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takingaction Divisions of General Practice Network Forum 2004





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Leading change in Primary Health Care



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Principles for change leaders

- Always be constructive and courteous
- Deflect praise to others
- Shoulder criticism
- Stand up for principle, even in the face of defeat
- Do not countenance gossip
- Criticise issues and attitudes, rather than individuals
- If do criticise individuals, balance with any possible commendations
- Meet potential adversaries afterwards and in private



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- *Sir William Osler*



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Principles for leading change in primary health care



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Valuing the generalist tradition

- Generalist care includes
 - universal unreferral access
 - whole person medical care for individuals, families and communities
 - comprehensive, coordinated and continuing medical care
 - drawing on biomedical, psychological, social and environmental understandings of health
- Both the funding structures and workforce arrangements need to support the generalist approach



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Attracting the ‘brightest and the best’

- An attractive profession
 - being valued by our patients, the community, our peers and the profession
 - being stretched/challenged, not stressed
 - being recognised and rewarded for quality
- Exposure to general practice
 - exposure before leaving university
 - exposure in early postgrad years
 - exposure close to home, especially when home is in the bush



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Lifelong learning

- Vocational training
 - robust, reliable arrangements
 - meeting the standards of the College (as steward for the community)
 - with the Fellowship as the end-point, able to practise anywhere
- Continuing professional development
 - Quality improvement through active ongoing learning
- Support for international medical graduates
 - support for acquiring knowledge, technical skills and adapting to the local environment



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Providing excellent practices

- *Standards for General Practices*
 - standards for the processes, structures and outcomes for general practices
 - standards for other primary medical care services (e.g. after hours services)
- Information architecture
 - hardware, including broadband access
 - software
 - security and the maintenance of personal privacy



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Providing access to the best available evidence

- National and international resources
 - The Cochrane Library
 - Putting Prevention into Practice (RACGP Green Book)
 - Guidelines for preventive activities in general practice (RACGP Red Book)
 - SNAP Guidelines for General Practice
- Local resources
 - Divisions of General Practice - supporting education and standards for general practices



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Encouraging continuous improvement

- Continuous improvement includes
 - cycles of learning and improving
 - practice-based audit activities
 - formal research in various forms and of diverse scale
- Continuous improvement needs
 - time (especially non-face-to-face time)
 - collaboration
 - accessible and meaningful data



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Maintaining morale

- We need to keep our doctors if we want to maintain high quality
- Happy doctors are better doctors
 - Our communities cannot afford to lose doctors who would otherwise continue in general practice
- The context of general practice, rather than its content, is the key issue in reduced morale



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The quality paradox facing General Practice

- Australian general practice is of high quality
- To enhance safety and quality we need to acknowledge that health care carries risks
- We all need to maintain our vigilance about the potential risk of harm to our patients
- Need a commitment in our partnership with our patients to make general practice even safer and better



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Lessons for change

- There are a number of precursors to ensure safe, high quality care
- Sufficient resources (workforce, funding, and infrastructure) are needed
- Adequate reward and recognition are needed
- Education is a key to ensuring quality as we lead change in primary health care



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