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The Cornerstone of Our Healthcare System - General Practice

Over the last 40 years, generations of Australians have benefited from having access to a GP who knows and cares for them. Yet fair and equitable access to general practice care is under threat. I will fight to make sure that high quality GP care remains available to all Australians and that the value of GPs and general practice is respected and rewarded - that is my vision.

I believe my combination of skills and experiences is what the RACGP and general practice as a profession need right now. We need a president who understands clinical practice, who has expertise in the economics of the health system, and who can effectively communicate with funders and policymakers in terms that they understand. My experience as a clinician, health economist and advocate will be fundamental to successfully achieving the outcomes we need, raising understanding of the critical role of general practice and ensuring a well-funded, strong general practice now and into the future.

Getting General Practice Back to the Heart of the Health System

Chronic MBS underfunding and rapidly emerging unproven models of primary care are damaging general practice and harming our patients. We need to move quickly to restore general practice to the heart of the health system. We need the RACGP to step up, to unite our diverse membership and to better support GPs so that we can look after our patients and the health system. RACGP needs a strong, experienced, and trusted thought leader to navigate these challenging times.

My priorities and commitments are based around 5 key pillars related to funding, workforce, role of the College, reducing administration, respect and the future of the profession.

- 1. General Practice Funding Reform:** It is obvious we need an urgent refunding of general practice, particularly consultation items, and increases in funding to support patients with complex needs, and the GPs who care for them.
 - Increased MBS funding, targeted for complex care and vulnerable patients, starting with long consults;
 - Remove MBS restrictions to allow practice team inclusion within consult timing;
 - Improve PIP funding to support non-face-to-face care, care coordination, clinical governance and practice leadership;
 - Increase WIP and remove WIP caps, for all practices, but preferencing rural and regional practices; and
 - Set benchmarks for high quality care primary spending (10% target).
- 2. Supporting the General Practice workforce of today and rapidly strengthening the workforce of tomorrow.**
 - Introduce funded clinical placements and nation-wide grants for junior doctors to enter general practice;
 - Ensure entitlement continuance from hospital to GP training, and beyond;
 - Restore funding to the Fellowship Support Program (FSP) for international medical graduates (IMGs);
 - Increase support for all registrars through training, especially supporting IMGs to be 'practice-ready'; and
 - Targeted resourcing and RACGP support for GPs in underserved areas, particularly rural and remote Australia.

3. **A College for all Members:** RACGP needs to embrace our diverse membership and unite us in action. Women are majority of our members, and internationally qualified practitioners will soon be too. I want all GPs to recognise RACGP as their professional home and to value their membership.
- Advance a GP advocate network to be the voice of general practice within the community;
 - Supporting RACGP's Specific Interest Groups (SIGs) to mature as a network of GP advice and expertise;
 - Prioritise support to RACGP's newly formed IMG group; and
 - Engage membership further through improved communication of RACGP policy positions and advocacy efforts.
4. **Shifting the focus of our practice back from administration to clinical care.**
- Identify and remove bureaucracy (red tape register);
 - Create a member portal for sharing good and bad system experiences to inform RACGP advocacy;
 - Support GPs to embrace AI safely to improve our efficiency and enable more time with patients; and
 - Ensure digital initiatives are general practice and patient focused not hospital centric.
5. **Positioning General Practice as the future of the health profession.**
- Through improved messaging and advocacy restore respect for our profession and acknowledgement of our expertise;
 - GPs leading health and wellbeing initiatives; collaborating with Ahpra & colleges to improve the culture of medicine;
 - As the greenest part of healthcare, we can lead reductions in the impact of the health system on the climate.

About Me

I am a **second-generation GP**. I trained in Queensland and now live and work in Sydney. I've been a GP registrar, supervised medical students and registrars, and have been a **practice owner** with my father on the Gold Coast for nearly a decade. I have also lived in the UK for 4 years, including time working in the NHS.

While continuing my clinical work, I have completed a **Master of Public Health** and a **PhD in health economics** studying the value of continuity of care. My ongoing **health economics research focuses on health policy and funding**, where I've been inspired by my clinical experience. Topics have included: health budget allocation to general practice, incidence of multiple practice attendance, the impact of the pandemic on GPs and our health system, and most recently the financial viability of general practice.

I've been actively involved within the RACGP nationally, currently chairing the RACGP's **Funding and Health System Reform Committee**, and in NSW where I serve as **Vice-Chair of the NSW/ACT Faculty Board**. For the last two and a half years I have been the **Chief Medical Officer at Avant Mutual**, Australia's largest medical indemnity provider, **leading the advocacy education, research and sustainability functions**, and representing more than 80,000 doctors to support a better doctor-led **health system focused on quality, safety and professionalism**.

Immediate Actions – The First 100 Days

With an upcoming Federal election, the RACGP needs to rapidly influence the health policy agenda. My first 100-day commitments will be to:

- Develop a costed proposal to increase MBS funding targeting vulnerable patients and the GPs providing their care;
- Shift the focus of the scope of practice review from access towards quality and safety;
- Get RACGP representation on MBS incentives reviews, and review of consultation items;
- Arrange for every federal politician and state minister to meet with an informed RACGP member;
- Provide policy and actions to rebuke unproven services fragmenting care and wasting health resources;
- Outline clear workforce and funding strategy to increase attractiveness and sustainability of GP training; and
- Provide clear resources about options and implications of payroll tax in each State and Territory.

I encourage all members to vote in this election, as a strong turnout demonstrates our commitment to our health system and the changes we need to make to provide quality care for all Australians. I hope you will consider voting for me. Thank you.