Back to the Future

The Role of Generalists in Provincial New Zealand Health Systems - A Perspective

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http://www.youtube.com/watch?feature=player_embedded&v=y5FNF31g-2M&noredirect=1
Our Challenges

• Achieving clinical sustainability
• Creating a sustainable workforce
• Joining up fragmented systems
• Developing fit for purpose facilities
• Achieving financial sustainability
Historical perspective - 1893
Historical Perspective - 1952

“The first essential is to curb the incentive for specialisation, which has been encouraged to an unreasonable degree…”

First annual general meeting of the Royal College of General Practitioners, 1952
Historical Perspective – last 25 years

• Gradual erosion of general practitioner skill sets
• Urban vs Rural GP expectations
• Sub specialisation within ‘specialist’ colleges
• Loss of the general physician and general surgeon
• Ageing workforce in General Practice and Hospitals
Workforce impacts in smaller hospitals

• New hospital fellows are reluctant to work in smaller places
  – they favour their area of interest which often requires technology
  – Loss of confidence to work across the broad scope
  – medicolegal concerns re working ‘out of scope’
  – Extrapolation from some things are best done in a tertiary facility to being all things

• So 1 in 4 rosters are getting harder to fill...
Since 2008

“The RNZCGP is the professional body which provides training and ongoing professional development for general practitioners and rural hospital generalists, and sets standards for general practice.”
Future Landscape

• Developing emphasis on rural health and generalism in training
• New breed of doctors want to keep a broad range of skills and variety of settings
• Patient centred team work between specialists, GPs, nurses, allied health, and community support workers
• Care closer to home, keeping people well, integrated care, working across the health care system
• Regionalisation – regional view to health service provision, best for patient, best for service
Future Projections

• Treasury projections - increasing costs of health care as % GDP will make our health care system unaffordable

• Workforce projections - increasing demand for health care as population ages and an increasingly stretched medical, nursing and allied health workforces to serve them

• SOMETHING’S GOT TO CHANGE!
“The future is already here,...
it’s just not evenly distributed.”

William Gibson, Futurist | Cyber-Visionary
Other models

• Rural Australia – Australasian colleges

• Rural Scotland – obligate networks

• Ashburton
The future is not a place like the Isle of Wight awaiting our arrival. It is more like the Great Western Railway, something that we have to imagine, design and build. If we do not build it other people will.

Enablers of the future health system

• Teamwork
  – Integration between primary care, community based care, hospital care
  – Transalpine health services – West Coast and Canterbury clinical teams supporting each other
  – Generalists and specialists working together (doctors, nurses and allied health)

• Technology
  – Telemedicine
  – Shared electronic health records

• Transport

• Training
Generalists and Specialists working together - Paediatrics
Generalists and Specialists working
Generalists and Specialists working together - Paediatrics

• Key elements of its success
  – A team of generalists (GPs, RHM ED docs, general physician) who the specialists trust and can communicate with
  – Specialists who are supportive of this way of working
  – Adequate number of Generalists providing onsite care, with skilled nursing team
  – High definition Videoconferencing and shared electronic records
  – Access to transport when required
  – Planned time for Generalist upskilling in Christchurch
Challenges we have met thus far

• Concern about losing local control
• Concern about losing services
• Concern about patient safety and balancing best for patient with best for system
• Adequate resource (i.e. people) to work in the new way
• Defining scopes of practice
• Medical conservatism - Unwillingness to entertain new ways of doing things
• Concern that RHM doctors will be diverted away from rural hospitals where they are also needed
Currently we are

• Talking with our community about the changes
• Working on extending vocational scope for RHM doctors at Grey Base Hospital
• Developing a RHM training programme, with dedicated training runs in Christchurch
• Extending GP training
• Clarifying skill sets and competencies for generalists to work in provincial hospital settings
Next steps

• Need to learn more from our Australian rural GP colleagues
• Need to engage with specialist colleges about further implementing generalist scopes
• Need a planned approach for extending generalist-specialist teamwork within hospital setting – but adequately resourced implementation is absolutely key
'If you don’t imagine, plan and build the future, someone else will’.

Sir Muir Gray
Auckland, September 2011