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**Title:** Policy Options for Strengthening an Australian Generalist Primary Care Workforce

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### Abstract

**Objective:** To conduct a systematic narrative literature review of the place of generalism in the 2020 primary care team in order to identify potential policy options to strengthen a generalist primary care workforce in Australia.

**Methods:** A systematic narrative review of generalism and generalist approaches was conducted to identify the essential dimensions of generalism as they applied to medical care practiced in the community setting.

**Results:** To strengthen a generalist primary care workforce we identified three interdependent policy options within a strategic framework, namely: increasing the importance and status of generalists; enhancing the educational content and settings that strengthen a generalist primary care workforce; and building and transferring evidence about strategies that strengthen generalism in the 2020 primary care team.

**Conclusion:** With primary health care workforce development being a national government priority, and the newly established Australian Health Workforce Institute, the time is right to transform an evidence-informed strategic framework into an agreed National Operational Action Plan to strengthen Australia's generalist primary care workforce.

## INTRODUCTION

Health systems with a strong primary care orientation are associated with improved equity, increased access, more appropriate services at lower costs and improved population health<sup>1,2</sup>. Australia is recognised as having a health care system equal to the best in the developed world, and it is underpinned by a generalist approach, as provided by general practitioners (GPs). However, Australia is facing a primary health care workforce crisis that is being exacerbated by a workforce shortages, technological advances, an ageing population, rising rates of chronic disease, increases in co-morbidity and growing multi-morbidities<sup>3,4</sup>. The Australian Medical Workforce Advisory Committee estimated the shortage of GPs in 2002 was in the range of 800 - 300, requiring between 1,100 and 1,200 workforce entrants each year from 2007 to 2013 to overcome<sup>5</sup>. Some evidence exists that the numbers enrolling in the General Practice Education and Training Australia program is increasing<sup>6</sup>.

The issues facing Australia's generalist primary care workforce need to be contextualised within the current policy context. Australia is within a period of significant health policy reform, partly in response to Australia's primary health care workforce crisis. The new Labor Government is firmly committed to providing Australians with access to high quality, cost-effective primary care that is evidence-based and coordinated with other forms of care, such as hospital specialist and aged care services<sup>7</sup>. Central to the Australian Government's reforms is ensuring that health resources are used efficiently and priorities are set on the basis of patients' needs and achieving the best health outcomes. The Australian Government aims to achieve this outcome through a range of reforms that support the delivery of primary care services throughout Australia. Such reforms include general practitioner (GP) and practice nurse training, and funding to address primary care priority areas such as workforce shortages, child health, and access to appropriate primary care services. The Government has also committed to examine how the primary care sector can operate more efficiently and effectively through the development of a National Primary Health Care Strategy.

In response to widely documented issues facing Australia's health workforce, over the last three years a significant package of health workforce reforms have occurred relevant to a generalist primary care workforce. These include: a National health Workforce Taskforce<sup>1</sup> to undertake project-based work; the development of single national registration and accreditation schemes; processes to better engage with education and training sectors; increases in Commonwealth funded medical training; and increase in tertiary places and clinical training opportunities. An overarching National Health Workforce Strategic Framework was also endorsed by COAG in 2006 which lists seven key principles for action, ranging from: ensuring and sustaining workforce supply; the appropriate distribution of workforce; ensuring appropriate training; optimal use of skills; a positive health environment; responsiveness to population and consumer demands; and collaboration with stakeholders.

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<sup>1</sup> National Health Workforce Taskforce (2008). Accessed from <http://www.nhwt.gov.au/nhwt.asp>

Given the issues facing Australia's health workforce, the current Government's policy directions and workforce reforms underway, the place of generalism within primary care needs to be understood and strengthened. Within Australia, there has been no systematic review of the available evidence on the place of generalism within primary care to identify the essential dimensions of the generalist approach as they applied to primary medical care practiced in the community setting.

## **METHODS**

In 2007 to inform future primary health care workforce reforms, the Australian Primary Health Care Research Institute (APHCRI) funded the Department of General Practice, at The University of Melbourne to undertake a systematic narrative literature review and synthesis of the place of generalism in the 2020 primary care team. The review was underpinned by APHCRI's linkage and exchange model<sup>8</sup> which facilitated relationships and communication between researchers and policy makers. A full description of the review methods is available from the APHCRI website ([http://www.anu.edu.au/aphcri/Domain/Workforce/Gunn\\_25\\_approved.pdf](http://www.anu.edu.au/aphcri/Domain/Workforce/Gunn_25_approved.pdf))<sup>9</sup>.

We electronically searched databases and websites using the terms: "generalism" &/or "generalist" and "general practice" &/or "primary care" &/or "family practice" &/or "primary health care" and "physician's role" &/or "dimensions" &/or "approaches" &/or "practices" and "consequences" &/or "comparison" &/or "evaluation studies" &/or "outcomes assessment" &/or "cost-effectiveness". Two independent reviewers read the abstracts of each article to identify those that met the review inclusion criteria. Inclusion criteria were defined as articles that linked generalism and a generalist approach as a first contact point and entry to the health care system, including articles that referred to generalism as the provision of whole-person care, for any problem, in the community setting.

Articles meeting inclusion criteria were read and re-read to identify key themes that explained the generalist approach. The identified themes were grouped together through a process of review and discussion until key thematic areas emerged. The key themes were combined to form the basis of a conceptual model of generalism. We also consulted with key stakeholders via interviews at the start of the review and prior to finalising the emerging policy option and final report.

## **RESULTS**

### **KEY FINDINGS**

Our search retrieved 595 papers, of which 97 papers (74 commentaries, 9 reviews, 14 empirical studies) were reviewed.

The review found:

- there was no agreed upon definition of what generalism was;
- that generalism was the result of the continual interaction of three essential dimensions: *ways of being; ways of knowing; and ways of doing* (a full description of the conceptual model is available from [http://www.anu.edu.au/aphcri/Domain/Workforce/Gunn\\_25\\_approved.pdf](http://www.anu.edu.au/aphcri/Domain/Workforce/Gunn_25_approved.pdf));
- observational evidence suggests that a generalist approach does deliver equitable, accessible, cost-effective care for patients; and
- there is a devaluation of and reduced emphasis on generalism, reflected in falling number of graduates entering general practice
- health care systems based upon a generalist primary care workforce underpinned by generalism will be well equipped to deliver cost-effective, equitable and accessible health care.

## POLICY OPTIONS

To enable Australia's health care systems to be based upon a generalist primary care workforce, we identified three interdependent areas of policy options:

- Increasing the importance and status of generalists;
- Enhancing the educational content and settings that strengthen a generalist primary care workforce; and
- Building and transferring evidence about strategies that strengthen generalism in the 2020 primary care team.

The policy options are based on our findings that generalism can be embedded as a philosophy of practice that underpins primary care teams in both the present and the future. The values and kind of care delivered through generalism do provide the basis for an equitable, accessible and affordable health care system.

The policy options were developed for the Australian policy and practice environment using an existing policy analysis framework<sup>10</sup> which examines the *actors* – individuals, groups, organisations relevant to the policy; the *context* – the factors which may have an effect on the policy; the *content* – the substance or mechanisms that forms the policy, and the *process* – the ways which the policy is initiated, developed, negotiated, and evaluated.

To contextualise the policy options, they have been framed within a **Strategic Framework**, (see **Fig 1**) guided by a logic model approach<sup>11</sup>. The framework provides a visual representation and articulation of the *inputs* and *activities* required to strengthen generalism, in order to produce *outputs* and *outcomes* of a generalist primary care workforce.

**Insert Figure 1 here**

**Figure 1: Strategic Framework to Strengthen a Generalist Primary Care Workforce**

We recognise that the policy options are not mutually exclusive and that changes are required at three levels: the individual practitioner, at the practice level, and the system level. Each of the options and possible activities are presented below.

- ***Increasing the importance and status of primary care generalists:*** The decline in graduates choosing generalist careers is documented within the literature. Policy options to encourage more graduates to take the generalist career path include: Clear and attractive career pathways for generalists; scholarships for generalists to undertake further education and training; and improved remuneration for generalists that recognises the increasing complexity of the work that they do and funds models of generalist-led primary health care teams by developing finance models that reward care-coordination, chronic disease management and evidence-based preventive health care.
- ***Enhancing educational content and settings that strengthen a generalist primary care workforce:*** To practice 'generalism' requires attracting and maintaining highly capable, adaptable individuals who can deal with patients who present with multi-morbidities and a complex mix of social, emotional and cultural issues. Policy options to enhance educational content and settings include: accredit health education and training programs that embed the essential dimensions of generalism at all levels (undergraduate through to postgraduate); develop medical and nursing curricula content that supporting generalism and enabling a generalist workforce; locally based dedicated 'training hubs' for generalist students on community placements.
- ***Building and transferring evidence about strategies that strengthen generalism in the 2020 primary care team:*** The review found limited research and evaluation of strategies designed to strengthen generalism in the 2020 primary care team. Policy options to build the evidence base include: specify and fund generalist career pathways that attract high quality graduates; implement evidence-based models of generalist led primary care teams; fund mechanisms that support effective models of generalist-led primary care teams for people with multiple morbidities; and increase the evidence base about the doctor and nurse generalist, their respective roles and interactions within Australian primary care.

We recognise that the policy options for strengthening Australia's generalist primary care workforce, may be idealistic and not 'real world' as they emerge from a systematic literature review. To address this, and to build upon this work, the author (LN) has received a research fellowship from the newly established **Australian Health Workforce Institute (AHWI)**<sup>2</sup>. The research is designed to develop an agreed upon National Operational Action Plan to strengthen a generalist primary care workforce, using the strategic framework and policy options from the generalism review. The strategic framework and specific policy options from the generalism review will serve as the basis of the plan. The fellowship objectives include:

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<sup>2</sup> <http://www.ahwi.edu.au/home>

- To refine the existing framework and its components with key primary care workforce stakeholders
- To explore the implications of the strategic framework and operational action plan for practitioners and organisations within primary care and outside primary care
- To identify factors that may influence the development, implementation and evaluation of an operational action plan
- To identify levers to enable the sustainability of the operational action plan to strengthen a generalist primary care workforce

In the absence of a National Primary Care Policy or Strategy, an agreed upon National Action Plan to strengthen a generalist primary care workforce is essential.

The **Australian Health Workforce Institute (AHWIs)** is a joint venture between the University of Melbourne and the University of Queensland with the vision - to help deliver Australia health workforce sustainability by 2020. It seeks to address and find innovative solutions to the serious shortage of health workers both in Australia and worldwide. To meet its goals AHWI will:

- Ensure maintenance of health workforce data and statistics;
- Map future health systems;
- Develop innovative and flexible education models for the future health workforce; and
- Work with jurisdictions to develop and implement health workforce policy

The establishment of AHWI and the research fellowship for strengthening Australia's generalist primary care workforce will provide health policy-makers with the insights they require to reform and strengthen Australia's health system.

## Conclusions

Australia's health workforce, and particularly primary care workforce planning and development, has tended to be responsive to immediate issues rather than be strategic or evidence-informed. With primary health care workforce development being a national government priority, and the newly established Australian Health Workforce Institute, the time is right to transform an evidence-informed strategic framework into an agreed National Operational Action Plan to strengthen Australia's generalist primary care workforce.

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**Fig 1: Strategic Framework to Strengthen Generalist Primary Care Workforce**

