

**Dr Christopher Ogonowski**  
**(LA/LLB/MBBS/FRACGP)**

Why am I running for President? Because I want **ACTION NOW on GP REPRESENTATION.**

**I wish to lead the College to take greater ACTION on the issues below. And in a timely manner....as in NOW!**

**I WANT ACTION NOW-** on GP's being treated increasingly by Government and the broader community as **backseat players** to medical "specialists" and Allied Health Professionals.

**I WANT ACTION NOW-** on the **increasing remuneration gap** between GP's and our "specialist" colleagues; that the government and public are content to accept that, yet we are shamed into submission if we seek to lobby for any increased remuneration or rights.

**I WANT ACTION NOW** - on GP's being used by several Government clowns from both major political parties using GP's as punching bags during COVID.

**I WANT ACTION NOW** - on **GP's not being heard**; that despite having such a large College, (which already does some good work), we're still not being appropriately respected by Government, nor the Community. I'm sick of GP's still being seen as "just a GP."

**I WANT SO TO ACTION** on of all of this. I want to bring change, and better representation for GP's.....**NOW.**

**MY STRATEGY:**

1. **INCREASED EFFECTIVE LOBBYING OF GOVERNMENT ...NOW!**
2. Engaging with, and appearing in, the **MEDIA** – TO GIVE GP's AND THE COLLEGE A  
**GREATER PUBLIC PRESENCE AND MEDIA VOICE...NOW!**
3. Getting more voluntary, **MEANINGFUL FEEDBACK** from **MEMBERS LIKE YOU**, and getting **more feedback how YOU feel about the College; and what YOU would like it, and CPD etcetera , to look.**

**KEY ISSUES**

1. **INCREASED REMUNERATION FOR GP's...NOW!!!**
  - The astounding medicare freeze, and the all too apparent financial pressures placed on GP's and GP clinics.

A marketing campaign through the President and the College to inform the public of the increasing disparity in wealth between GP's and "Specialists", as well as GP's and most other mid to senior level white collar professionals.

- A marketing campaign through the President and the College, to facilitate a greater move to mixed and private billing, for those of you who want it.
- New item numbers to reflect current financial pressures on GP's
  - o A NEW MBS item number "15" for 15 minute consults equating to \$58.
  - o A NEW MBS item number "30" for 30 minute consults equating to \$90.
    - *Especially in light of the fact that a psychologist currently receives \$90 for a 30 minute consult with their patients, (Item 800071).*
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## **2. The ENCROACHMENT OF ALLIED HEALTH GROUPS ON OUR CLINICAL ROLES.**

- The PHARMACY GUILD's increasing push to prescribe more medicines, and take a greater clinical role in managing patients.

*This includes a push to PRESCRIBE ANTIBIOTICS, and relegate GP's to a back seat position. This needs to be quashed...NOW! Allowing Pharmacists to prescribe antibiotics represents a clear conflict of interest between what's best for the patient and the community at large, (through increased anti-biotic resistance), and Pharmacy Clinic profits.*

- The Australian Psychological Society's push to exclude GP's from referring for Mental Health Care Plans and MHCP reviews.

*This would hugely exclude you and I from the mental health treatment of our patients. Clearly, we as GP's have a unique, holistic role in the care of our patients; even if mental health treatment is not your love, to be told that we're no longer to be a part of the psychological care of our patients is unacceptable, and needs to be opposed....NOW!*

## **3. The TREATMENT of GP's AS "THIRD RATE" HEALTH PROFESSIONALS BEHIND MEDICAL "SPECIALISTS" AND ALLIED HEALTH.**

For example – the insulting and absurd relegation of GP's to the seconds wave of initial COVID vaccines, behind more "frontline" health professionals; this included more "frontline" professionals such as many surgeons who were not operating at the time, nor seeing patients at all; as well as radiologists who were not seeing patients at all; and even allied health professionals such as speech pathologists attached to hospitals, who were also not seeing patients.

Many GP's, on the other hand, were still seeing / accepting non-respiratory and other patients into out clinics, placing ourselves at exponentially higher risk, only to

be told by Government that we would have to wait for out more “frontline” Colleagues.

- If this kind of **absolute bull-dust** was to happen on my watch, you can be assured the Media would be hearing about it. I would be engaging every talk show / tv show / new channel in the country to speak up about this frightfully backward and dangerous policy, until our voices as GP’s were heard, and this policy was changed.

#### **4. ABHORRENT GOVERNMENT DISRESPECT TOWARDS GP’S.**

The Recent criticism by several political clowns from both major political parties for not seeing respiratory patients / doing enough etc. during COVID. This is shocking, pathetic and despite some good effort by our GP Representative Body, this needs to be actively opposed through a loud voice in the community, via the media.

Thank you for taking the time to read this just some of the issues I aim to take action on as GP College President. Regardless of whether you vote for me or someone else, well done on taking an active interest in the College.

but I can guarantee that I will do everything in my power to take as active a role in the media as possible, to lobby government as assertively as possible.

All the very Best,

Chris

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