Dr Charlotte Hespe

(Extended Candidate statement RACGP President campaign 2022)

General Practice is facing a crisis point – with financially unsustainable and severe workforce shortages across the country. These are most significantly affecting our rural and remote communities.

We need the RACGP to take the lead in protecting our profession and the Australian community from the consequences of this crisis.

I have put my hand up for RACGP President because my colleagues believe I am the right person to be the leading voice for RACGP members at this crucial time.

I know GP
I know RACGP
I know what patients want

I am an experienced and proven leader for General Practice in my local region and more broadly across New South Wales and the ACT as RACGP Faculty Chair and nationally as a Director for RACGP Board.

I am a Practice owner, Medical Educator, GP Supervisor, Researcher, Board Director, experienced Chair, and lead clinical GP.

I am known for my ability to speak up for General Practice at every opportunity within the community and Governments. I advocate widely and strongly for our profession.

So, why me and why now?

My story

I was born as a first-generation Australian woman to UK emigrant parents (English +Welsh). We had no extended family (just Mum, Dad and my sister) in Australia but were fortunate to be part of a large "family" of friends. I grew up in northern Sydney and was lucky to be offered a place to study Medicine at Sydney University after finishing school – a five-year undergraduate course at that time.

Journey into Medicine

I deferred Medical school for a year to work as a Nurse, where I learnt about hospital hierarchy, (non) patient-centred care and the need to treat **everyone** with respect.

During my first year as a Medical student, my father was diagnosed with metastatic oesophageal cancer and died within ten weeks. The oesophageal cancer had been

diagnosed 15 years earlier, but the treating Doctors withheld informing him of the diagnosis. When asked why, the Doctor said this was to protect us from the anxiety this would cause such a young family!

This experience strongly coloured my views regarding medical "autocracy" and appropriate communications with patients and their families.

A year later, I married my husband, Iain, a University (Structural engineering) student. We continue to be happily married and share the joys of three grown-up children, of whom I am extraordinarily proud. (2 have followed me into medical careers – Nursing and Radiography, and one is an artist).

I loved Medical school and did clinical placement at Royal North Shore Hospital. In my final year, I won a scholarship to do an elective term in PNG. I spent three months learning how to deliver appropriate care to this community and to be adaptive and flexible in safe and proper ways when medical support and resources are absent.

My junior Resident years were spent at Westmead and RPAH. At this time, I was keen to pursue Obstetrics and Gynaecology, and I passed the Part 1 Exam before opting to do Practical hands-on Obstetrics to have a child.

We then moved to the UK in 1990, and I used this as a chance to work as Paediatrics SRMO / Registrar in Winchester, Hampshire, before our return home in 1993. During this time, I extended our family with two further children.

I was offered a training job at RPAH in O+G, but due to the impossible work roster (along with three small children and no home care support), I informed them this would be very hard and asked if there were any possible work options. The answer was,

"You don't take your career seriously enough. Maybe you need to reconsider what you want to do."

So, I did!

General Practice

A mentor at Westmead Hospital had suggested General Practice was a great career option – so I joined the RACGP Family Medicine Program– and as they say, the rest is history!

I thank my lucky stars for being forced to make this choice – there is no doubt that General Practice was the best career I could have made. I have had many opportunities to use my skills as a GP across a wide range of clinical and nonclinical roles.

In 1998 I became a proud Practice Owner of Glebe Family Medical Practice.

Like most of us, I have many passions that align with my professional hat as GP.

Lifestyle Medicine / Social Prescribing

I am constantly preaching about the power of healthy lifestyle choices in achieving better health outcomes.

I also endeavour constantly to walk the talk

Exercise

I used to do lots of cycling but in the last 15 years have switched to running as my main exercise.

I run four times weekly and enjoy participating in fun runs and community races. Half marathons and 10km runs are my favourites.

Running has been key to staying mentally healthy – particularly over the last 2.5 years!

Healthy Food choices

I love cooking, and along with my husband, we enjoy growing and pickling and fermenting healthy food choices

Currently, this includes

- "Albert," a very healthy and productive sourdough baby who is key to fresh bread once a week
- Milk Kefir
- Kombucha brews along with a healthy "Scoby hotel."
- Cheesemaking ricotta, feta, paneer, halloumi (Yummy plus)
- Full range of herbs in the garden being winter, I confess my range of vegetables available is minimal so visit the local Growers' market to top up the supplies
- Honey and Bees—a very happy Native bee hive lives in our back garden and supplies about 1kg of honey annually

We also have a healthy worm farm (started 29 years ago) and composting heap that consumes all leftovers from the kitchen. Minimising any unnecessary waste.

At GFMP, we also have a small vegetable and herb garden established in our garage space and supply everyone with fresh fruit and vegetables in our kitchen/staff room. We try to collect all waste for worm farms.

Mental Well-being

I have had the privilege to work alongside Dr Bethany Richards, in the Sydney Local Health District, as GP advisor of a program **MDOK**.

MDOK has aimed at upskilling our Medical workforce to stay healthy at work. They used international evidence and materials, and I have been able to share resources with NSW/ACT Faculty.

In 2017/8, the Faculty Council launched a specific Well Being program for GPs through our New Fellows Committee, which sponsored an annual RACGP NSW/ACT Wellbeing Conference. Despite COVID-19, we have run this program every year – it is open to all GPs and is booked out every time!

Equity and Social Justice

As a strong advocate for equitable health care for all Australians, we have a Practice (GFMP) policy of bulk-billing and advocating for our socially vulnerable, low-income patients.

We have a portfolio of local programs utilising us as the local General Practice.

For many, this is the first experience of having a GP.

We also care for over 450 patients through the Closing the Gap program.

Halfway housing for Men recently leaving prison

Drug and Alcohol Rehabilitation

Homelessness housing project

Disability support housing

The Gender Centre

I partnered in a local Glebe project to identify the community services available in our footprint to enable better access and "social prescribing".

With this innovative partnership and a long history of delivering high-quality patient-centred care, GFMP was awarded the NSW/ACT practice of the Year award in 2018. In 2019 I became Board Direct for The Gender Centre Inc.— this aligned with my long-term advocacy and support for Transgender patients since 1998.

In 2008 I joined a Rural and remote GP partnership initiative and had the opportunity to work in Boroloola, NT for 2 months.

In July 2010, I initiated a long-term partnership project in the Philippines (rolled out with medical students in 2013), "Team Philippines". You can find out more at https://www.drcharlottehespe.com/team-philippines

Environment and Climate change

A long-term supporter of Climate change, I have been a "doer" both at home and at work:

- Composting/worms
- Solar panels and storage battery
- Water tanks use grey water for all watering, laundry and toilet flushing at home
- Low impact Insulation/heating and cooling systems

At GFMP we instituted a policy of carbon neutral footprint back in 2004. We did a carbon audit and targeted activities such as turning electricity OFF, minimising paper use and optimising digital connectivity, and recycling paper and plastics. We continue to renew our actions and ensure all our staff know how and why! We were proud to be amongst the first General practices in Australia to be certified as Carbon Neutral.

I am proud to work alongside Lynne Madden at UNDA. Lynne chairs the Climate Change and Health Working Group of the Medical Deans of Australia and New Zealand and is a leading voice in the call for Environmental health policy change. We have recently established a Masters of Health program: Environment, Society and Health.

Leadership locally / Governance

In 2000 I was invited to join my local Divison of GP Board and was given the opportunity to be Director and Chair. I grew in my governance skillsets and knowledge through my local Medicare Local and PHN Boards roles. I had the opportunity to provide leadership in this space from 2000 – 2017 when I moved across to the RACGP Board.

General Practice Education

I have been a GP supervisor since 1998.

I was appointed a Director of SIGPET (now GP Synergy) in 2001 and worked as a Chair or director over the next 14 years.

I was honoured on my departure in 2015 to have an Award established in my recognition: The Dr Charlotte Hespe research of the year award is presented to a registrar (academic or non-academic) who has conducted research or a project during training considered most outstanding.

In 2008, I commenced work at UNDA and am now the head of General Practice, which has enabled me to shape the curriculum and delivery of GP placements for our medical students.

I have undertaken a Graduate Certificate in University Education to understand better how to structure suitable educational materials and experiences.

As a GP who experienced poor clinical placements and a lack of good support in my early years, I have my ears WIDE OPEN to hear directly from our students and the GPiT Faculty about current issues and possible solutions.

Quality Improvement, Data and Academia

My journey as a GP changed radically in 2008 when GFMP participated in the APCC (Australian Primary Care Collaboratives) with CSGPN (Central Sydney GP Network) and IF (Improvement Foundation).

I had an epiphany about using data to measure what we were doing and then see how to improve the healthcare services we were doing with our patients.

I questioned why and how to implement improvements across the General Practice community.

I wanted to understand better the barriers and enablers in our healthcare system. I subsequently embarked on a journey to doing a PhD looking at How we can better use guidelines to prevent CVD in the "real world" of GP. I submitted my thesis for examination in July 2022.

I am a keen advocate for GPs using their data to be able to both improve their patient care but also provide evidence to Govt why GP is an essential investment if you want to improve health outcomes.

More importantly, investment in General Practice equates to finally creating an Australian **HEALTH CARE SYSTEM rather than a SICKNESS CARE SYSTEM** Since 2014 I have conducted and participated in multiple research projects focusing on General Practice to assist in providing this crucial piece of the policy argument.

General Practice Owners

A Practice owner since 1998, I am intimately aware of the issues facing both contracted GPs and Practice owners: Medicare Rebates, Contracts, Practice Incentive Payments, Payroll tax, Accreditation

I have supported and advocated for these issues through

- Establishment of Business of General Practice as a specific interest group
- RACGP Practice Owners annual conference
- Establishment of a National sub-committee looking at Payroll tax
- Review of accreditation process and standards