

## **GPET Chair – Opening Address**

**August 27<sup>th</sup>, 2008**

Welcome to the 2008 GPET Convention and thank you to Richard Davis of the Woddi Woddi Tribe of the Dharawal Nation for the welcome to the country of his people, a truly beautiful part of the world.

This is the 7th GPET Convention. The Convention Theme in 2008 is **‘further, higher stronger – achieving a personal best through teamwork’** and gives us the opportunity to put aside our busy (and at times chaotic), lives for a few days, and to reflect upon our goals and dreams, and on how well we are achieving those goals and dreams.

Some things have changed since we met on the Gold Coast 12 months ago. We have a new federal government. I think it is fair to say that our new government, elected with a clear mandate for change, is keen to stand back and scrutinise many of the established systems in this country, including health care, to see how well those systems are meeting the needs of Australian communities. It has been said that this is a “once in a generation” opportunity to take stock, and if necessary to shift our focus. I don’t think that we have anything to fear from such a process –indeed we should see it as an opportunity to “break through” the restraints that we often grumble about - and to build a better system ... but how do we know what “better” is – that is the real challenge.

The new government has signalled very clearly that “everything” is up for review, and we have to assume that means everything to do with the provision of health care by a federal government, including GPET and AGPT.

A plethora of committees and working parties have been established, including, but by no means limited to:

- The National Primary Health Strategy
- The Office of Rural Health
- The National Indigenous Health Equality Council
- The National Preventative Health Taskforce
- The National Health and Hospitals Reform Commission (Mukesh, our keynote speaker, is a NHHRC Commissioner)

While the terms of reference of each of these groups are laudable, establishing cohesion between the outcomes and recommendations of each of these groups is going to provide a significant challenge.

### **The global picture**

It is fitting that we are having this meeting at a time when our global environment is front and centre in much of our collective thinking. The challenges that environmental

change pose to societies and communities parallel the challenges that we are facing in general practice. For example:

- We can not see ourselves in isolation – we are part of a wider health community and what we do impacts upon and is impacted upon by what happens elsewhere in the global environment of health. For general practice and primary care this realisation should be a good thing – for too long general practice has been, to use an analogy, like workers in third world countries - paid a pittance to provide services for the first world (think specialists and hospitals) who avidly consume our product while at the same time complaining about the quality.
- Resources are finite – that is to say available budgets for health spending are finite – we have to find ways of working smarter, without increasing our consumption of that resource: if you like we have to find sustainable ways of supplying excellent health to our communities without burning up every ounce of resource in the process. The work of Barbara Starfield and others positions general practice/primary care very well to be the ‘sustainable option’ in terms of health service delivery. The federal government’s emphasis on illness prevention and chronic disease management gives us a perfect opportunity to assert our right to be the “developing powerhouse” within the health sector and to demand recognition and equal status.
- And finally we need to acknowledge that what we do upstream can have dramatic consequences downstream. Consider the plight of the South Australians and their water problems resulting from the overconsumption of the Murray Darling system by their upstream neighbours. We have to ensure that those of us that are upstream, setting policy and standards, take full responsibility for the effects on those who are downstream. By this I mean that the GPET, the Colleges, RTPs, Divisions, RDA and other important stakeholder organisations make sure to consider the needs of those downstream, by which I mean our supervisors, registrars, and ultimately the communities that we serve.

One of the best things about the GPET Conference each year is that it reminds us of the central role of our registrars and supervisors - they are the reason that we exist, and unless we look after them we can’t possibly achieve our goals. The Theme of our Conference dinner tonight is “Go for Gold”, and tomorrow we are hosting an “Ideas Olympics”, so in the spirit of the 29<sup>th</sup> Olympiad let me carry the analogy further. The way I see it our supervisors and educators are the coaches, commentators and experienced Olympians, those who share their knowledge and experience with the novices and ‘first timers’. For their part the novices (read registrars and students) are doing some amazing things. Just as many of our young Australian sports men and women achieved amazing results well beyond expectations in Beijing over the last two weeks, the energy that comes from our registrars, including the RLOs and GPRA is one of the things that makes me immensely proud. The General Practice Student Network initiative (GPSN) has been going for less than 12 months, and has already achieved incredible results in terms of raising the profile of general practice within medical schools. GPRA truly earned a gold medal for that initiative, but have they

rested on their laurels – no way - they're now working on GP Compass, a new initiative designed to connect with new graduates during the prevocational period.

## **The Local Environment**

It is customary for me in my role as Chair of the GPET Board to report on GPET's successes and challenges during the previous year. I'll start with the challenges, since much of the focus and activity of the organisation is defined by those challenges. So what do I see as the big challenges?

### **1. Increasing the general practice workforce**

It is no secret to most of you here in the room that this is a critical issue for general practice and for GPET. We are all here because we believe in general practice, but we also fear for its viability. Two years ago the applicant rate among local medical graduates from general practice was at about 25 per cent, which as far as I can determine is a historic low. Thank goodness for our international medical graduate colleagues, who are filling the numbers void to some degree, but ultimately we have to produce enough GPs to meet the community need. To achieve this we need to both increase the number of training places and also to increase the percentage of Australian graduates choosing general practice as a preferred vocational option

### **2. Increasing the 'footprint' of general practice**

I have to say that this is one of the things that excites me the most. Over the past couple of years I've spent a lot of time in a range of different educational and clinical situations, and I have to say that I am blown away by the competence and confidence that I see in my GP colleagues. A sound foundation for vocational training, combined with progressive and forward looking professional organisations means that it is time for general practice to assert itself in territory that we have been excluded from in recent decades – not because it is a competition for turf, but because it is the right thing for our patients. We have to get back into hospitals and emergency departments, increase our role in procedural medicine, and assert our credentials to be managing chronic illness, paediatrics, dermatology, mental health and a host of other conditions that have been taken over by the 'partialists'. There will always be a role for our consultants, but let's use them as true consultants, and politely but firmly take back the stuff that we can do just as well as they do.

### **3. Convincing a new government of the central role of a robust general practice sector in any sustainable health system**

I think that the new government understands the need for a robust primary care sector. We delivered that message early, and backed it up with evidence. What I'm less sure of is how the new government will ultimately perceive the role of general practice in that primary care sector. There are a number of groups lobbying very strongly at the moment to increase their own footprint, the Pharmacy Guild being a prime example. If I were the government I would be listening to each of those groups as they put their case – that is the role of government. The challenge for us is to make sure that the role for general practice is clearly articulated – I don't think we need to be defensive – I

have enough confidence in our credentials – but we do need to work with the other stakeholders in the general practice environment to make sure that our voice is heard.

#### **4. Obtaining sufficient support and resources to meet the previous goals**

This last challenge may sound too self-evident to warrant exploration, but we need to remind ourselves that we are at a point where a number of critical factors are intersecting. The AGPT/Regionalised Training experiment is seven or eight years old – it is natural that a government will be examining the initiative to see if it is delivering what it was set up to do. The GPET contract with the Commonwealth is up for negotiation during 2009, and in the current fiscal environment we have to anticipate some hard negotiating ahead. The RTPs have indicated that they are happy to input into those negotiations, and I thank them for the offer, as the ultimate suppliers of the service, you guys are very well positioned to provide the evidence that we will need to persuade a government to at least maintain their current level of support and hopefully to enhance it.

So, if those are the challenges, what are our achievements over the past year? Well, we have increased the number of applicants for 2009 entry positions, both numerically and as a percentage of local graduates – now 29% for the 2008 intake and we hope to get that up to 35% by 2012. We have very nearly completed a second round of RTP accreditations, and are currently evaluating the process, with early indications looking very positive. We are in the process of implementing a performance measurement system that allows us to track our achievements against our goals, both nationally and at an individual RTP level. Within the GPET office, Erich Janssen and his team have completed a management restructure and implemented new financial reporting systems, all achieved with a minimum of internal disruption, and hopefully in a way that will make the central office of GPET more supportive of and responsive to stakeholder needs.

And finally we welcome three new Board members, as part of our annual cycle of Board renewal that was first implemented last year. Dr Siew-Lee Thoo, representing recently graduated registrars replaces Dr Michael Wong, and I would like to particularly thank Michael for his contribution to the Board over the past four years. Also joining the Board are Gloria Kahn, a nominee of the National Aboriginal Community Controlled Health Organisation, and Professor Jeanette Ward, a former GP educator and currently a Public Health Physician and Academic.

#### **The year ahead**

As in past years, we have many challenges in the year ahead. Over the next 12 months we have the opportunity to be a part of substantial change within the Australian health system. I feel confident that you, my colleagues, are up to the challenge. As a final sporting analogy I will refer to the Tour de France, something that I, like many other Australians, have become more knowledgeable about in the past couple of years. While there is much that I still don't understand about cycling, I've learned 3 important things:

- It's much easier to ride with the peloton than out on your own
- You can't win without a good support team

- The sprinters are flashy, but rarely end up with the leader's yellow jersey

You here in the room today represent the peloton of general practice. The finish line is a long way off, with a few tough alpine sections still to negotiate. We have strong leaders and pacesetters among us already, but we will all need to take leading and support roles at different times if we are to get to our goal. Here at GPET we see ourselves as a part of your support team.

Welcome to our 2008 Conference.

Let the Games begin!