Q&A

Dr Ramya Raman
AMA (WA) RACGP Representative

General Practice chose Ramya

Dr Ramya Raman – Vice President RACGP & Chair RACGP WA

Why did you join the AMA (WA)?

I joined the AMA (WA) because I believe doctors have a responsibility not only to care for individual patients, but also to contribute to the systems that care for communities.

The AMA provides an important voice for the profession, and a forum where clinicians from different specialties can come together to advocate for better healthcare outcomes for all Western Australians.

Why did you join the AMA (WA) Council?

I wanted to help bring the perspective of frontline general practice into broader healthcare discussions. General practice sits at the centre of the health system, yet too often policy is developed without fully understanding what happens in the consulting room.

Joining Council was an opportunity to contribute constructively to system-wide conversations and advocate for practical solutions that improve patient care.

Why did you choose your specialty?

General practice chose me as much as I chose it.

I was drawn to the privilege of caring for people across every stage of life, from newborn babies to older Australians. I love the breadth, complexity and continuity general practice offers.

One day you might diagnose a serious illness; the next you are supporting someone through a life-changing diagnosis; and years later you are caring for their children. Those long-term relationships are incredibly rewarding and, in my view, one of the most powerful tools in medicine.

“Work hard, stay humble and treat everyone with respect. Those principles, imparted by my parents, have guided me throughout my career. Titles and achievements come and go, but how you treat people is what they remember.

What has had the greatest impact on your area of practice?

The growing complexity of patient care.

People are living longer with multiple chronic conditions, mental health concerns are increasing, and healthcare has become more fragmented. At the same time, patients expect more coordinated and accessible care. This makes continuity of care more important than ever, yet our funding models have not kept pace with the complexity of modern general practice and the needs of our patients.

What would you tell a young doctor looking to work in your specialty?

General practice is one of the most challenging, intellectually stimulating and rewarding careers in medicine.

You need to be comfortable with uncertainty, curious about people, and committed to lifelong learning. If you enjoy solving complex problems, building relationships, and making a difference in people's lives over decades rather than days, then general practice offers an extraordinary career.

What prompted you to move into leadership roles?

Initially, frustration.

I found myself repeatedly encountering barriers that affected my patients and colleagues, and I realised simply identifying problems wasn't enough. Leadership gave me an opportunity to help shape solutions. Over time, I have learnt leadership isn't about titles; it's about service. Bringing people together and helping create conditions where others can succeed.

“Every day I meet patients navigating illness, loss, uncertainty and adversity with remarkable courage. Their stories are a constant reminder that healthcare is ultimately about people.

What made you take an active role in advocating for general practice?

As a GP, you have a front-row seat to both the strengths and weaknesses of our health system.

Every day, I see patients navigating increasingly complex healthcare journeys. Hospitals under pressure, clinicians working incredibly hard, and patients trying to make sense of a system that often feels difficult to navigate. At the same time, I see the remarkable impact that continuity of care and strong general practice can have on people's lives.

It became increasingly apparent to me that many of the challenges are not clinical problems; they are system problems. They arise from funding models, workforce shortages, administrative burden, and the persistent divide between state and federal responsibilities. General practice is funded by the Commonwealth, while hospitals are primarily funded and managed by the states. Yet patients don't experience their healthcare in silos. They simply expect their care to be connected. But too often, policies are developed within separate jurisdictions – creating gaps, duplication and inefficiencies that ultimately affect patient care.

I also became increasingly concerned about the growing red tape and administrative burden placed on clinicians. Every hour spent completing paperwork, navigating compliance requirements, or duplicating documentation is an hour not spent caring for patients. Aged-care forms, insurance reports, regulatory requirements, increasingly complex billing and compliance processes – the cumulative burden is substantial; it contributes to clinician burnout and reduced access to care.

At the same time, we continue to underinvest in the part of the health system that delivers the overwhelming majority of patient care. General practice provides more than 170 million services to Australians each year. Yet government spending has increasingly flowed towards hospitals, while primary care funding has failed to keep pace with demand and inflation. We cannot continue expecting general practice to absorb more work, manage greater complexity, and deliver better outcomes without appropriate investment.

Advocacy then became a natural extension of clinical care for me – realising that looking after patients in the consulting room is important, but improving the systems that shape their care can impact on thousands more. If we want better outcomes for patients, we need clinicians at the table helping to shape policy, funding and workforce planning.

What's the first issue you would tackle if you were WA Minister for Health?

I would focus on strengthening primary care and recognising general practice as an essential part of the health system, not a separate entity operating alongside it.

For many years, health policy has been heavily focused on access. While this remains important, Australia already has relatively strong access to general practice compared to many health systems around the world. The next challenge is ensuring care is coordinated, high-quality, safe; and that it delivers better long-term outcomes for patients.

One of my concerns is the increasing fragmentation of healthcare through parallel consulting models, where patients receive episodic care across multiple providers without communication, continuity, or a clear clinical home. While these models may improve convenience, they can also create duplication, increase costs, and make it harder to deliver truly person-centred care.

Evidence consistently shows that strong primary care systems improve population health outcomes, reduce hospitalisations, and lower healthcare costs. As the late Professor Barbara Starfield famously observed, *"The most important determinant of health is having access to a primary care physician."* Her work demonstrated such health systems achieve better outcomes, greater equity and more efficient use of resources.

That means investing not only in access, but also in continuity, comprehensiveness and coordination of care; the pillars of high-performing primary care systems. It means funding preventive care, chronic disease management, mental health care and longer consultations appropriately.

If we are serious about building a sustainable health system, we need to move beyond measuring success simply by the number of appointments available, and start asking a more important question: *Are patients receiving the right care, from the right clinician, at the right time, in a way that improves their long-term health?* This starts with a strong, properly funded general practice sector that is fully integrated into health planning, workforce planning and reform. When general practice is supported to do what it does best – provide continuous, comprehensive care – the entire health system benefits.

If you weren't a doctor, what would you be?

Probably a teacher. Education has always been a passion. Whether it's teaching medical students, mentoring registrars or speaking about health, I enjoy helping people learn and grow. In many ways, general practice and teaching share the same goal – empowering people to make informed decisions.

What's your life mantra?

Listen first. Whether you're a doctor, educator or leader, the best decisions come from understanding people's experiences before trying to solve their problems. Listening builds trust, which is the foundation of both healthcare and leadership. ■