

Candidate Information Regarding Dr Susan HARNETT

As a vision for the future, I see that the framework as set out by the ADGP is paramount if we are to ensure that general practice not only survives but thrives. I support the greater use of multidisciplinary teams. I think that greater collaboration between stakeholders and GPs is necessary, but the GP must remain the pivot and coordinator of care. I do believe that the future of health is best supported at the primary care level and not at specialization and hospital focus. This is becoming more apparent as our population ages. We do need to keep our community as healthy as possible but this will mean a greater burden on the health system from an aged population with its chronic degenerative disease focus. Our workforce is looming as a key issue and how it is organized over the next 5-10 years will either allow our new direction to occur or mean that we will flounder. I do strongly believe that I would bring a skills base and enthusiasm which should benefit our state and the Division Network as a whole on the ADGP board.

I have now been in general practice for over 20 years including a 12 month position with the Oxfordshire Health Authority in the UK where I worked in a number of GP practices in the country as well as the city of Oxford. For the last 15 years I have been based in a small group practice in the Bankstown region of Sydney. This has given me a very broad experience of working with not only socially disadvantaged groups but also those from a very diverse multicultural background. These experiences have given me a wealth of knowledge and understanding of what is required of our primary health care system and the challenges that it faces.

In 1995, I became a board member of the Bankstown GP Division. I held the position of Treasurer for 2 years before becoming the Chairman in 2000, a position which I still hold to the present day. I have a very good understanding of the fiscal obligations of the Division and the broader issues that confront a local division in its operations and interactions. I have also developed a relationship with our local paper and politicians.

Over the years, I have been active in local hospital committees and councils and also in the Area Health Service at planning levels and representation of the Divisions on their Clinical Council. I feel that interaction with the Area Health Service is of major importance for local divisions to try and ensure better health delivery to our patients and to allow better collaborations with stakeholders at community level as well as the acute hospital setting.

The Division has also successfully gained local council grants which have assisted the Division to hold educational talks to employees of local factories and industries on subjects such as diabetes and its prevention. I have been and continue to be involved in programs that the Division runs such as antenatal shared care and diabetes.

In recent years, I led the development of a bowel cancer screening program through general practice with the collaboration of hospital specialists which has seen a 65% participation rate from the community and has now been running for 4-5 years. It will dovetail into the national program.

As the key Clinical Advisor to the Division's Aged Care Panels Program, I have led the development of GP rosters in Residential Aged Care Facilities which has increased GP involvement in aged care and provided a guarantee that every resident will have a GP to care for them when admitted.

Dr Susan Harnett