

Dr Karen Price - RACGP 2020 election advertisement- Campaign Overview

Interviewer: Welcome everybody to my presidential campaign 2020 for the RACGP president. My name's Dr Karen Price and I'm here to tell you a bit about myself and about my campaign.

So in terms of my experience, I've been an educator, I have been a community GP for over three decades, I've been a practice owner, I've worked in a corporate, I have done some research in my PhD, and I'm now a subcontractor in a beautiful doctor-owned clinic in Highett in Melbourne.

And so a little bit about who I am. I've also been involved in the Victorian RACGP for many years on various committees and I'm currently deputy chair there.

So my best qualities for the job are that I'm a strong and articulate communicator. I have been involved in developing lots of programs within the RACGP in mentorship and in leadership, and I've also, outside of the college, been an innovator in terms of developing GPs Down Under, a grassroots organisation that's been instrumental in communicating messages from within the GP community and up into other areas of government and into boardrooms.

So I would really love for you to give me your vote and to get your colleagues to vote for me so that we can take, with **35,000 votes**, because that's what I'm aiming for - we could really make a change with **35,000 GPs**. If I take that kind of number with me into the advocacy halls, then we're really going to be able to say that we care about general practice, we care about our patients, and we are serious about making sure we have genuine reform.

My campaign is going to be based on three major structures, which are: **rebuilding, rebranding and rewarding** general practice for high quality care. We need to reinvest and **reward** general practitioners for doing a fantastic job with their patients. We currently have four different funding streams from private fee and gap charges. We have Medicare insurance, the rebate levels. We have bundled payments which have just recently changed from diabetes care into quality QI PIP payments, and we have a small portion of private insurance with WorkCover and TAC. All of these funding streams need to be reformed and looked at.

The terms and conditions - because every bit of money that we get, whether it's private or public money, comes with terms and conditions - they need to be navigated very carefully so that we have physician autonomy.

There are also some really wonderful innovative models, such as the NACCHO and fully employed models, and there are other models such as community-owned general practices, which are really innovative, and I think we need to look at those because there are so many different contexts across the Australian landscape that perhaps one size doesn't fit all.

My second point here is that we need to **rebuild** the RACGP to be a values and member-led organisation. I really believe in people-powered leadership. The RACGP should develop a **brand** called the RACGP Accredited Family Physician. This is to give us something similar to ACRRM, who has the Rural Generalist, which has been a very successful rebranding. We need to do something very similar so that patients, government and our colleagues in hospital recognise that we are fellow colleagues, we are specialist medical practitioners.

The third point is that we need to create some RACGP networks and that's to develop our community collegiality and education hubs within a community that is well-known in the context in which we work. So the demise of the divisions of general practice really left us without any place to congregate. It also allows us to have some inter-professional collaboration so that we've got local podiatrists, local nurses, local people who know our communities and know our patients that we can share and respond to the very specific needs of that community, which will be varied across this great nation.

The other thing that I would like to bring in in terms of my campaign is to **rebuild** a national voice for general practice. So I would like to develop the National Council of Primary Care Doctors. This is a rehabilitation of the United General Practice Association, which was Chris Mitchell's initiative when he was RACGP president. This is an essential tool for our advocacy, and that means that the AMA, the ACRRM, GPRA, GPSA, RDA, NACCHO AGPA and patients' voices are involved in advocating for the very wicked problems of general practice care.

We need to reinvigorate patient-centred care and continue the quality and standards the RACGP are known for and make that a recognisable **brand**.

We also need to, and my role would be to, reunite and re-energise the RACGP Board to focus back on **mission and values for members**.

Thank you very much. It's all on my website KarenPrice.com.au.

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