

Patient-centred care

Consumer Liaison Committee, RNZCGP, August 2006

'Patients today are considered health consumers and want to be active participants in decisions about their health.'

Cole's 'Medical Practice in New Zealand - 2005' (a Medical Council of New Zealand publication - p.39)

Introduction

One of the responses of the College to this emphasis on patients as health consumers was the establishment of the Consumer Liaison Committee (CLC). The College Council set this up in 1999 as a separate committee of the Council. Specific terms of reference for the CLC were approved, and the mission statement of the CLC reads *'The committee will help the College to improve its awareness of the needs of health consumers.'* Its aims are to work with the College in a pro-active manner and give advice from a consumer perspective on College policy and development matters, information and publicity material. The Committee sees itself as adding value to the College's work, emphasising that patients see themselves as health consumers who want an active, participatory role in their relationship with their GP, a partnership involving dialogue and shared responsibility for their treatment.

Material sent to the College from various agencies, such as the Medical Council, seeking College input are also often sent as well to the CLC to ensure a patient-centred perspective and the CLC comments are included in the College response. Included in the CLC work-plan is a project to identify and establish links with other consumer health and disability groups. Committee representatives attended a conference of health consumer groups organised by the New Zealand Guidelines Group and are looking to expand their contacts in this area. The Committee also made a contribution to the College publication *Aiming for Excellence*, which is an assessment tool for general practice.

Composition

The Consumer Liaison Committee is comprised of 10 members; six being con-

sumer representatives (one of whom is elected every two years as chair of the Committee), as well as the College CEO, a representative of the College Council, the College policy manager and a College support person. Present consumer representatives are: Bev Clark, the chair, who is from Wanaka; Linda Hall-Thorpe from Porirua; Ken Talbot from Timaru; Joy Rogers from Papatoetoe; Winifred Bull from Martinborough, and one vacancy; Ros Gellatly, a GP from Blenheim, is the Council representative; Karen Thomas is the College CEO; Andrew Stenson is the College policy manager and Jim Turner is the support person.

The Committee meets six times per year, four of which are by teleconference. The Chair of the CLC also attends the College Council meetings and attends the annual College conference. CLC representatives also attend College seminars and quality workshops to ensure a continuing focus on patient-centred care.

There is a separate section on the College website devoted to the Committee, giving its purpose and composition and a list of frequently asked consumer questions, with answers provided by the Committee (see www.rnzcgp.org.nz). Recent research on inquirers accessing the website showed interest in this issue from all continents as the trend towards patient-centred medicine is world-wide.

Workforce remuneration

There are workforce issues that are affected by the remuneration that the general practitioner receives. With an increasing shortage of general practitioners there is a need to maintain and increase that workforce. The majority of general practitioners are self-employed business people who need to maintain the financial viability of their business

to be in a position to provide the services their patients require. There are also an increasing number of general practitioners who are employed by Trusts and other agencies delivering primary health care. This period of change means that consumers are concerned and the CLC is being pro-active in this area.

After hours

Similarly the issue of after-hours services must be seen through a patient-centred perspective. Patient and GP expectations of after-hours services are both changing but, again, it is important for the College to maintain a patient-centred perspective, which is a key concern for the Committee.

Workforce training

There are more general areas that the Committee is considering such as workforce training issues relating to the provision of general practitioner services. The recruitment and retention of an adequate vocationally registered workforce is the basis of the present primary health care strategy, but the number recruited depends partly on the provision of adequate training being available for medical graduates and their reasonable distribution over urban and rural areas. The content of training for general practitioners, including their cultural competence has been an issue considered by the Committee. The College is actively involved in activities following the recent decision to review funding of medical training by the Government's Clinical Training Agency (CTA).

The Committee is open to suggestions from any source as to items of interest and welcomes ideas for their continuing effective participation in the role of the College.