

CURRICULUM VITAE

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Objective: To Treat, Teach and Research ie to

- i) Treat patient effectively with minimal cost in their community.
- ii) Teach medical student General Practice and Family Medicine
- iii) Teach doctor's to be a specialist in Advanced Family Medicine
- iv) Do research in General Practice and Family Medicine
- v) Promote education of Family Medicine all around the world.
- vi) Add Family Medicine with RACGP ie RACGP and Family Medicine
- vi) Advocate 50,000 RACGP members for their voice to be heard.

ACADEMIC PROFILE:

- i) FRACGP (Passed Fellowship Examination of the Royal Australian College of General Practitioners, 2004)
- ii) M. Fam. Med (UCT) Masters in Family Medicine and Primary Care, University of Cape Town, South Africa December 2002.
- iii) MB BS (Bachelor of Medicine and Bachelor of Surgery)
University of Dhaka, Bangladesh, December 1989)
- iv) Honorary FACRRM (Fellow of Australian College of Rural and Remote Medicine, 2006

ACADEMIC POSITIONS:

A. Clinical and affiliate Senior lecturer with School of Medicine at Geelong Campus at Deakin University,
and Casual Academics with Medical Faculty of Deakin University, Australia

B. Supervisor and mentor for registrar and overseas trained doctors at FSP (Fellowship Support Program) of Royal Australian College of General Practitioners (RACGP)

B. Past Clinical Lecturer/Fellow with the Department of General Practice of University of Melbourne.

ACADEMIC ACTIVITIES:

Member of the dermatology curriculum working group for the Royal Australian College of General Practitioner (RACGP)

Examiner for the clinical component of the Fellowship exam of the RACGP Applied Knowledge Test (AKT) case writer and member of the group of setting standard for AKT question paper for the Royal Australian College of General Practitioners.

Past examiner of RACGP Fellowship Exam.

Facilitator for the QA and CPD of RACGP and QA Examiner for the RACGP examiners

Facilitator for the Pre exam courses for FRACGP exam

Contributed on Standard Setting for Key Features Problem (KFP) cases of RACGP

Interviewer for the Past VMA (Victorian Metropolitan Alliances) intake of candidate for GP registrar Training Program.

Past mentors for undergraduate medical student from University of Melbourne at Geelong at Myers Street Family Medical Practice)

Mentor of medical student and doctors at Sanctuary Lake Medical Practice at Point Cook, Melbourne Victoria.

Was member of the interview panels for intake of first cohort of medical student for 2008 at Deakin University, in Geelong.

Teaches at the Practice 2nd and 3rd year medical student of Deakin Uni.

OSCE (Objectively Structured Clinical Examination) Examiner for the 2nd and final year Medicine exam of Deakin University, Geelong

RECENT ORGANISATIONAL ACTIVITIES:

1. Council member of the RACGP Victoria Council.
2. Ex -Board member (Board of directors) of Geelong GP Division (GP Association of Geelong)
3. Ex-Library committee member of Deakin University and Barwon Health Medical Library committee.
4. Member of the West Melbourne GP owner's association.
5. Ex Chief Adviser of a local Cultural Organisation.

COMPLETED EXTERNAL COURSES Relevant to Research:

1. **Course on Clinical Research Skills Workshop for investigators** at Sandton, Johannesburg South Africa. 13 & 14 August 2001. Organised by Pfizer international Pvt Ltd.
SAMA CPD Accreditation No: A 106 /74/6/01

2. Completed Women's Health Workshop at Melbourne organized by Jeanes Heales Foundation and Rural Workforce Agency Victoria on November 2004

PROFESSIONAL EXPERIENCE:

1. **PRESENT POSITION:** Vocationally Registered (VR) General Practitioner (GP) and Director at Accredited General Practice Centre

Sanctuary Lake Medical Practice
11-13 Jamieson Way
Point Cook
VIC-3030

(Purpose build designed to teach medical student and doctor)

www.sanctuarylakemedical.com.au
&

- b) Recently worked at Myers Street Family Medical Practice from June 2005. Myers Street is an AGPAL (Australian General Practice Accreditation Ltd) accredited and computerized practice in Geelong.

The address is as follows:

Myers Street Family Medical Practice
148 Myers Street
Geelong, Victoria -3220

I have worked at Asia, Europe and Africa. In total 25 years of working as a General Practitioner and 33 years of working as a doctor, within this time 22 years experience of working as a medical doctor in Australia.

AREAS AND FIELD OF RESEARCH INTEREST:

- i) Use bio-psycho- social approach in general practices.
- ii) Chronic diseases - Diabetes, Depression, Heart failure, Hypertension
- iii) Teaching and practicing to detect an emergency issue in any consultation GP consultation and not to miss a cancer
- iv) Intimate Partner Abuse (IPA)/Domestic Violence in Men and Women

RESEARCH EXPERIENCE:

i) I have done a qualitative research and the research topic was, “Barriers to initiate insulin for patients with poorly controlled type 2 diabetes with maximum oral dose in the public sector primary health care centers of Cape Town, South Africa.”

ii) Worked as a research assistant at the department of General Practice of University Of Melbourne with Prof Kelsey Hegarty on finding “Men’s experience of partner abuse and depression by a secondary analysis of diamond (Diagnosis and Management of Depression in Primary Care) cohort data on men”.

PUBLICATION:

i) Haque, M; **Public sector district health system: Is seven to ten minutes enough for patient management.** *S A Fam Prac* 2002, 25(3): 13-17

ii) Haque M and et al **“Barriers to initiation of insulin in public sector primary health care... S Afr Med J** 2005; 95: 798-802

iii) **Published on web: www.diamondconsortium.com.au
Men’s Experience of partner abuse and depression – With Prof Kelsey Hegarty on page 27 to page 29 of the diamond consortium December 2007 final report.**

v) Completed a study on

“Barriers to performing onsite COVID-19 testing during the second wave in Victoria: Experiences of general practices”

It is published at AJGP Haque, M and et al Aust J Gen Pract. 2021 Nov;50(11):845-849doi: 10.31128/AJGP-05-21-6003

Presentation in scientific seminar: I have presented a topic in a conference at Melbourne on “Practicing Medicine in Cross Cultural Context”.

On 2022, I have presented in a seminar at Melbourne Crown Conference Centre , “ Shortage of GP’s in Australia- Missed Opportunities to train OTD’s in Metropolitan Cities in Australia”

PROFESSIONAL AFFILIATION: Fellow of the Royal Australian College of General Practitioners (FRACGP no-555431).

Past Fellow of the Australian College of Rural and Remote Medicine (FACRRM no-0400157)

**Member of the world organization of Family Doctors (Direct Member)
(Attended 16th WONCA world congress of Family Doctors, international convention center, Durban 13 -17th May 2001)**

Past Member of South African Academy of Family Practice.

PROFESSIONAL INDEMNITY INSURANCE: Medical Defence
Association of Western Australia. (MDA)

At last Dr Md Monirul Haque raised hand to be a president of RACGP 2024 through election and the followings are summary of his election campaign and bio.

“GP’s are the “First and Foremost” so Respect, Recognise and Remunerate”

2024 Campaign Highlights by Dr Monirul Haque

- 1. Continuous funding of general practice by present and prospective governments**
- 2. Reframing and rebranding of general practice for more respect, recognition and remuneration**
- 3. Advocate for 50,000 general practitioners (GP) - Value for fee and more service**
- 4. Engaging and connecting - be part of better and greater general practice through more community engagement**
- 5. Strengthening rural and remote GP workforce by supporting urban work forces and continuing support to the rural and remote workforce**
- 6. Improving the GP work force by strengthening IMG intake, training and supporting local medical graduate’s**
- 7. Embracing innovation - Artificial Intelligence involvement in General Practice which will strengthen the quality of care to patients by doctors.**

GP’s are the first and foremost in Australian health care. If you vote for Dr Haque and ask your colleagues to vote for Dr Haque, he is committed to representing your voice effectively to advocate for better General Practice at RACGP, Medicare, and beyond. He wish to have 40’000 vote’s from RACGP members. He is a grass roots GP with his own GP clinic and have worked in Australia as a GP for more than 20 years. His work has involved positions at Nambour Hospital in the Sunshine Coast QLD, rural Katherine NT, rural Mt Isa QLD and regional Gisborne VIC.

Before moving to Australia, He has worked in Asia, Europe and Africa. He also sits within the GP clinic owners committee and supports community events for health and wellbeing. He is a motivator and innovative person and would greatly appreciate your vote for me to be your voice for the continuum of better General Practice.

Reframing and rebranding of General Practice for respect, recognition and remuneration:

To achieve this, he will endeavour to do the following:

- i. Reinstate the AFP (Australian Family Physician's) journal.
- ii. He will aim to rename the Royal Australian College of General Practitioners to "Royal Australian College of General Practitioners and Family Medicine" so it includes Family Medicine. Younger GPs seek recognition as certified Family Physicians by RACGP, so this renaming would provide satisfaction and promote professional growth.
- iii. Expand the scope of general practice and family medicine with extended skills on mental health, women's health, paediatrics, dermatology, endocrinology, neurology, geriatrics and surgery by offering structured training for Specialist in General Practice and family Medicine. This would include for example point of care ultrasound, allergy, Infection and immunology and research methodology with their choice of extended skill, keeping the advanced generalist method to treat common, complex and challenging medical conditions, like acne, ADHD, Autism, Type 1 Diabetes, perimenopausal and menopausal health issue, common addiction and pain, dementia, musculoskeletal condition treated by steroid injection etc.

Post fellow Family Medicine can be extended as an Advanced Fellow in Family Medicine with extended Skill. This advanced Family Medicine will give a growth path to young specialist in General Practice and Family Medicine.

Be advocate for 50,000 general practitioners- Value for fee and more service

- i. RACGP membership fees and CPD costs are rising with limited RACGP-run courses for GPs. Many find measuring outcomes expensive. Private medical education companies are charging high fees to profit from CPD business. Non-fellow and hospital trainee GPs face increased membership costs, hindering MO (measuring outcomes). RACGP should offer more affordable CPD programs on EA, RP, and MO.
- ii. Increasing resources support like for example the Therapeutic Guidelines Subsidies which now the independent GP must purchase for \$400. This should be subsidised through RACGP as a training and academic institution.

Engaging and connecting - be part of better and greater general practice through more community engagement

He will advocate for 50,000 GPs. RACGP is one of Australia's largest doctors' organization with nearly 50,000 members, it should enhance its bargaining power with the government to meet GPs' needs and demands effectively. The following are important issues that need to be addressed in order to get more support from grass root GP's and needs to take appropriate action for the following issues:

- i. **Better complaints management by AHPRA:**
General practitioners lack adequate protection from false patient claims, often unable to meet patient demands due to government regulations or community welfare priorities. Consequently, patients resort to complaints with AHPRA, which notifies doctors promptly, regardless of claim validity. AHPRA's complaint management system requires enhancement. GPs endure prolonged stress and financial strain disproving claims. AHPRA should adopt systems from other nations, introducing a pre-investigation process to assess claim validity before involving GPs and their indemnity insurance. Despite charging steep annual registration fees, AHPRA fails to offer GP

support against such claims, necessitating a faster triage and improved support system.

- ii. **Fix mandatory reporting:** GPs hesitate to seek medical care due to strict AHPRA reporting laws, prompting calls for urgent reform. Current rules deter doctors, particularly concerning mental health, as seeking treatment risks immediate AHPRA notification without safeguards for the treating physician to delay reporting. A revised system should permit doctors to seek treatment without instant AHPRA notification, with a reasonable reporting timeframe. Given the GP shortage, prioritizing prompt care for GPs in centers and rural hospitals through special incentives could streamline services, easing emergency department congestion and improving overall patient care.