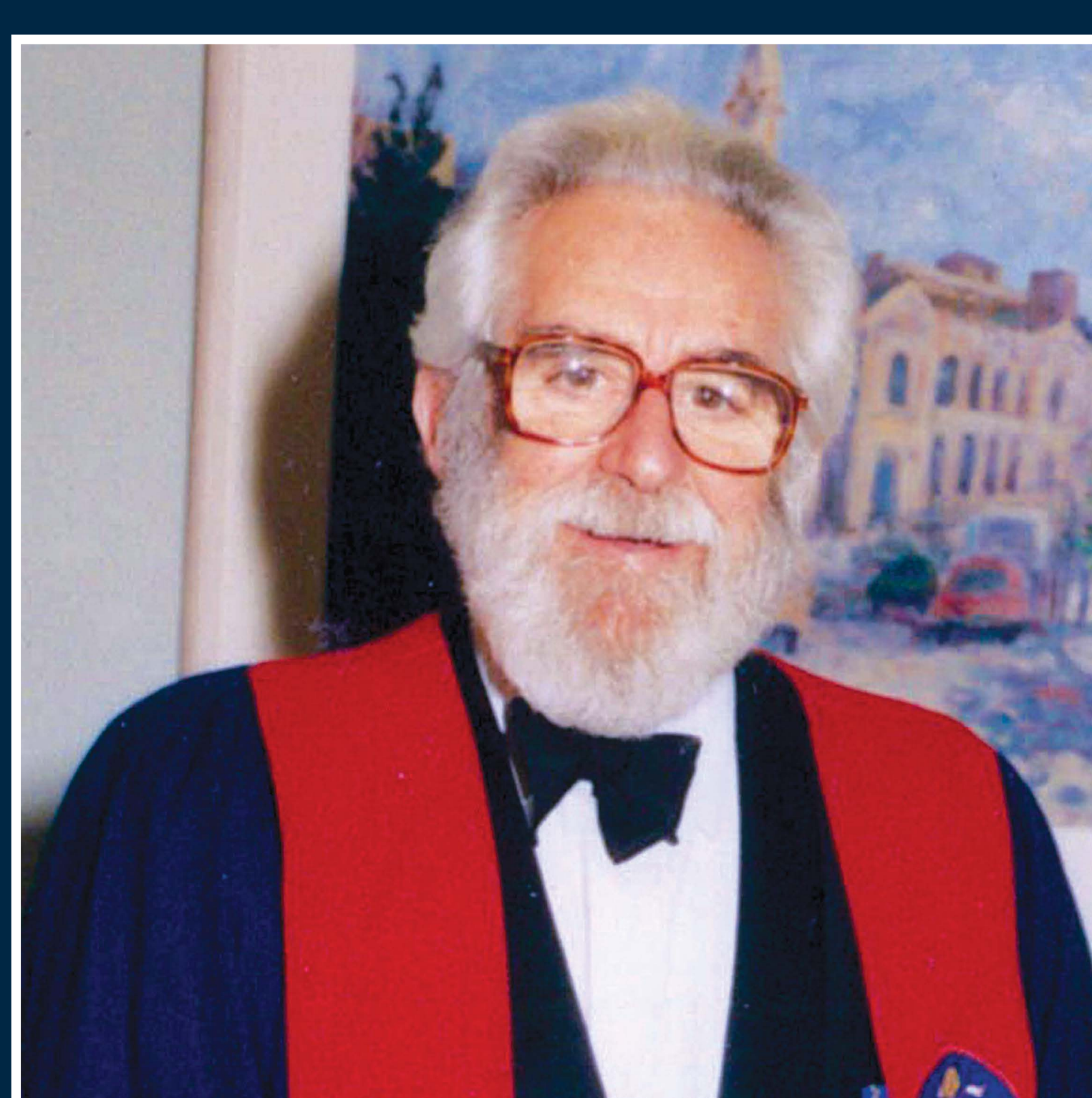
12 August 1980 – 18 October 1982
Keith William Kirkland Shaw OBE



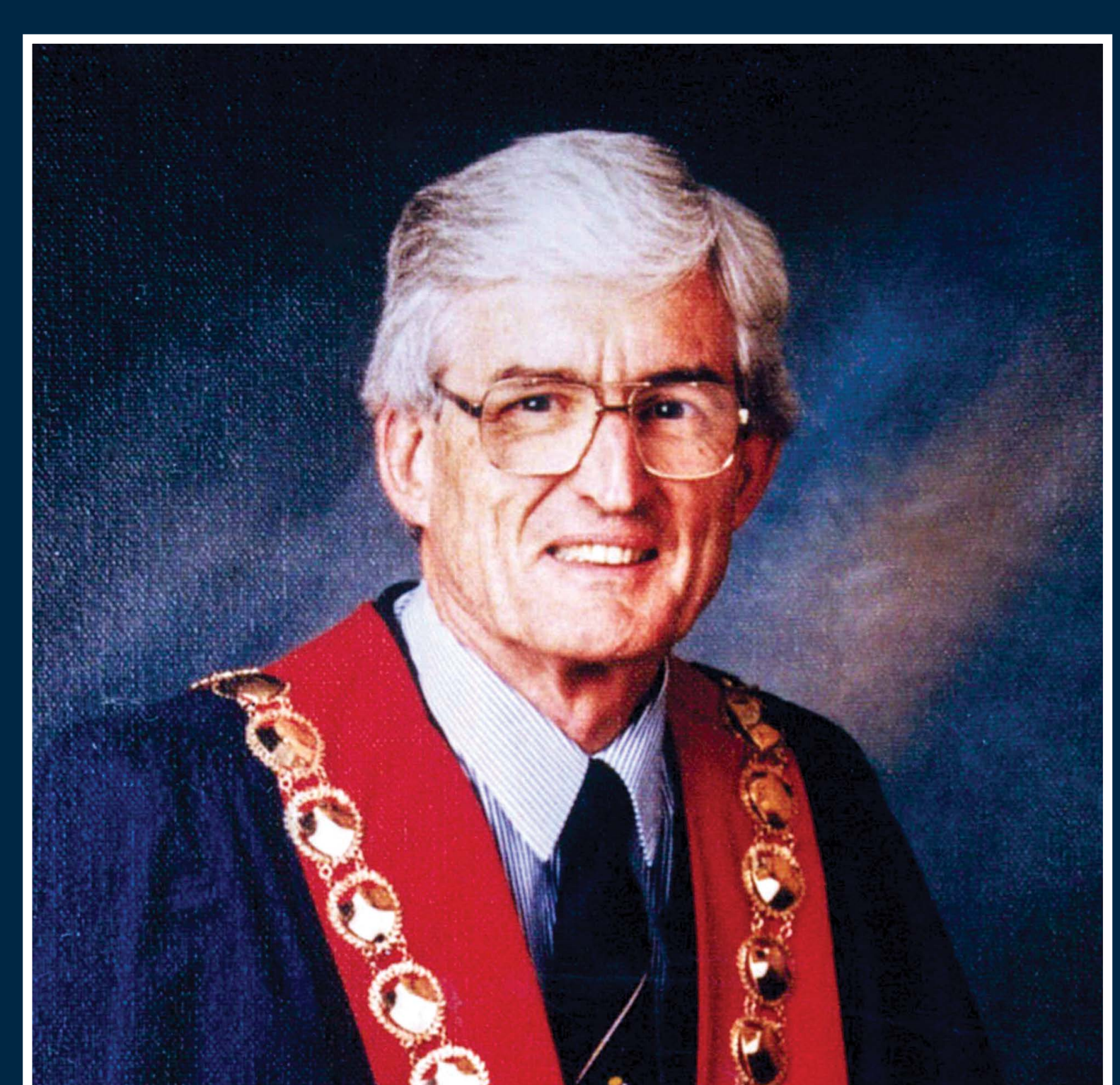
18 October 1982 – 5 September 1984
Richard Tennant Finch



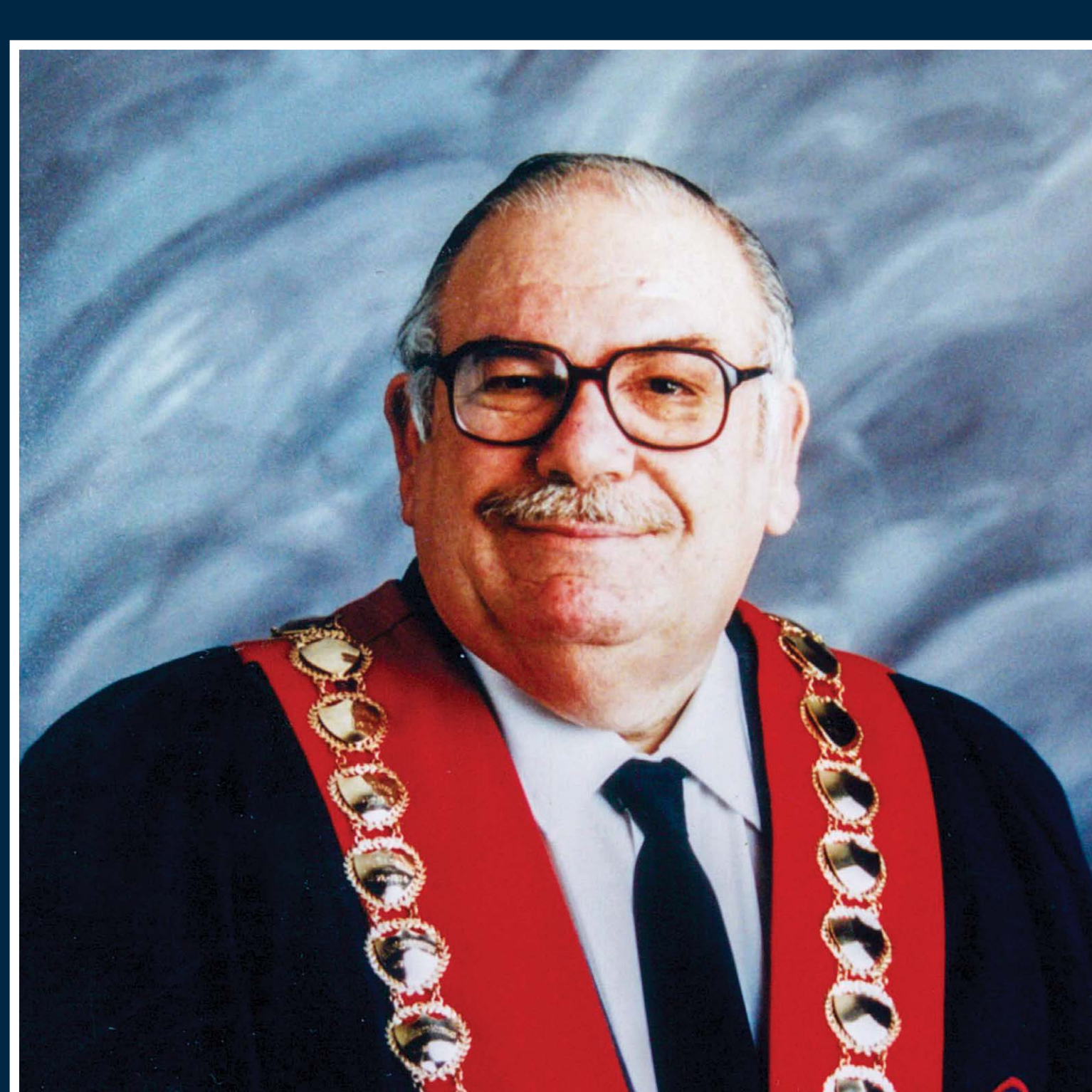
5 September 1984 – 20 October 1986
David Patrick Finnegan OAM, VRD



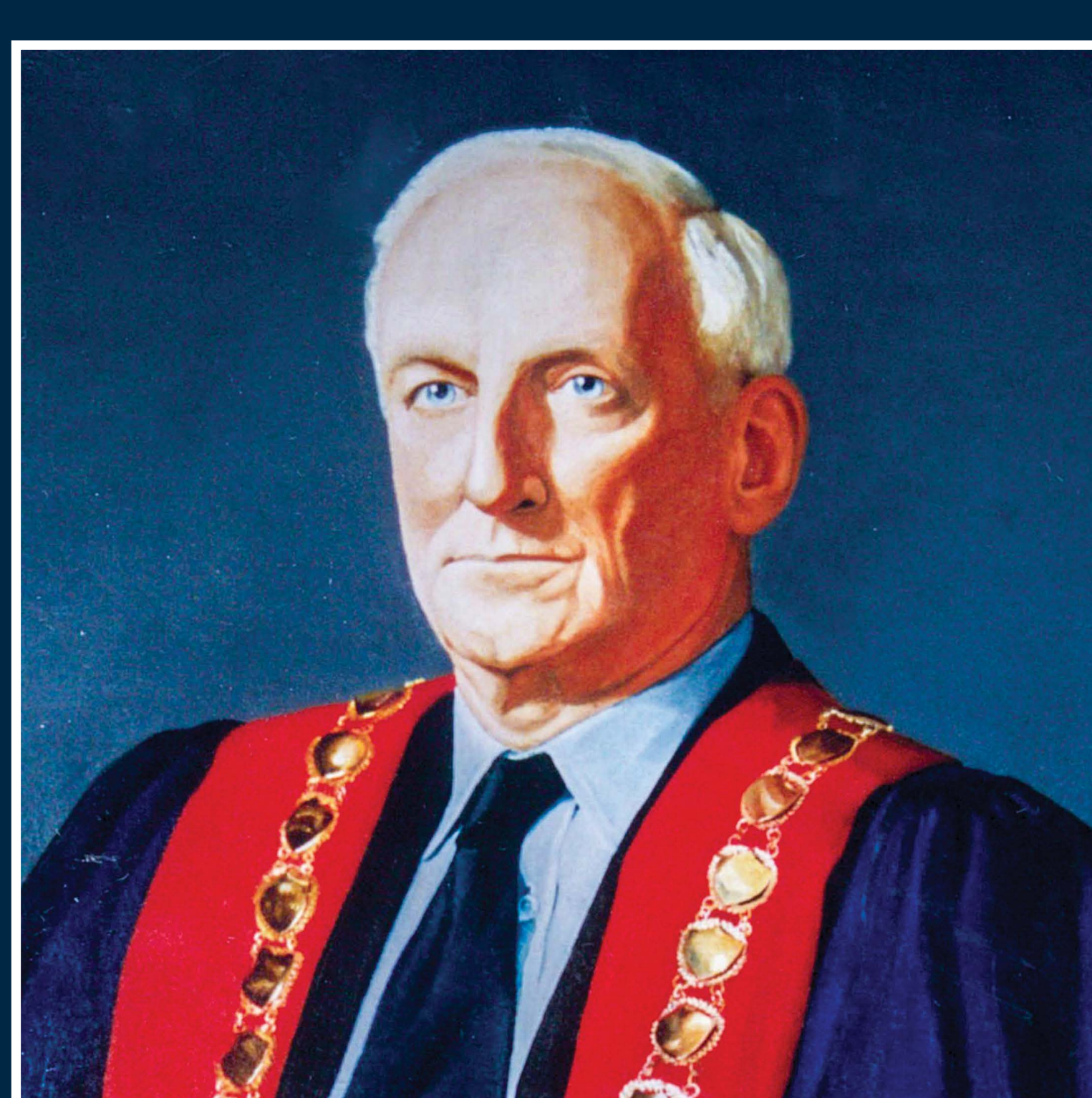
20 October 1986 – 8 September 1988
Alan Eric Fisher AM



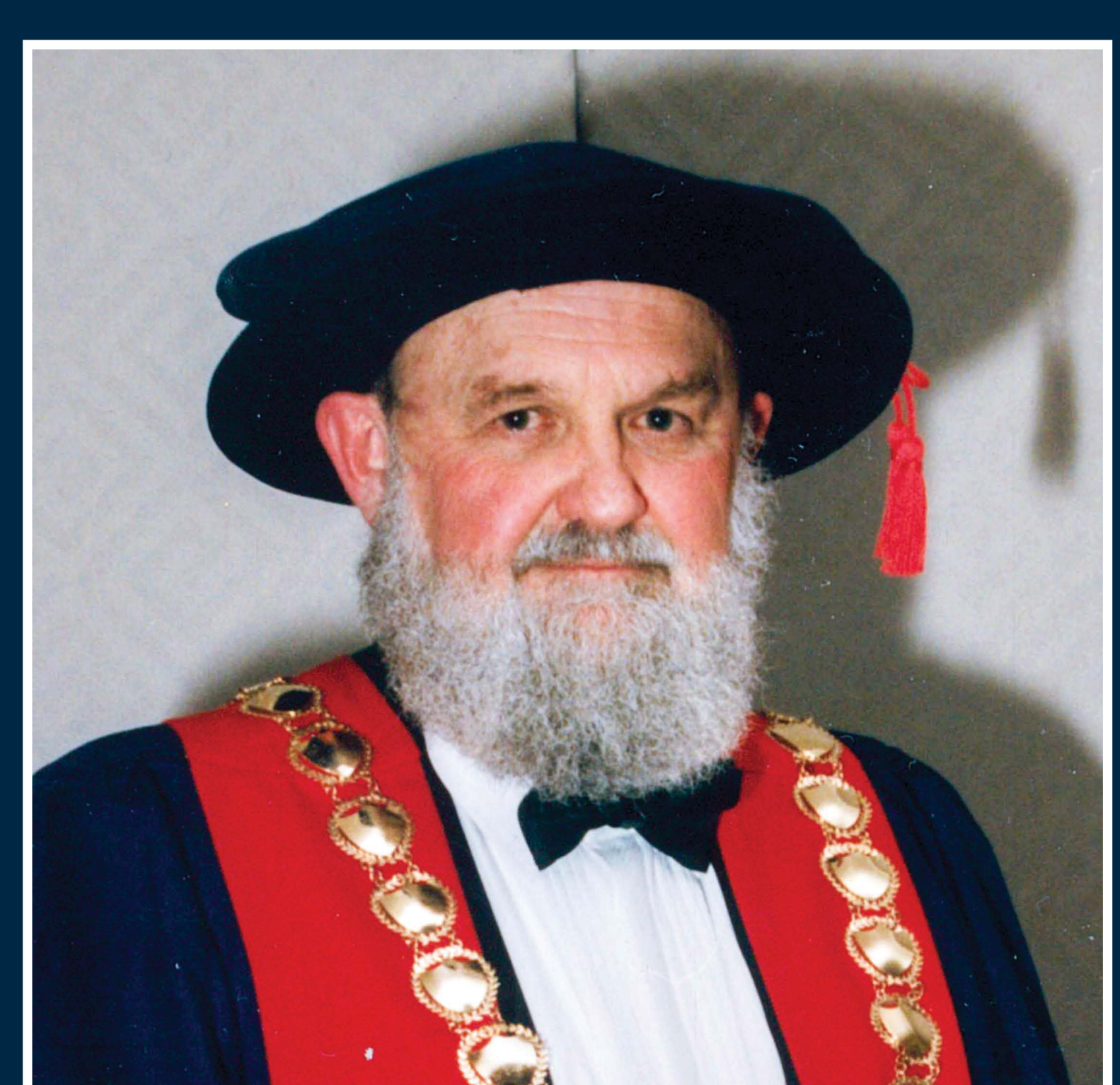
8 September 1988 – 28 September 1990
Geoffrey Robert Gates AM



28 September 1990 – 24 September 1992
Anthony Roland Buhagiar OAM



24 September 1992 – 15 September 1994
Peter Francis Stone



15 September 1994 – 16 October 1996
Colin Edward Owen AO



16 October 1996 – 15 October 1998

Peter Callel James Joseph AM

“ My aspiration was to restore general practice to its previous central role in a planned rather than ad hoc healthcare system, devised by the Australian medical profession in the interests of Australian patients rather than sectional and political interests and so destroy the epithet, ‘just a GP’.

I still believe this should be an ongoing and central objective of our College.

Graduating in 1969, I saw the destruction first of procedural general practice by differential rebates with the subsequent deliberate deskilling of new graduates, then of continuity of care by Medicare, which made selective servicing and triage and referral medicine a profitable option for those unskilled post-interns who preferred immediate income over training and competence. I was, concurrently with the presidency, a member of the Professional Services Review Tribunal, so I saw directly the effects on their and older general practitioners’ (GPs) professional ethics and morale.

These political decisions wrought havoc on our speciality and remain at the heart of its current malaise. They also created tensions between the roles and responsibilities of urban and rural GPs, and reduced locum availability and recruitment to rural practices. Rural GPs, neglected by the existing training system and the medico-political milieu, established their own organisation, the Rural Doctors Association of Australia (RDAA), which requested The Royal Australian College of General Practitioners (RACGP) to establish a rural training stream and qualification.

Sadly, interpersonal conflict dogged this process so that the National Rural Faculty (NRF) Board came to Perth in 1996 prepared to resign. A brilliant speech by Dr Brian Williams and intense lobbying saw me able to reassure the NRF board sufficiently for most of its members to continue. With Dr Sarah Strasser, then in charge of rural training, given her own budget, and agreement to review the title of the award, regional rural training was progressed.

This did not stop the formation of Australian College of Rural and Remote Medicine (ACRRM), with



which I negotiated in good faith on the RACGP side to develop a joint training program.

The internal threats to our organisational equilibrium have been and will always remain self-interested and abusive actions of board members and secretariat, and my and other presidencies have seen our agendas so curtailed.

The major external threat to the RACGP came from the Australian Medical Association (AMA) and its hostility to the provider number legislation, which actually enacted an AMA policy change for which I had been responsible 10 years previously. It prevented entry into independent practice until completion of training in the relevant discipline. This outraged trainees in other disciplines who had been ‘moonlighting’ in the very practices destroying general practice and the AMA foolishly espoused their cause, losing the confidence of many of its GP members.

The Committee of Presidents of Medical Colleges, also initially antagonistic, was soon supportive. I was elected as deputy chair, a post I held for a further year.

The rural training program was challenging in that the attempt to homogenise rural registrars by some training program staff caused a degree of conflict. Recognition of prior learning and remote supervision solved a number of problems. Rural registrars could access my mobile number as associate members of the College, and that often dispelled problems. Regaining training will present new challenges.

Historian Dr Fay Woodhouse correctly described these times as Medicare, mayhem and the vocational register.

These were my times. ”



RACGP

RACGP
past-president
reflections

15 October 1998 – 11 October 2000

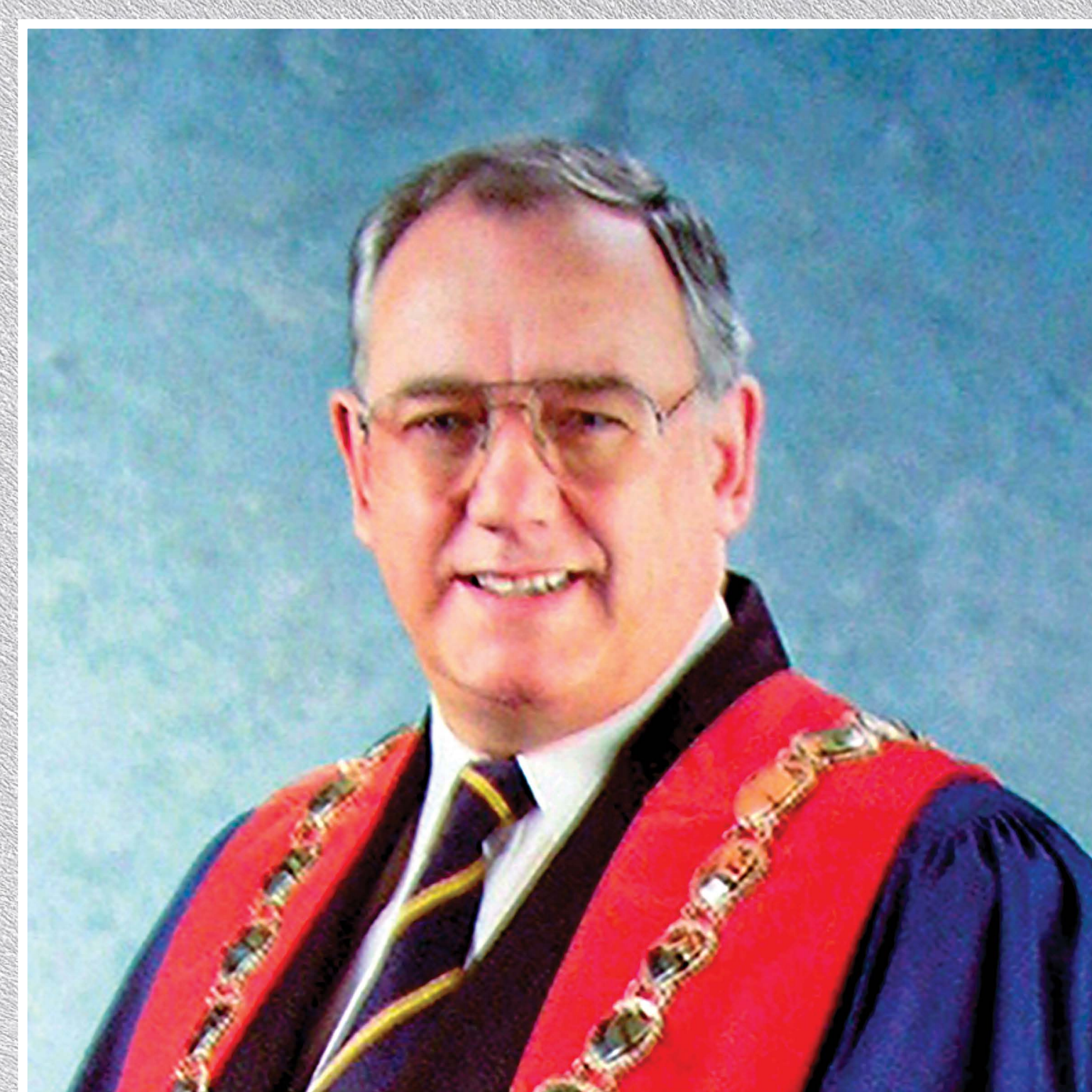
Margaret Regal Kilmartin

“ I recall that becoming the president of the RACGP was a privilege. In this role, I had the opportunity to positively represent with honour to many forums an understanding of the RACGP, the profession of general practice and the reality of the work and lives of the GPs and their staff. I valued the wisdom provided to me by GPs and enjoyed the collegiality of many GPs in both Australia and overseas. My time as president of the RACGP was an enriching, invaluable and enjoyable experience that supported my future professional career as a practising GP and in academia. ”



11 October 2000 – 8 October 2002

Paul John Harry Hemming AO



8 October 2002 – 30 September 2004
and 30 September 2004 – 5 October 2006

Michael Richard Kidd AO

“ I was elected to the role of RACGP president after the College had been through a very challenging period in its history. The greatest challenges of my presidency were regaining the faith of the membership in their College, as well as the support of the membership for the essential roles of the RACGP in education and training, and in ensuring the safety and quality of the care provided by GPs to the people of Australia. We needed to work to rebuild the central role of the RACGP in the training of our nation’s future GPs, restore the reputation of the RACGP with external stakeholders, reinstate the important work of our faculties and reinforce the role of the RACGP as the leading national advocate on any issue that affects the ability of our nation’s GPs to deliver high-quality care to their patients and their communities. My experience as president reinforced for me how essential the RACGP is to Australia’s healthcare system. The paramount responsibility of our professional college is to the patients and communities that our members serve, in ensuring the safety and quality of the primary care services delivered to the people of our nation. Throughout my time as RACGP president, I was impressed by how many members were willing to step up and provide service to their College, and the collective commitment of the membership to strengthening the healthcare provided to the people of our nation. This was reinforced again, for me, through the many contributions by RACGP members and staff throughout the first years of the COVID-19 pandemic. ”





RACGP

RACGP
past-president
reflections

5 October 2006 – 2 October 2008

Vasantha Preetham



2 October 2008 – 6 October 2010

Christopher David Mitchell AM

“ I used to think general practice was the best job in medicine; however, the best job in medicine is representing the RACGP as president. The presidency, like general practice, is a team sport and I had the joy of working with a wonderful board and a highly skilled chair in Professor Mudge. I also had the opportunity to work with a superb team of managers and staff, people like Jo Raw, Mark Donato, Richard Laurence and Laren Cordwell, just to name a few, and led admirably by Dr Zena Burgess as CEO.



During my term as president, I'm so proud that we were able to deliver an assessment process more accessible to doctors in workforce shortage areas via regional exams. In addition, we established United General Practice Australia, strengthening and unifying the voice of general practice. We also established the College's National Faculty of Aboriginal and Torres Strait Islander Health, the first dedicated Aboriginal and Torres Strait Islander College faculty in Australia. We established the College's Faculty of Specific Interests, leveraging the skills of members with a specific focus in general practice skills to improve generalist skills across our discipline. And we saw general practice recognised as a medical speciality. My greatest joy was always the Fellowship ceremonies and, as a rural GP, the regional celebrations were always my favourite. It was always lovely to see the proud support from family and friends as GPs were awarded their Fellowship. Another delight is continuing to watch the RACGP under all its leaders continue to be a strong voice for advocacy and fairness for our patients. ”

6 October 2010 – 25 October 2012

Claire Louise Jackson AM

“ What a time to be RACGP president! The axing of \$100 million in longer GP mental health assessments, challenges to the currency and registration of older doctors, the development of the role of the nurse practitioner in collaborative care arrangements, Medicare Benefit Schedule (MBS) support for GP preparation of patient electronic health records (EHRs) and the finalisation of the College's General Practice of the Future prototype – the term was full of medico-political and policy opportunity and threat. As always, the College was upheld and enriched by the myriad generosity, professionalism and skill of thousands of active members, and our superb faculty and national office staff. We purchased our beautiful new home in East Melbourne with ample room to assure long-term income from additional lease space, and grew membership and influence across all states and territories. I was honoured and proud to be part of such a giving organisation, and to see the impact of the College's work in so many practices and patient's lives over my 2 years. Thank you RACGP! ”





RACGP

RACGP past-president reflections

25 October 2012 – 9 October 2014

Elizabeth Kate Marles

“It has been 10 years now since I was in the role of RACGP president, and one of my fondest memories was the WONCA meeting in Prague. Meeting GP leaders from around the world focusing on the evidence behind primary care and participating in the executive for the Asia-Pacific region was a highlight. On the domestic front, issues of the day had some surprisingly similar themes to the present regarding GP training and funding models for general practice. I was keen to develop a more sustainable funding model for general practice and, at the end of my presidency, the RACGP released the Vision for general practice and a sustainable healthcare system. Meanwhile, we were fighting short-sighted government solutions to healthcare funding in our ‘Co-pay – no way’ campaign. Workforce and the attractiveness of general practice was also a theme, and we continued to work with the Department to strengthen the RACGP’s role in the delivery of training. Enduring beyond the tenure of my time as president are the networks and relationships with the many exceptional dedicated GPs and staff who continue to champion and fight for this wonderful profession.”



9 October 2014 – 30 September 2016

Frank Reedman Jones

“What an honour and a privilege! My best memories are of new friends made, and the real feel of collegiality.

My election platform was all about raising the profile and visibility of general practice and the RACGP: and from that grew the ‘Good GP’ campaign. Although there were some critics, the vast majority of GPs welcomed the initiative. I always viewed the campaign as stepping stone to increasing not just our profile, but also setting us up for a stronger advocacy role for general practice.

A constant debate when I was on the national board was balancing our core College academic role with a heightened, and more public/political, advocacy need.

I believe our campaign was successful: witness where our College is now, and the incremental gains since: government now understands the RACGP is the ‘go to place’ for general practice matters.

I am also extremely proud to have played a key role (along with many other expert GPs and academics) in the development of the first edition of the RACGP’s *Vision for general practice and a sustainable healthcare system* (2015): this foundation paper led the way in how to improve and enhance the delivery of general practice in the 21st century. Critically important within this document was an evidence-based funding proposal. Many of the ideas, concepts and policy proposals are still of relevance today.

The RACGP Future Leaders program commenced in 2016: I was privileged to be closely involved in the initial proposal, and then its development. We still need skilled leaders at every level of general practice and RACGP activity. Between 2016 and 2022, over 80 GPs have graduated from the program: some are already leading lights on behalf of our College and the profession. I am more than happy for this to be part of my legacy!

It was an extraordinary busy two years with much air travel for me from Western Australia! It was a fun ride!

Everybody has a story. If you don’t know the story you can’t lead: learn the story!”





RACGP

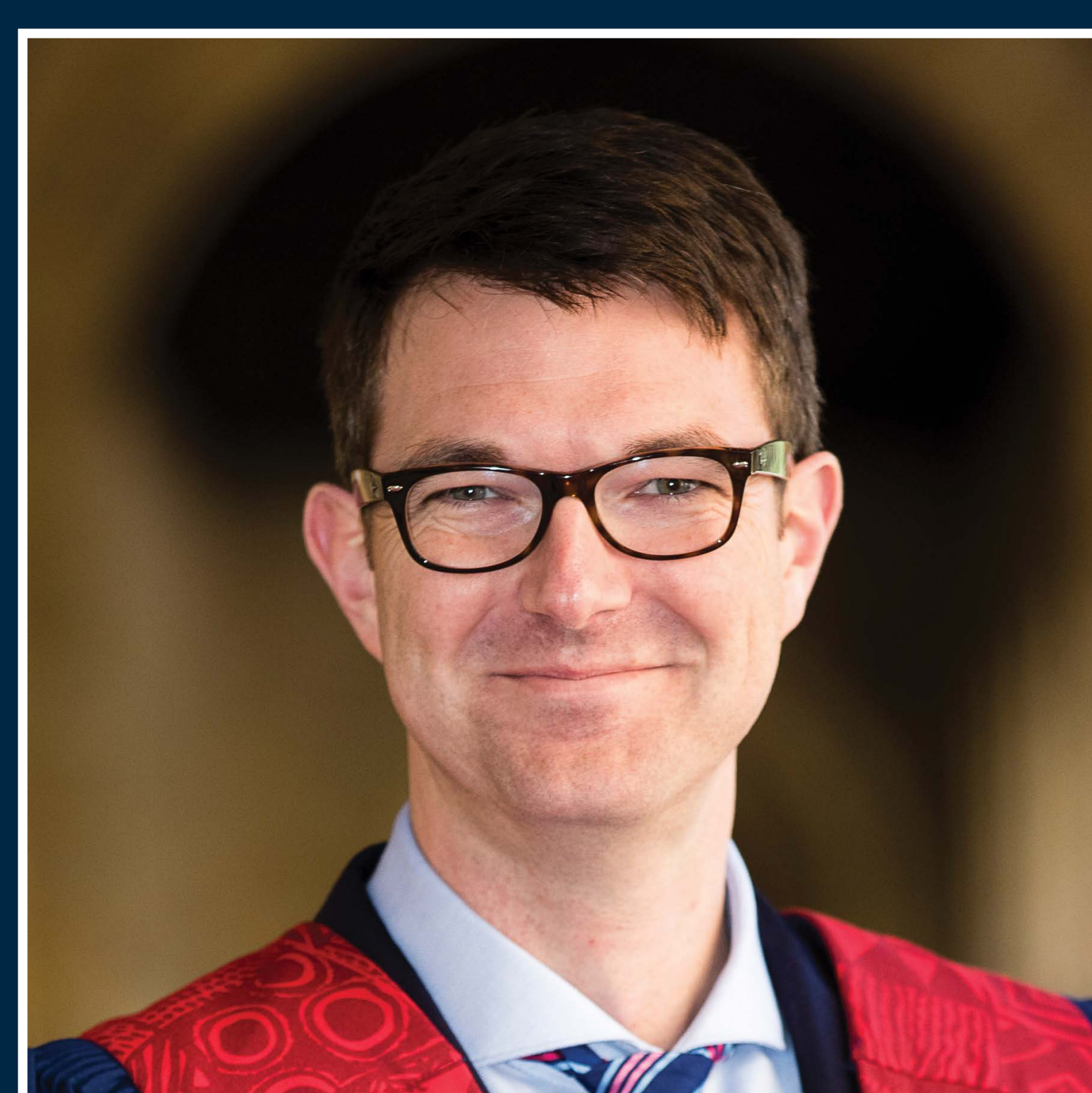
RACGP
past-president
reflections

30 September 2016 – 11 October 2018

Bastian Manfred Seidel

Highlights of the 59th and 60th RACGP Council:

- Government agreement to return the Australian GP training program to the Colleges.
- Government agreement to end the Medicare rebate freeze and to reindex all MBS item numbers for general practice.
- Signing the Collingrove Agreement with the ACRRM to define Rural Generalism and to establish a National Rural Generalist Pathway.
- Establishing RACGP offices in the Australian Capital Territory and Northern Territory, ensuring that the RACGP has a physical presence for its members in all Australian states and territories.
- Establishing News GP, the comprehensive daily news service and blog for RACGP members.
- Establishing Health of the Nation, the most comprehensive annual survey of GPs in Australia.
- And, finally, placing the winning bid to host WONCA 2023 here in Sydney.



11 October 2018 – 26 July 2020

Harry Michael Nespolon



27 July 2020 – 30 November 2020

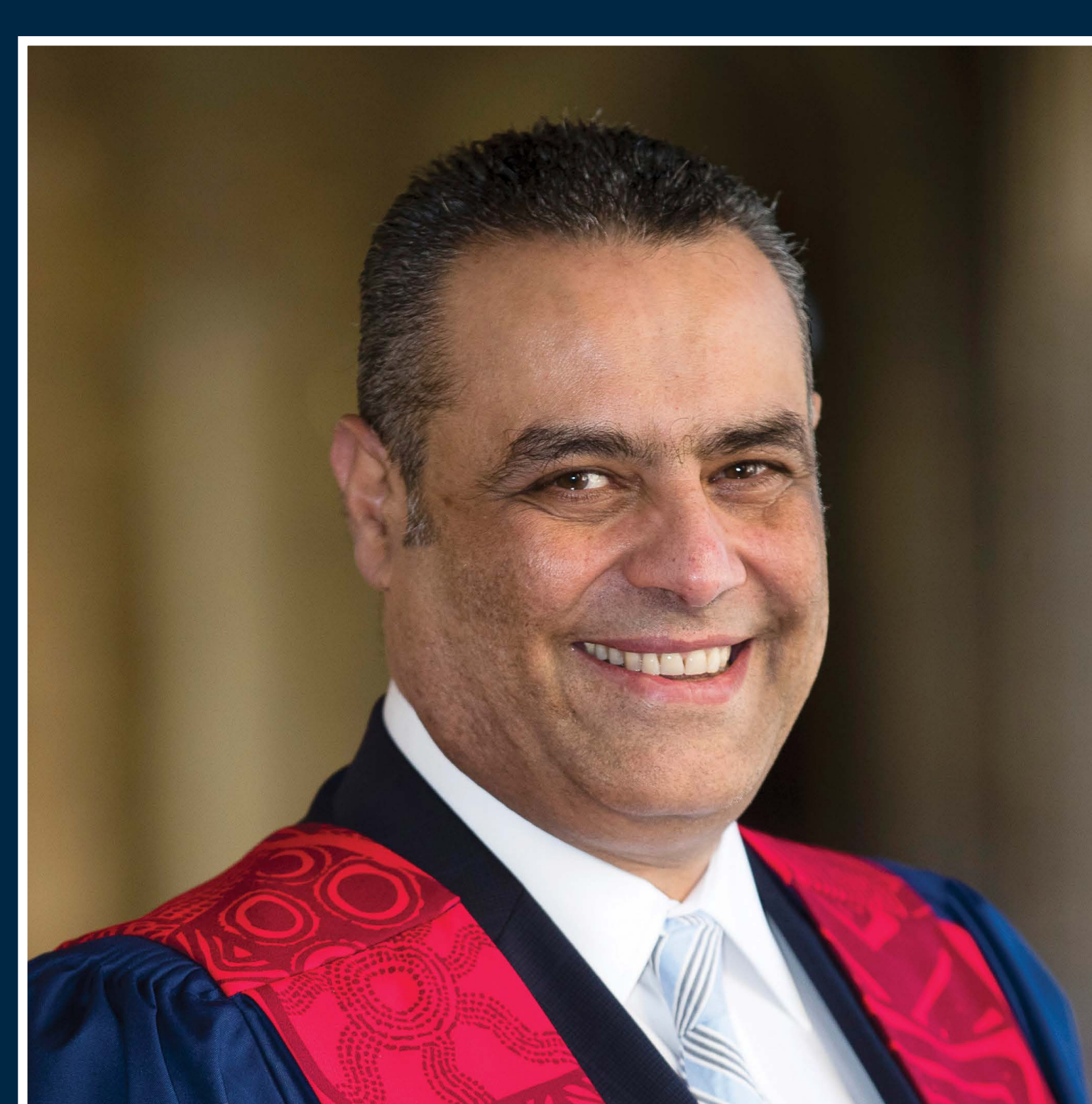
Ayman Shenouda (Acting)

“ I took presidential office at a very difficult time, when the College and other leading medical professionals were working around the clock to assist Australia, the health system and GP practices to deal with COVID pandemic.

The opportunity gave the privileged to hear first-hand about the challenges GPs and the practice teams have experienced in providing essential primary care in times of crisis. I also witnessed their legendary achievements and how they managed to save our nation.

I was honoured to represent my colleagues in government negotiations that were pivotal in the implementation of a few initiatives that helped at this time, with possibly the most significant being the implementation of telehealth.

It is my absolute honour to be part of such an amazing organisation. ”





30 November 2020 – 24 November 2022

Karen Linda Price

“What a time. This presidency included steering the profession through very troubled waters while also recovering from major surgery myself. This presidency certainly started with a bang. There was little handover given we had tragically lost our last president, Dr Harry Nespolon, who died before his term ended. Associate Professor Ayman Shenouda was a true colleague and we treated each other with great respect in the time of president-elect and his interim presidential time. I will forever thank you, Ayman.

During my presidency there was the uninvited guest of COVID-19 as a global pandemic; the largest vaccine rollout since war time; and Melbourne’s longest lockdown, shutting down face-to-face presidential work. In addition, we had to transform nine separate training programs commercially into one provider at the RACGP with ACRRM co-negotiating, we had two governments, a federal election, three CEOs of the College and two company secretaries and we cancelled face-to-face events and conferences, including the RACGP national conference, and delayed the WONCA 50th celebration world conference. As president, I received one death threat, one Australian Health Practitioner Regulation Agency (Ahpra) report for promoting vaccines from a retired colleague and a range of challenging public discourse. We began a technological transformation of health delivery with telehealth, delivered the *Primary health care 10 year plan* and the *General practice crisis summit: White paper*, contributed to the Medicare task force and established the Northern Territory Faculty with Closing the Gap initiatives front of mind, among much else. It was a rollicking rodeo and yet I congratulate every single GP for their participation, which allowed me to showcase the brilliance of generalism and general practice. My nearly finished PhD was put on hold during this time, but I am so grateful for the research training and solid background that helped significantly during this presidency.

I was able to advocate authoritatively with example after example of excellence and of policy failing the most cost-efficient delivery of



healthcare everywhere. Bulk billing was not sustainable, and we had to announce that loudly, which we did, transforming the political discussion around Australia. There was no time off and it was a 365-day/year job seven days a week between early morning media, daily organisational demands and, in the evening, there were members Australia wide. I am very grateful for the forbearance of my family. I was helped enormously by many and had a small circle of wise heads, including some past leaders of the College themselves, around me for counsel and reflection. The job of president is not to know it all but to be inclusive of the many leaders within our great profession. Thank you to the dukes and duchesses of the profession who assisted in wise and reflective leadership work.

My mantra was we are never ‘just a GP’ – we are, as Professor Joachim Sturmberg says ‘experts in complexity’, and I am hopeful that everyone around me, including politicians, remembers my passionate veracity on that. It won’t ever change, because it is true. My focus on members was steadfast throughout the presidential term, mindful that there are a range of experiences throughout Australia that represent practices in excellence.

Communication with the College is a must, and I hope I brought that along with GPs Down Under and all the informal channels of communication that are essential to good organisational practice. I always appreciated the challenge of good dialogue. To my colleagues, thank you again for being outstanding during such turbulent times and allowing me to showcase that. Never forget who you are. The membership IS the College – an ancient and noble conceptualisation of collaborative professional practice. ”