DR RAMYA RAMAN

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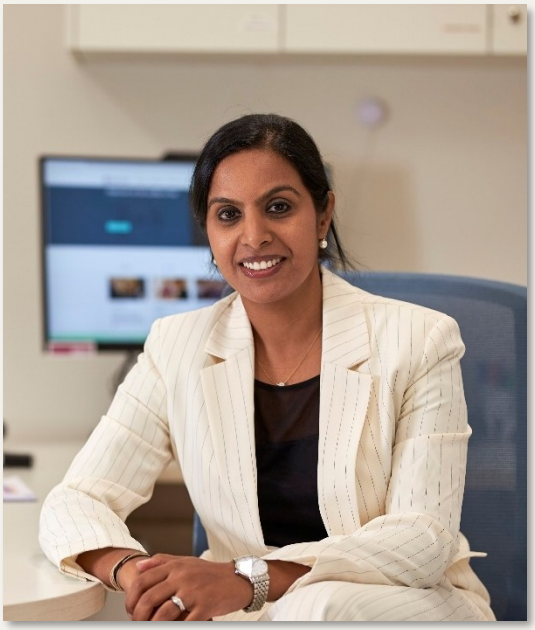
Dr Ramya Raman for RACGP President



Dear colleagues,

General practice is at a defining point. Every year, GPs deliver more than 170 million services to over 20 million Australians. We manage complexity and coordinate care across the health system. Yet funding and reform have failed to recognise the value of specialist general practice care, keep pace with our work and give general practice the respect it deserves.

The RACGP must be clear about what it **protects**, ambitious about what it **builds**, and disciplined about where it **focuses** its member resources.

The question is simple. Will the future of general practice be shaped by GPs, or shaped around us?

I am standing for RACGP President to represent GPs, protect our profession and ensure its future is shaped by us.

With your support, I will lead a College that is accountable to its members, uses your fees responsibly and delivers measurable results: stronger and more sustainable general practices, fairer funding for the complexity of modern care, protection of clinical autonomy, and a respected, authoritative voice for our profession.

The experience I bring

My experience spans the consulting room, practice ownership, medical education, training, advocacy, and College governance.

I have served as RACGP Vice President and Chair of RACGP WA. I am currently a supervisor and previously have been a medical educator. I am a Director of the RACGP, Joint Colleges Training Services, and Ishar Multicultural Women's Health. I am currently the Discipline Head of General Practice at the University of Notre Dame (Fremantle).

My leadership success is backed by outcomes. In Western Australia, I led the advocacy program that secured written payroll tax protection for general practices and I have secured millions in practice grant funding to keep general practice sustainable. I delivered funded ADHD reform, challenged unsafe scope expansion and enabled the return of vital after-hours rural GP services that would otherwise have closed its doors.

I know when to collaborate, when to negotiate and when to stand firm for our profession.

Protecting our profession. Strengthening our future.

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My five priorities

Value GP care

GP care is undervalued because GP work is undervalued.

The reality is clear. The average consultation now runs close to 20 minutes, and 68% of GPs say increasing patient complexity is one of the greatest pressures they face. Yet the patient Medicare rebate for a standard consultation is $42.85 and falls short of the cost of modern care.

Spend your member fees wisely

An independent MBS pricing authority

I stand against capitation models that shift risk onto GPs

This gap is felt by patients at the front desk and by practices trying to keep their doors open. Eighty-two per cent of practice owners cite rising business costs as a major challenge. We cannot keep asking general practice to do more while funding it as if the work has not changed.

If elected as your President, I will lead the national case for an Independent MBS Pricing Authority and call for appropriate increase to the patient Medicare rebate for longer consultations, complex care and mental health care.

I will oppose capitation models that shift financial risk onto GPs, weaken patient choice or reduce complex care to a fixed payment. Funding reform must strengthen comprehensive care, protect clinical autonomy and keep practices viable.

Well-funded GP-led multidisciplinary teams

I oppose pharmacy prescribing

Improve culturally safe care

Protect continuity

Continuity is one of general practice's greatest strengths. Nearly four in five patients have a preferred GP, yet 43% of GPs are increasingly concerned about fragmented care and poor communication across the health system.

I will strengthen our opposition to pharmacy prescribing models that substitute specialist GP care, weakens patient safety and diagnosis, and fragments follow-up and accountability.

The 2026 Sax Institute review found that pharmacist prescribing evaluations often focused on activity and protocol compliance, with limited follow-up and weak reporting of clinical outcomes and harm. That is not a sound basis for shifting diagnosis and prescribing away from general practice.

I support well-funded GP-led multidisciplinary teams that strengthen continuity. Pharmacists, nurses and allied health professionals working as part of GP-led teams with clear responsibilities and funded time to collaborate enables better access and care for patients. Eighty-four per cent of GPs believe team-based care improves outcomes, but 79% say inadequate funding stands in the way.

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Continuity must also be available to every community. I will support trusted, culturally safe care that reduces barriers for Aboriginal and Torres Strait Islander peoples and communities.

Back every GP

There is no future for general practice without a strong, supported workforce.

Almost one in three GPs plan to stop practising within five years, while only 9.4% of medical students chose general practice as their preferred specialty in 2024. Training numbers are rising, but we cannot recruit our way out of a retention problem.

Rural general practice is a priority

Support supervisors, training and autonomy

Strengthen IMG and fellowship pathways

Every GP in Training needs an experienced supervisor, a viable teaching practice and protected time to learn. I will push for supervisors and teaching practices to be properly funded, recognised and released from unnecessary administrative burden.

GPs in Training need fairer conditions, less red tape and placements that support, rather than destabilise practices. International medical graduates need clearer guidance, stronger mentorship and fairer Fellowship pathways.

Rural and remote general practice must be a national priority. MM6 communities have about half the GP workforce of MM3 regions, yet rural GPs often carry broader clinical responsibility, including care that would otherwise fall to hospitals.

I will advocate for funded supervision, stronger procedural and after-hours models, and practical support with housing, relocation and family needs. We must make general practice a profession people choose, remain in and are proud to lead.

Move from advocacy to sharper influence

Work constructively and decisively

Challenge lobby groups that impact patients and our profession

Build influence

The RACGP must shape the decisions that affect GPs, not simply respond after they are made.

Too often, general practice is brought in after funding models, policy settings and scope changes are already taking shape. I will ensure the College engages earlier, puts forward practical alternatives and brings the evidence and experience of GPs directly to decision-makers.

We will work with others where it strengthens our case and improves patient care. However, when reform threatens patient safety, continuity, GP clinical autonomy, the RACGP must stand firm, including against well-funded commercial interests.

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Advocacy must deliver results: better funding, stronger policy, safer reform and more capacity for GPs to care for their patients. I want the RACGP to be earlier, sharper and harder to ignore.

Focus the College

Members deserve a College that uses their fees wisely and remains focused on what GPs need.

I will scrutinise overheads, reduce unnecessary complexity and direct resources towards advocacy, education, training, standards and practical member support.

Spend your member fees wisely

Strengthen education, training, standards

Support and build GP data and research capability

Prepare for digital disruption

Seventy-seven per cent of GPs are dissatisfied with their administrative burden. The College should help reduce that burden, not add to it. Its education, assessment and standards must remain rigorous, relevant and led by GPs who understand the realities of practice.

We also need better national data to demonstrate the complexity and value of GP care. I will support a modern successor to BEACH that strengthens our case for better funding and workforce reform.

Artificial intelligence, virtual care and large technology platforms are already changing healthcare. The College must help GPs use these tools safely to reduce administration and improve care, while protecting clinical judgement, continuity and the role of specialist GPs.

A stronger future together

This election is about whether GPs shape the future of general practice or have it shaped around us.

I believe in a RACGP that listens to its members, uses their fees wisely, leads with authority and delivers results GPs can see.

Thank you for your support.

Dr Ramya Raman