

# Bruce Willett

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## Background:

The Primary Care landscape is changing. The role of the RACGP has never been more critical. We are at the cusp of the next generation of reform that will fundamentally reshape how General Practice and general practitioners work across the sector to deliver outcomes that are only achievable through a strong primary care sector that is GP led. The MBS Reform, health care home trials, move towards quality based reporting and revalidation is all elements of a fast-changing landscape that can either build or destroy the very fabric of General Practice in this country. If managed well and harnessed, they can equally provide a solid foundation for the next generation of reform that can breathe new life into General Practice.

During the last few years, the RACGP has become the face and voice of General Practice. Some will argue that this has perhaps come at the cost of distancing itself from some of its core membership. However, the fact remains that we have the potential to drive the conversation into the future and ensure that we protect and build upon the grassroots approach to membership that forms the very essence of this great organisation.

I ask for your support to join me and lead RACGP on this journey. As we go forward I want to ensure that this journey is led by GPs for GP's. Our president Bastian Seidel has done an amazing job of raising the profile of General Practice; I would like to build on his great work. I will ensure that there is active consultation with our members on key issues that face GPs and the wider profession.

Key pillars of what I will bring to the next presidency are:

1. Respect and value for General Practice and general practitioners.
2. RACGP as a membership-focused organisation.
3. Protect and enhance the quality of training as the RACGP steps back into training.
4. Ensure that GPs remain the cornerstone of primary care under a patient-centric GP led model of care.
5. Form effective alliances with other organisations to promote the interests of General Practice.
6. Support for GP who have obtained their primary qualification in another country.

## Respect and value for General Practice.

General Practice performs at an extremely high level in this country providing amongst the best health outcomes in the world, in one of the most cost-effective frameworks. In spite of this, General Practice has seen a progressive erosion of funding over the last few decades. The value of what we do has been underestimated and undervalued. My pledge

Work hard for more appropriate remuneration for hard-working GPs

Fight for the recognition that GPs are the best qualified, most appropriate and most cost-effective clinicians to lead primary care.

Prevent further fragmentation of care. Spending time with the regular GP decreases hospital admissions and improves outcomes.

### **The RACGP is a member-focused organisation.**

While the RACGP is an academic college charged with the responsibility of setting academic standards, training and assessing its members, it is also a membership organisation needing to reflect the desires of its members.

I promise to lead a proactive and collaborative approach so we build on the core aspects of the profession, whilst embracing and leading the reform agenda that is inevitable and that we have active member feedback and engagement through this journey. Most of all, I will listen.

### **Protect and enhance the quality of training as the RACGP returns to training.**

The RACGP has fought for and rightly received its position back as being in charge of GP training in this country. It is undoubtedly more appropriate that the RACGP manages General Practice training rather than the Department of Health. This is a monumental change for General Practice and particularly for the RACGP. It has important cultural and financial implications for the RACGP and General Practice more widely.

It is essential the next president of the RACGP knows and understands the GP training sector and is known by those who work in the sector.

I have worked for 25 years as a General Practice supervisor, supervisor liaison officer, chaired the supervisor liaison network, chaired General Practice Supervisor Australia and worked as a medical educator. I understand training and the way it works. I have a strong commitment to the apprenticeship model and to defending the needs of supervisors and medical educators but most of all the registrars who will be particularly vulnerable through this time of transition.

There are always threats to change, but also an opportunity for a more integrated and collaborative program.

### **Keep the general practitioner at the centre of patient care.**

General practices are under considerable pressure from multiple external sources. Nurse practitioners, pharmacists and new technologies all threaten to fragment the care that general practitioners provide. Uberization of General Practice remains a serious concern with prescriptions and certificates easily available through online services or at the pharmacy. This all devalues and fragments patient care. Clearly, the RACGP can't stop the technological revolution but it can under my presidency show the leadership in guiding General Practice to adapt to these changes in a way that still values relationships and a model that offers consumers a branded service currently being pushed by commercial interests.

New technologies and the disruption they will bring are inevitable. The challenge for the General Practice community is to harness these technologies to enhance our interactions with our patients rather than become a barrier.

Solutions based on community practices which still allow patients to have the convenience and accessibility of these new technologies are practical and potentially offer the best of both worlds. An RACGP under my leadership has an important role to play to help us all navigate this difficult path.

We have to deal with new models of care, questioning the fee for service approach, Medicare rebates that are out of touch with reality, increasing commercial pressures with new models of corporate medicine as well as a plethora of legislative and commercial pressures. I pledge to work with you to ensure we can have an honest dialogue, test innovative approaches but at the same time ensure that we don't support policies that can undermine the fabric of General Practice.

### **Form effective alliances with other organisations promoting the interests of General Practice.**

The RACGP is the largest organisation representing the interests of general practitioners in this country. The RACGP has a responsibility to effectively promote General Practice and the interests of our patients. To do this it needs to work effectively with the other groups promoting General Practice, the AMA, ACRRM, RDAA, GPRA, GPSA etc.

It has the advantage of being the only all of General Practice and only General Practice-based organisation. While this means that does not have to deal with competing interests from other speciality groups it also means the RACGP has a responsibility to represent all GPs working all around the country.

The entry of the RACGP to advocacy has been controversial, however, issues like the pathology rent control have demonstrated the need for the RACGP project a clear General Practice focused voice.

While GPs are undoubtedly a diverse group we have far more in common than we have that divides us. We need to be able to speak together with a clear voice about the value of what we do.

### **Support for international medical graduates.**

International medical graduates now form a significant part of our medical workforce. They work disproportionately in rural remote other challenging situations. I will continue to advocate on their behalf particularly around areas of support and training.

### **Conclusion**

The RACGP is an organisation of GPs for GPs and as a proud GP, it would be an honour to lead the organisation and do my best for my fabulous colleagues.

For more about Bruce and his policies please go to

[www.drbrucewillett.com](http://www.drbrucewillett.com)

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