

Dr Palmyra De Banks

RACGP 2024 Presidential Campaign
Candidate Statement

Empowering GPs and Elevating Care

As President, I will work to enshrine the RACGP as the leading authority in Primary Care - Empowering GPs and Elevating Care.



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I am a Clinical Director, and General Practitioner in Preston, Victoria, and proud parent of two teenagers. I understand the diverse needs of our profession. My contributions to our profession and community include serving as a Victorian RACGP faculty member, Victorian RACGP IMG committee member, local AMA representative, MIGA Medical Advisory Panel Member, Eating Disorders Family Australia Board Member & Presiding Member at Medical Panels. I have a Health and Medical Law Masters, and I am a Graduate of the Australian Institute of Company Directors.

I am passionate about educating and supporting the next generation of Medical Graduates but am deeply concerned about the lack of junior doctors choosing General Practice as a career pathway. The RACGP needs to continue leading General Practice education, especially after assuming training responsibilities from the nine regional training organisations in 2022, under our national AGPT program. Maintaining the high standards of our profession and ensuring recognition of General Practice amongst all the specialty colleges is essential to ensuring the profession remains attractive.

I enjoy working in sub-specialties like Women's Health and Chronic Pain and believe that supporting GPs to upskill in such areas will enhance the professions appeal to young doctors.

Since arriving in Australia from the UK as an international medical graduate in 2012, I have enjoyed my role as a GP, but have been surprised by the pressures

facing Australian GPs daily. Put simply, the General Practice sector is in crisis: successive Governments, of all persuasions, have underinvested in Medicare and Primary Care, making it harder to attract medical graduates to join our profession.

- **Medical Students are avoiding General Practice as a career** – only 13.1% of Medical Students select General Practice as first choice preference (RACGP)
- **General Practice has become overburdensome** – Complying with bureaucratic policies and administrative tasks is inhibiting GPs from focusing on patient care
- **Out of pocket costs, driven by failed investment in Medicare, are deterring patients from seeing their GP** – nearly 1-in-10 patients avoid seeing a GP because of cost (ABS)
- **ED's have never been busier** – 44% of patients that presented to ED are waiting more than four hours (AIHW)

The RACGP must lead the public debate on restoring Medicare and addressing the GP crisis. The Commonwealth is in the middle of implementing sweeping change to our sector through reviews – including the Working Better for Medicare Review, Scope of Practice Review, After Hours review, General Practice Incentives review.

Time and time again, we see other groups such as pharmacists and nurses prepared to push a tough agenda on behalf of their profession, and I want RACGP to be pushing harder. As you all know, you can't fix Australia's health system without General Practitioners at the heart.

As president of the RACGP, I will look to focus RACGP policies and leadership on five core pillars:

1. Build the future of Australian General Practice

- a. Boost the attractiveness of our profession for upcoming Medical Students by:
 - i. Increasing registrar pay in line with hospitals
 - ii. Expand employee entitlements for registrars
- b. Expand the scope of practice for GPs to take pressure off specialist wait times and get care to patients sooner
- c. Maintain GPs as the central role in patient care – and work with governments to have all practitioners working top of scope

2. Simplifying General Practice

- a. Advocate for reducing administrative burdens on GPs, allow them to focus more on patient care and less on paperwork.
- b. Advocate for improved digital health and telemedicine infrastructure and training thereby improving access to care and allowing greater flexibility for patients and GPs in their therapeutic relationship.

3. Make Medicare help GPs to support vulnerable patients during a once-in-generation cost-of-living crisis

- a. Reduce out of pocket costs for patients, by allowing patients to pay the gap only and pass on rebates to their GP
- b. Expand the eligibility of the bulk billing incentive to other vulnerable patients, including under 25's and low-income families
- c. Increase PBS subsidies for patients with chronic diseases (like diabetes, and cardiovascular disease)
- d. Push for better funding models and improved Medicare rebates.

4. Develop effective solutions to the workforce crises impacting remote, regional and outer metropolitan Australia

- a. Create a financial incentive structure to attract GPs to areas of workforce shortage
- b. Fast track implementation of the Kruk review, acknowledging that ~50% of Australia's GPs are International Medical Graduates, like me, by addressing the unique challenges faced by IMGs in Australia, including credentialing, integration, and career advancement (to be highlighted selectively).

5. Mental Health and Wellbeing

- a. Enhance support for mental health services for patient and mental health resources for GPs
- b. Supporting GPs self-awareness and mental health

The RACGP needs to be prepared to push a tough agenda with the Federal Government, ensuring that General Practitioners remain at the heart of patient care. We are at a critical juncture for the future of General Practice and I will work tirelessly to ensure the best interests of current and future GPs are met.

A vote for me, **is a vote for the future of our profession.**