

# A/Prof Michael Clements

## Candidate Statement

It is with a profound sense of commitment and a vision for the future of general practice in Australia that I present my candidacy for the role of President of the Royal Australian College of General Practitioners (RACGP). My journey in medicine has been marked by a steadfast dedication to serving communities in need and to promoting the profession of general practice and for years now I have been fostering the relationships and accruing the skills required to be the best candidate for RACGP President.

I come to this role with extensive leadership and governance training and experience across both military and civilian sectors, as a practice owner, a supervisor, an educator, and advocate and a collaborator but most importantly as a practicing GP. Having worked within RACGP in representative roles for over 8 years culminating as Rural Chair, Board Member and Vice President my commitment is to build on the considerable achievements of our recent presidents and continue the momentum of the work the Board by bringing my skills to the role to promote, protect and lead the profession.

### Why me

As a medical professional who has long championed the cause of rural and remote health, I have been at the forefront of advocating for policies and initiatives that bridge the gap in healthcare access and quality between urban and rural communities. My contributions to the RACGP Rural and my involvement in progressing the work of the council through media representation, political engagement and working with the other representative agencies are testament to my unwavering commitment to ensuring that rural Australians receive the best possible medical care and that our GPs who work in those communities are adequately supported and remunerated.

My appointment as Vice President has allowed me to broaden my advocacy efforts to include all geographies while learning from the excellent leadership of presidency we have seen from Dr Nicole Higgins. By moving out of the shadow as Rural Chair and Vice President, the President role enables me to take the lead role in championing the member interests communicated to me, and interests of the profession when directing the advocacy agenda.

# Key Priorities

I have three key priority areas that I will draw attention to.

## Doctors with Overseas Medical Degrees (IMGs)

Australian communities have long relied on healthcare from doctors who migrate to Australia and this is particularly the case for rural and remote communities where over 50% of the workforce is provided by doctors who received their initial training overseas. Federal Government initiatives are now aimed at increasing this number significantly, yet we still see policies, procedures, narratives and stakeholders who refer to this group as if they are second best, a temporary necessity until we get the doctors we want to train ourselves. This attitude continues to pervade many levels of decision making and media commentary and we must recognise that this is causing harm and suffering to many in this vital member cohort.

Having been on the rural council for many years now I have had an overwhelming number of our members contact me in distress. It is clear that IMGs are facing inequitable challenges and barriers compared to local graduates and while some of these are external to the College I recognise that more needs to be done within the College to address it. I hear of endless and repetitive paperwork, coercive employment contracts, manipulative practice management and poor supervision support amongst members who feel trapped for fear of losing their livelihood and their visa's if they complain. The sense of isolation and hopelessness is pervasive and a cause of real distress.

### As President I will

- Elevate the voice of IMGs within the College by calling for resourcing of the new International Medical Graduates Committee chaired by A/Prof Shenouda and be a Board advocate for their recommendations.
- Lead a review on the internal policies of RACGP in collaboration with the IMG committee looking through an equity lens to see what we can improve internally as a college, and explore the option to provide pastoral care support
- Externally I will call out inappropriate policies and language from other stakeholders and the government and in particular call for the end to the 10 year moratorium – a call that I have been consistently making as Rural Chair in all of my government and media submissions for years.
- Initiate an advocacy group that combines AMA, GPRA, GPSA, ACRRM and RDAA with terms of reference focusing on pastoral care, advocacy and education support for doctors in this group. My initial task for this group would be to survey the employment conditions that are being experienced and test their validity.
- Review our internal policies and accreditation standards to make sure we hold practices to account for the supervision and employment standards they

have committed to and reinforce our policies to empower us to remove approvals for training when appropriate.

## Registrars and the Training Program

The College has been very active in our call for action regarding the decline in interest in General Practice and the threats to the profession. We have been calling for pay and leave parity with hospital trainees and for an uplift in overall investment in training but we also must take time to look internally at our own program and trainee experiences and accept accountability for the role that we as a college play in influencing whether a trainee chooses to train as a GP.

As Rural Chair I have been contacted by trainees of all of our pathways across AGPT, RVTS, PEP and FSP who describe vastly different levels of support and engagement with the college. I hear stories of practices failing to deliver on their training commitment yet still being able to recruit additional registrars year after year while excellent practices are being denied the ability to take on new trainees. The President role will allow me to elevate and champion the internal reform needed to address these issues.

### As President I will

- Initiate a survey across our training programs with a question on what we need to do to improve the trainee experience. Questions will be formed with the collaboration of our GPs in Training Faculty, GPRA, AMA Doctors in Training and RDAA and I will make myself accountable for following through on the concerns that are identified and the actions required to rectify concerns
- While RACGP does not have a role in the negotiation of the NCTER minimum terms and conditions I will publicly call for and lobby to GPSA for a significant uplift to registrar pay. Sadly I have seen many practices who use the NCTER as a start and end point in negotiation rather than as a safety net and we are not doing the profession any favours if practices are hiding behind minimum terms to use trainees as workforce fodder. As a practice owner myself with a large number of registrars over the years I know what practices can and should be providing to their registrars in financial and training support.
- There have been consistent concerns raised to me about the college exam format and lack of individual feedback that is causing stress and failure to progress from many capable clinicians. Examination formats and policy are set by the Council of Censors so I have no power to change policy, but what I will do is prosecute an argument to review the exam formats through a trainee lens and review the policy that prevents individual feedback to trainees who seek it.

## Defending the profession

On reflection of the candidate statements from previous RACGP presidents and candidates for presidency it is clear the college is continuously defending threats to the profession as we know if from policy makers seeking 'cheap, easy and wrong solutions'

(to paraphrase RACGP President Adj Prof Karen Price). Currently a threat is the 'Scope of Practice Review' and this is coming at a time when we have had very deliberate reduction in real spending and investment into general practice over several governments.

It is imperative that the college continues and builds on the excellent work of Adj Prof Karen Price and Dr Nicole Higgins in how we work with the current government. As Rural Chair and recently Vice President I have been intimately involved in the generation of our position papers and prosecution of our responses to the reform agenda both in Canberra and in the media. There is a lot of momentum in the work being done and Dr Nicole Higgins has made significant gains through her relationship building that we must consolidate.

## As President I will

(But first some qualifiers)

- I could start this by saying 'I will demand', or 'I will threaten a strike' or 'I will criticise in a negative media campaign' but we must first acknowledge the limitations of our lobbying. There is no magic threat or media campaign that the College can initiate that will turn the current government around to give us everything we demand. Primary Care is under threat across most developed nations, financial lobbying interests are pervasive and governments are looking for cheap solutions. If there was a key piece of data or action that would reverse the decline in investment in general practice we would have used it already or seen it play out in the UK, Canada and elsewhere.
- Every time we argue for an increase in medicare rebates, the government points to the number of times doctors accept the rebate as full payment and we still have a divide within the membership on whether our focus should be on medicare rebates or on separating ourselves from the tether.
- Every time we lobby regarding out-of-pocket costs, shortages of GP trainees or closure of practices we see other non-doctor groups offer their discounted or convenience solutions to willing politicians.
- The RACGP is unable to pick political sides or make donations to a party due to our charitable status yet we are put in the same room as many organisations who can. We need to focus on the patient, the community, our expertise and the evidence.

## As President I will

- I will propose to the Board a move away from a deficit narrative of describing what is going wrong in the profession to a positive narrative on the skills, capability and readiness of our profession to deliver efficient outcomes to the communities (and the politicians).
- I will enter each negotiation and Department meeting armed with evidence provided by our expert committees for a cohesive GP and Patient centric solution for the challenges that they seek. Using this evidence I will take a

patient and community centric approach using stories from our membership to drive home our key role as solution makers.

- I will strengthen our relationship with consumer and patient advocacy groups to ensure that the prosecution of our arguments is done with the patient focus and where possible led by them. This enables us to avoid perceptions of turf-wars and financial interest being the driver of our arguments.
- I will lead the cohort of GP Advocates who we are currently recruiting within each electorate and empower and resource them to have a relationship with their MP so that all MPs better understand what our profession does.
- I will bring my experience as a practicing GP, a current practice owner and supervisor to each room, each media story and each Parliament House meeting. I will focus on GP centrality to patient outcomes and to the importance of finding solutions that maintain practice viability and GP retention.

## My commitment to the membership

With a track record of leadership, a heart for general practice as a GP, supervisor, practice owner and advocate who has a clear plan for action I am ready to serve as the President of the RACGP. I will be transparent and accountable to the membership, collaborative with stakeholders and prosecute the agenda of the membership and the board with a persuasive and authentic approach.