

Strategy rests on shoulders of general practice team

The general practice team is the foundation of the health system.

That central premise is the core element of College submissions to the Health Workforce Advisory Committee on their discussion document *Framing Future Directions*.

The GP team plays a pivotal role in the well-being of New Zealanders, the submissions stated, adding that international research has shown that availability of general practitioners is consistently related to health outcomes. This drew on the messages given directly to the Ministry of Health and again through the College conference last year by acknowledged American primary care expert Barbara Starfield.

Calling for workforce change in an evolutionary way, the College stated the sector nevertheless needed a period of stability to adapt to recent changes. It was also important to recognise that service provision in primary care has functioned as well as it has only because of the goodwill and tenacity of health professionals.

The workforce strategy needs to ensure effective collaboration and teamwork are central themes, and the College said it concurred with recent UK reports that general practice required:

- Career development pathways and opportunities for the GP team;
- Decreased workload;
- Rewards for quality with a graded scheme of incentives to encourage practices to move up the quality ladder;

- Salary options;
- Greater promotion of general practice as a career;
- Greater flexibility in work.

The discussion document does not adequately address the impact of high student debt on workforce issues, with a declining interest in general practice as a career. While the paper noted there had been an overall growth of 35 per cent of medical practitioners over the past 10 years, College experience would emphasise the cumulative decrease of active GPs between 1995 and 2000 attested by the Medical Council of New Zealand.

Additional New Zealand focused strategies the College would like to see:

- Many of the proposed solutions for rural Northland applied at a national level;
- The creation of new opportunities and career pathways, particularly for rural health practitioners;
- Further development of the overseas-trained workforce;
- A change in the nature of the workforce culture, including existing relationships;
- Creating supportive conditions for change;
- Having clarity, leadership and clearly demonstrable improvements, with appropriate systems and infrastructure;

- Better understanding of how PHOs operate. Not all practitioners are up to speed with the PHO concept, roles and relationships;
- Improving the links between patients and communities and the PHO and its practitioners.

Many of these can be achieved through training, whether through the practice accreditation programme or through interdisciplinary training.

Agreeing with the need for insightful governance and sound management, the College is nevertheless

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aware of the workforce pressures in many regions of New Zealand and notes that contracts need to contain a clause recognising PHO service limitations when influenced by these workforce issues. It is important

DHBs remain responsible for building workforce capacity, including primary care, in their regions, and also important DHBs cultivate and use primary care expertise.

Clinical governance is about the application of effective clinical and organisational practice within the environment of monitoring, evaluation and continuous quality improvement. It is most effective when all partners are working together for improved outcomes for patients. The engagement of all partners working as a team ensures commitment to effective quality improvement.

Implicit in this approach is that assurance of quality cannot be offered without allocation of sufficient resources and that a national framework is required with consistent use of CQI principles.

The College noted that professionals are externally accountable for the care they provide, and that the idea of being able to demonstrate to others that you are providing good care is of increasing importance.

A number of processes are included in the development of effective clinical governance such as evidence-based practice, audit, risk management, mechanisms to monitor the outcomes of care, lifelong learning among clinicians and systems for managing poor performance. Team development and the effective use of peer groups are critical factors.

There is evidence of good levels of health care in countries where access to health care services is through GPs. The HWAC paper notes one barrier to implementation of the primary health care strategy is resistance to change about who controls entry to the health system. The College is aware that ACC's experience is that multiple entry points increase the likelihood of fragmented care. It is currently researching this.

A further barrier is the lack of funding for effective implementation of the strategy, including stress and change management, team building, quality activities, education and training, including the important area of cultural competence.

Equally, the development of teamwork takes time. It needs to be funded and facilitated. Practice-based facilitation is likely to be most effective

for existing practitioners with more work at the PHO level. Team members must also have the opportunity to upskill where appropriate and undertake relevant continuing education. Where GPs are self-employed, they find this difficult to achieve, especially in rural areas where locums are difficult to locate.

Trials of increased collaboration between nurses and doctors have shown improved patient care and staff satisfaction.

The College continues to encourage the recruitment, retention and additional support of Maori GPs and medical students, recognising the significantly different support requirements of many Maori GPs.

Working through the Te ORA GP peer group, the College launched the Maori faculty Te Akoranga a Maui in 2002.

It is important to recognise that Maori workforce development needs to occur at all levels, service delivery, planning, contracting, policy development and governance. It is also important that, with limited numbers in the Maori Health workforce, the same group of people are not constantly required to provide input. Many face the risk of burnout due to heavy workloads and professional isolation.

The same is true for Pacific Island health practitioners.

The College thanked the committee for the chance to discuss *Framing Future Directions* and the many questions and issues it raised, but said there had been some reticence due to a perceived lack of strategic focus in the document. It looked forward to providing further comment.

Roadshow

The College is to go on the road for a series of faculty meetings around the country – the reality of the promise made by College CEO Claire Austin at the Rotorua Conference.

'It's the College coming to you, rather than the opposite,' Ms Austin said.

'If we are to represent you effectively in our constant lobbying on your behalf, we need your input. We need to know what you think, and why.'

Equally important, the College wants to know what services and support the faculties would like to see provided.

The roadshow will be led by Policy Manager Andrew Stenson, with input from other key College staff, including CEO Austin. It will either coincide with already scheduled faculty meetings, or be arranged as a local special.

'We'll try and make the meetings geographical,' said Stenson, 'to make sure as many people as practicable can attend.'

'This is a vital period in the future of general practice,' said College president Dr Helen Rodenburg, who, with deputy Dr Jim Vause, will try and attend meetings as their own schedules allow.

Government is intent on delivering on election promises – armed with a large electoral mandate – and the transformation of our familiar environment into primary health care, requires our voice as never before.

'We need to know what your issues and needs are at the grassroots level,' Dr Rodenburg said. 'To be totally effective, doctors must speak at least from the same page.'

Helpline

Work has begun to implement an 0800 Helpline for GPs to access the resources and support of the College.

'It will specifically cover some of the more difficult areas such as stress and peer/mentor support, or working through Health and Disability issues,' said membership services director Hugh Sutherland. 'Some of those issues can take a long time to resolve and the need has become apparent for this type of service.'