

Dear RACGP members and colleagues.

I have the capacity and experience to serve you as your President.

Vote in this election. Vote #1 KP. Let's rebuild General Practice together.

Here is my action agenda to assert General Practitioners and high-quality health care as central to the health of the nation, ably supported by a vibrant member-led RACGP.

Rebuild, Rebrand and Reward

An action agenda for reform of General Practice and the RACGP

1. Improve and revolutionise investment in primary health care

Quality primary care must be re-asserted and promoted as an investment.

Funding for continued, sustainable, successful General Practice is a must. Funding provides for standards and quality care. Primary care is the best available system to drive accessible quality care to all Australians. This is a key issue to the electorate.

I will work hard to ensure that General Practice is rewarded for the full scope of practice.

Funding and professional autonomy and the full utilisation of our skills are key issues.

There are four main revenue streams for funding General Practice, and all need some degree of reform: Fee for service, Medicare insurance reform, PIP bundled payments and private insurance such as Workcover/TAC. The essential component of any reform is the retention of physician autonomy in health care decisions. Access must be equitable for all Australian citizens. GP autonomy and discretion for charges is essential. There are opportunities and examples for other innovation in funding models such as NACCHO and community-owned centres.

The action agenda:

- Legislation on gap fees needs a careful review. Gap fees are an essential strategy to reduce pressure on Government, patients and practices.
- Government has to provide an adequate safety net for vulnerable patients
- A per-minute MBS rebate ensures equal value and reward for all GP visits.
- Equal funding for non-procedural vs procedural visits is required (to reward holistic care). This will recognise and reward longer, complex clinical visits.
- Areas of high priority for funding include mental health, aged care, and chronic disease management. These require item number reform and structural reform.
- Item numbers and rebates should reward the longitudinal care of patients with multi-morbidity.
- Telehealth and e-communication must be preserved and protected for a patient's GP.
- Funding should not be linked with externally applied pay-for-performance. It didn't work overseas and it won't work here.
- Funding should be linked with evidence-based GP-led quality care.
- Data governance within technology is a key part of managing GP led innovation.

2. Rebuild the brand 'RACGP' and its membership

Membership of the RACGP must have value. Member-led feedback and RACGP response to critical appraisal is vital. Critics will be welcomed and continuous improvement in organisation methods and message is vital. The CPD home and reporting of points will be an added bonus to the value of RACGP membership. RACGP must engage, educate, and energise their members.

The action agenda:

- Optional rebranding of specialist GPs to '**RACGP-accredited Family Physicians**'. This elevates the specialist status of GP for appropriately qualified GPs and aligns with the MD qualification modernisation and branding change now occurring in Australian medical schools.
- Registrars and Supervisors must be looked after in the transition to training. Education and training of the next generation of GPs is a prime RACGP purpose. Continuing to develop the capacity of the RACGP to deliver for Registrars and for Supervisors is an essential need. The intellectual capital already invested in these highly committed GPs should not be lost. This is an exercise in highly skilled communication.
- Communication regarding exam structures and proposed changes must be improved, be clear and not create disadvantage.
- Demonstrate that guidelines, standards, and accreditation are RACGP quality brands. Make sure that this brand is recognised by patients as a quality indicator of practice.
- Subsidise community and collegiate networking events.
- Increase opportunities for professional development and leadership training.
- Increase business development services and management consultancy for all GPs.
- Protect and increase the commercial benefits of RACGP membership.

Providing:

- Free employment advertisements.
- Full subscription to the AJGP premier GP journal in Australia.
- RACGP national advocate for GPs and partner organisations.
- Enhance the concierge member service providing a vast range of discounts on commercial products and services for both personal and business use.

3. Create new RACGP community networks and hubs.

The loss of General Practice divisions has reduced our education and collegiality networks.

The action agenda:

- Create RACGP **community networks and education hubs**. The RACGP networks will develop context-based education, professional development, communication, research, collegiality, and networking. There is documented success of these hubs overseas, e.g. Scotland.
- The GP networks are GP led, GP focussed and create communication channels beyond the national board rooms into every corner of our nation.
- A RACGP GP representative in every area is a good innovation for responsive community care needs and will assist the RACGP in responding to member needs.

4. Unify a national voice of General Practice

There is a continued political effort to disorganise the voice of General Practitioners.

Creating competition is a distraction and a political strategy that needs to be resisted. GPs must have a fair go in the health system.

The action agenda

- I will establish the **National Council of Primary Care Doctors** to provide a united approach to patient-centred primary care. These governing bodies will include: AMA, RDAA, ACRRM, GPSA, GPRA, NACHHO, AGPA and Patient advocates. The purpose is to stop the degradation of primary care by commercial interests, and vigorously defend longitudinal, continuous, patient-centred care. The farming of General Practice activity will stop. Key areas of

focus include addressing: fragmentation of GP care and practice ownership.

Team-based care develops patient outcomes. All aspects of policy affecting our delivery of quality care will be addressed within this collaboration, uniting and amplifying our strengths.

- State and federal jurisdictional dysfunction in the health care system needs to stop. Stronger partnerships with the State Health Departments need to be developed further, as the bushfires and COVID-19 crisis has shown. As federally funded practitioners, we serve the states' constituents.
- My experience and health department relationships, via the Victorian Faculty model of GP liaison with the DHHS, can facilitate improved GP collaboration. This is an innovative model for overcoming the state-federal divides in funding, communication and supply chain management.

5. Centralise our work of patient-centred care with innovation and technology.

Patient care in Australia is unique and needs to be preserved. Our patients are our greatest allies and advocates. We must engage them in preserving Australia's health care standards.

Patients cannot be left out of the health care reform agenda and primary care implementation goals. There are national patient organisations with whom we must engage. Patient care matters. It's why we do what we do, and it's the reason we dedicated our lives through rigorous speciality training to deliver high-quality safe care.

The action agenda

- Set quality standards and accreditation, including a review of PSR processes.
- Taking the lead GP quality standards will continue to generate returns on the health care dollar.

- The RACGP can be developed further into a standard-bearer of the world's best practice in technical and academic care.
- Patients will be brought with us on this journey to advocate for the national treasure of primary care.

6. Reinvigorate the RACGP leadership and board on mission and values

My intention is to focus the vision back on value for members and delivery of outcomes.

Board unity is paramount to the successful delivering of services of members. Working together is key.

The action agenda

- There cannot be any more focus on the internal politics of the RACGP when the member issues are so pressing.
- The board must align with the members on the exciting future of rebuilding, rebranding and rewarding General Practice.
- The role of the President is to communicate well between the board the members, advocate to stakeholders and leave no-one behind in this collaboration for health care excellence.

I ask for your help via your vote to ensure a huge mandate to **Rebuild, Rebrand, and Reward** General Practice

I have worked voluntarily at the RACGP for many years. This has included arranging educational events for Victorian GPs and RACGP15 national conference. I'm a media spokesperson for the RACGP. By working in the Faculty, I have an excellent understanding of the constitution, the policies, and procedures and how they work in practice. As deputy chair of Victoria, I have a strong capacity in stakeholder engagement and attended advocacy

meetings with the State government. I am a strong advocate for leadership, mentoring, wellbeing and business skills being a key part of ongoing education for all GPs. I helped develop a mentor program at both the RACGP and the AMA.

I co-founded the not for profit GPsDownUnder forum, a vibrant and connected community for peer learning, peer support and peer advocacy. As a team, we buried the hatchet on stage at the GPDU2018 conference between rural and urban colleagues. I am an innovator.

Technology has been a consistent interest of mine, and I was an early adopter in my practice, project managing the roll-out of computerisation in the early 1990s. I understand the challenges of a change management process. With appropriate GP controlled data governance, we have many opportunities.

I have presented internationally and nationally on leadership and social media communications at medical conferences. I am passionate about patient safety, well-being, communications, good governance, teamwork, and strongly identify with the quadruple aim of health system reform improving:

1. The patient experience of receiving health care;
2. The cost-efficiency of primary care;
3. The population health outcomes delivered by quality primary care and
4. The physician experience of delivering health care.

These system reforms have undeniable evidence of effect.

In this amazing historic year of 2020 when so much has been uncertain, I believe there is reason for hope.

We have opportunities now with the living example of the strength of a connected health care system. Covid-19 and the bushfires, have demonstrated clearly the connection between the health care system and the economy. These are undeniable experiences of the

interconnection of health across the country connected to the health of the environment.

There is a vital role that General Practice plays holding this complexity so very well. There are numerous community examples of the strength of working together and the importance of local and immediate context. The recent crises have thrust community health care into the centrality of the national conversation; especially mental health, aged care, and the public health science. We hold the trust of the community and the overlooked heart of longitudinal therapeutic relationships. As GPs, we have a community to heal, with many of our patients having delayed a visit to their trusted General Practitioner. If well-funded, GPs can demonstrate evidence of best practice in health care systems and the benefits of a well-resourced primary health care sector. There are opportunities for transformation, as we have seen with the Telehealth implementation process. There needs to be continued evolution of telehealth into a useful tool of health care with caveats placed to limit its misuse. Refuting poor practice demonstrates the professionalism of the primary care sector and can be shown to be our prime strength versus those who come opportunistically armed with only a business plan.

There are good signs for GP advocacy within the health system. We now have senior clinicians now in Canberra, with the former Chief Medical Officer moving into a senior public servant health role, a role formerly served by a non-clinician. We also have Professor Michael Kidd, a former RACGP president in a political role. I know how well Michael understands the primacy of General Practice as the bedrock of a nation's health care. I know through my life of work in General Practice just how talented the members of General Practice are. GPs now need to come together, and show their strength. The time is right, across the many contexts of General Practice to show GPs dedication to their patients and their communities. We have great opportunities for meaningful advocacy.

Let's together **Rebuild, Rebrand and Reward** General Practice.

Vote #1 KP