

Evolving roles difficult for GPs but good for patients

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The solutions to Australia's general practitioner shortage are not just in increasing GP numbers, but in developing new roles to care for patients, according to research published by the Australian Primary Health Care Research Institute (APHCRI) based at The Australian National University.

Instead, developing the role of practice nurses, better working in multidisciplinary teams and considering the creation of new health roles should be considered to ease the burden on general practitioners.

The researchers argue that while changing and developing roles within general practice is challenging for the professions involved and must take account of patient safety, the evidence suggests it can provide as good, or even better care, for patients in the long-term.

Professor Nicholas Zwar, who has investigated the best ways to care for patients with chronic illness, like Type 2 diabetes, says task substitution and supplementation between doctors and nurses in roles such as case management using guidelines, patient education in self management, monitoring and follow-up improves patient's intermediate health outcomes.

"But it's important that we introduce multidisciplinary care in a way that builds trust and mutual respect between the professions, without that it may fail, and patients will lose out,' he said.

Dr Dennis Pashen is working to progress a 'rural generalist' workforce in rural Australia. The new roles include rural generalists in advanced emergency medicine to work in hospitals and a trial of rural and remote paramedics to be based in primary health care teams. His APHCRI research examined how these and other generalist roles could be implemented in rural and remote Australia to help ease workforce shortage.

"We need to think beyond the GP in rural and remote areas. Generalists are doing good work in the Australian outback, but the mid-level practitioner, like physician assistants, practice nurses and nurse practitioners can extend the reach of medical generalists and specialists services," he said.

Professor Helen Keleher agrees. The focus on GP numbers ignores the problem of the system not supporting other roles in general practice that could help GPs and will certainly help patients.

Her research, which examined general practice and community nursing called for a review of career paths and payments for practice nurses to encourage them to enter the profession and to build a strong role for nurses in caring for chronically ill patients.

"Funding reform is critical to ensure that funds follow patients and address their needs with the right service at the right time. Nurses are the largest health workforce and excel at primary health care, but funding restricts patient access to primary health care nursing," she said.

APHCRI Acting Director, Associate Professor Kirsty Douglas says GP workforce figures are complex but there is an undeniable shortage of both general practitioners and nurses in primary health care. This workforce shortage, combined with increasingly complex patient needs and care means general practice needs to investigate new models of care

to improve patient health outcomes, and even to just cope with the patient workload that exists today.

"The APHCRI research provides a good evidence base for formulating policy that will not only assist GPs to care for the patients they have, but those who are likely to develop chronic illnesses as they age," she said.

"However, the model of nurse supplementation should not be seen as a 'cheap' option. International evidence suggests that multidisciplinary teams and task supplementation can provide quality care but requires excellent coordination and communication, and is not necessarily less expensive than GP care. New models should be progressed because of a quality agenda, not a cost agenda."

Source: Research Australia

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