## Article:

## What does the future hold for general practitioners?

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EVER wondered what the future of general practice will look like in 10, 20 or even 50 years' time? Who will provide primary healthcare? How will patients receive services? Will our health system enjoy sustainability?

While health professionals, politicians and community members embark on a healthy debate into potential models for future general practice to best meet community needs, most don't need convincing that the general practice structure is already changing.

GPs face new demands brought on by factors including an ageing and growing population and an increased presentation of more complex healthcare needs.

As the question of sustainability looms, GPs are feeling the heat of increased workload pressures. Government health reforms have already done much to address this escalating issue and will continue to do so in the foreseeable future for general practice.

I believe the future of high quality general practice will continue to be delivered by diverse service models, with private general practices making up the majority. Discussing and understanding new potential models is vital to guide appropriate workforce planning, training and the financing structures.

The RACGP is currently finalising the Quality General Practice of the Future discussion paper aimed at developing a description of the future quality practice.

As outlined in the paper, quality general practice of the future empowers patients, parents, families and carers to be actively involved in healthcare through engagement, education, electronic access to evidence-based advice and information, resources and self-management tools.

Accessibility to consultation and collaborative care, in and after hours, whether it be face to face or through new technologies, will remain key to an effective future healthcare model. Clinical pathways, referrals and transfers of care processes should be well defined to ensure sustainability.

Current evidence already shows communities with increased numbers of practising GPs enjoy better health outcomes. With this in mind, general practice is uniquely placed to coordinate teambased care and build upon existing services and collaborative arrangements.

Through a GP-led model focused on shared care and advanced skill networks, health professionals will be enabled to reach significantly disadvantaged groups and communities, develop innovative service responses and advocate for additional services.

Care to individuals and their families will remain patient centred, continuing, comprehensive and coordinated whole person care. Discussions surrounding workforce planning and infrastructure renewal will be contributed by those deeply connected to their local community – GPs.

In addition, the future of quality general practice will largely rely on the utilisation of advanced clinical software systems to support and incorporate best-practice evidence, delivery of quality care and continuing quality improvement.

Last but not least, new models of quality general practice of the future should incorporate teaching and research as integral elements of quality practice, ensuring that medical students and general practice registrars experience and acquire the skills of team leaders, teachers, mentors, researchers, community planners and change agents.

When discussing what potential models and structures for future general practice should, and could look like, let's not forget that individual general practice service settings are best placed to meet the needs of our communities and the sector itself in 10, 20 or 50years' time.

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