

I am disappointed with the College's ineffectual contribution to a wide range of matters that directly affect us and the health of our community. The College should be playing a leading role in medicine in Australia generally, and specifically in general practice. I point to the decline in popularity of GP amongst registrars, and the decline in GP recognition and remuneration as evidence of a failure of leadership by the College.

I am an independent candidate. I am not part of any faction. I am not aligned with any particular group or clique. I have not been an active member of the College prior to this election and I have no hidden agenda.

Unlike the other candidates, I am also a pharmacist and a pharmacy owner and can advocate from a position of education, training and experience against the expansion of the pharmacists' role beyond their scope of practice. I have also been a soldier and a Medical Officer in the Australian Army, and have the necessary character and leadership skills required to operate effectively in a large organisation.

I am the Practice Principal of a rural group practice and am intimately familiar with the financial and bureaucratic problems facing GPs. I am stunned by recent decisions that GPs are employees, and practices should be paying payroll tax for them. If elected, I will take determined action to have these decisions overturned. I have been mentoring International Medical Graduates for around ten years, and I am distressed at the contempt with which medical regulators have been treating our colleagues from overseas. I believe the recent, large increases in fees for IMGs are outrageous and grossly disproportional to the training provided, in addition to being a spectacular failure of recognition of the contribution IMGs make to rural general practice.

Personally, I am nearly 60 years old. I live with my family on the family property near Wangaratta in northeast Victoria where we produce beef cattle. I assist my family in running the farm and enjoy working with my hands as well as my brain. I am not religious, but I try to be christian in my thoughts and actions. I am married, with two school-aged children.

I am active in politics, and have managed to persuade the Victorian government to build \$52 million dollars worth of AOD rehabilitation facilities in rural Victoria by participating in state elections. I am a member of the Liberal Democrats, and believe in personal freedoms, smaller government and lower taxes.

If I am elected, I undertake to gently, but more firmly, advocate for members and general practice about the following matters to all levels of government over the course of my term:

- Re-position the College to be independent of government and develop the College as a source of independent, expert policy advice. I would have the College help the government avoid projects which are doomed to fail, like the Super Clinics Program, and policy disasters like the recent change to DPAs, which will draw doctors from rural and remote areas. The government should turn to the College for advice about most medical policy, and if it does not then the College has an obligation, on behalf of members and their patients, to criticise poor policy.
- Re-position the College to have their primary focus on supporting GPs and their communities. I would accomplish this by stronger and more effective representation to all levels of government outlining the cost savings and health benefits of properly resourced general practice.
- It is clear that Medicare billing rules are overly complicated and unsatisfactory, leading to under-charging, underpayment and unreasonable prosecutions. MBS items and the prosecution of doctors who fall foul of technicalities must evolve to give GPs certainty and freedom from prosecution if they are practising reasonably. The requirement for perfect compliance is ludicrous, unreasonable and cannot continue.
- GP funding has become inadequate, leading to inequities in MBS income compared to most other specialists. This is completely unsatisfactory when GPs bear the brunt of social and psychological distress, in addition to biological disease. Medicare payments do not recognise, let alone properly compensate GPs for their wide knowledge and expertise. For example, GPs have been the backbone of reacting to the Covid-19 pandemic, incurring

significant expenses with little or no compensation. GPs are not adequately funded to provide the services we provide, and this has not been put to government effectively.

- All levels of government must be led to recognise the savings available because of the efficiencies and expertise of general practitioners. MBS funding must recognise the high level of specialist management required for craft groups like Opioid Substitution Therapy, Pain Management, Voluntary Assisted Dying and any other service that requires further training or increased risk, or these services will continue to reduce.
- Rural GP services are clearly inadequately funded to provide the myriad of services they provide. Bulk billing is continuing to decline because of inaccurate and poor funding in rural areas. Innovative funding of rural GP is clearly necessary to address the poor supply of general medical services in rural Australia, and the College should be developing clever and effective funding packages to present to government, because we know what we need to provide rural services better than anyone else.
- The increasingly intrusive and unnecessary over-regulation of doctors, with punitive measures taken against doctors without evidence or reason, or for trivial complaints which do not merit action. This has led to doctors practising defensively.
- There are increasing numbers of legislative coercions that purport to force doctors to act against their conscience, for example by forcing a doctor to refer a woman for abortion. These coercive provisions cannot be valid, and the College should be advocating for all of its members, including doctors who conscientiously object to abortion.
- Reducing duplication of administrative burdens for doctors by organisations that demand duplication of registration and Fellowship standards. We should only have to furnish evidence of registration and Fellowship, not repeat the actual processes.