RACGP

Royal Australian College *of* General Practitioners

The role of specialist GPs

Position statement – October 2020

1. Position

General practitioners are specialist medical practitioners who play a unique and central role in our health system as clinicians, care coordinators and system stewards.

Effectively supported general practice improves health and social outcomes for the community and reduces overall healthcare expenditure, but the challenges facing general practice must be addressed urgently – general practitioners must be recognised, valued and supported to fulfil their crucial roles.

The RACGP calls on all Australian governments, health professionals and key stakeholders to recognise the distinctive facets of general practice. Building on this, the RACGP's *Vision for general practice and a sustainable healthcare system* (the Vision) outlines a sustainable model of high-quality and patient-centred care that aims to address many of Australia's healthcare challenges.

Increased and better targeted investment in general practice and primary care, including new and innovative models of service and funding delivery, will help:

- keep the community safe and healthy
- keep healthcare costs low
- ensure the sustainable, effective, efficient and equitable distribution of resources.

"The GP has to be prepared for any problem that comes in the door"[1]

2. General practitioners as medical specialists

GPs are medical specialists, recognised under the *Health Practitioner Regulation National Law Act 2009*. The term 'specialist general practitioner' is a protected title.

Generalism as a medical speciality refers to a broad remit that encompasses the physical, psychological, environmental, social and cultural determinants and manifestations of health and wellbeing and a practice that considers all of these aspects of a person across the lifespan. GPs treat everyone and their entire being – this is the defining and distinctive feature of general practice.

GPs undergo significant training in medicine, including the completion of a five to six year Bachelor of Medicine and Bachelor of Surgery (MBBS), followed by two years of post-graduate hospital training and three years of supervised general practice training.

Following this, prospective GPs must pass examinations of an accredited general practice training program, such as Fellowship of the Royal Australian College of General Practitioners (FRACGP), before being able to use the specialist general practitioner title. After completing these requirements and registering with the Australian Health Practitioner Regulation Agency, GPs undertake ongoing quality improvement and continuing professional development activities each year to maintain their registration.

General practice is the foundation of the Australian healthcare system. Australians see GPs more than any other health professional – in 2018-19, GPs and their teams provided nearly 160 million services, with almost nine in ten people consulting a GP.[2] 80% of Australians have a usual GP and 90% a usual practice.[3] Read more about general practice, becoming a GP and GP careers on our website.

3. What are specialist general practitioners?

3.1 Clinicians

GPs work to ensure the health and wellbeing of individuals and communities. They are the most accessed, and the most accessible, component of our healthcare system. GPs have an in-depth understanding of the whole patient – they work within communities, deal with all aspects of physical and mental health, provide care through all stages of life and consider patients within their social, cultural and environmental contexts. This holistic, patient-centred and relationship-based approach is unique amongst doctors and other medical specialists.

GPs typically act as the first point of contact for patients within the healthcare system and provide ongoing care, with this therapeutic relationship a key part of clinical practice. They are trained in diagnosis and treatment, prevention and management of both acute and chronic conditions and coordination and supervision of care arrangements. These advanced and diverse clinical skills are essential to their role, as patients often present with undifferentiated symptoms and multi-morbidities.

As primary care professionals, GPs provide cost-effective services that prevent disease and promote health, keeping patients out of hospitals and relieving pressure on other parts of the health system. Some GPs, particularly those in rural and remote areas,[4] also provide more advanced procedures such as surgical, anaesthetic and obstetric care.

3.2 Care coordinators

Patient needs and the health system itself are becoming increasingly complex. Chronic conditions and multi-morbidities are common and the medical field is becoming further concentrated and specialised, leading to fragmentation and higher healthcare costs. GPs, in their role as care coordinators, are increasingly managing these additional demands.

GPs develop individualised treatment plans, monitor and coordinate the delivery of care, educate patients about their condition/s, connect them with other healthcare providers and evaluate progress. GPs are also trained to lead and coordinate multidisciplinary healthcare teams, where a number of professionals with diverse skills work together to help a patient.

The GP care coordination role helps ensure continuous, comprehensive, patient-centred and high-quality care. This is critical in mitigating the risk of mis- or delayed diagnoses, inappropriate or delayed treatment and adverse events resulting in physical or psychological harm. It also enables better follow-up care, facilitated through timely and meaningful communication with other service providers.

As part of this role, and through their relationships with patients, GPs provide advice and support to help patients understand the system and their options in order to make informed decisions regarding their care. GPs may also provide assistance in legal matters (for example, certifying documents or providing reports related to motor transport or work accidents) and facilitate access to social and disability support services.

3.3 System stewards

GPs are well placed to holistically and objectively consider patient needs and circumstances and recommend the most appropriate services. GPs facilitate access to high-quality, evidence-based and necessary care and, in doing so, help to make sure that healthcare resources can be more effectively, equitably and sustainably distributed.

As part of the clinician and care coordination roles, GPs are responsible for ensuring that care is appropriate and necessary and that services are not duplicated, fragmented or contradictory. They also aim to reduce the associated harms and costs associated with inappropriate activities – GPs can help avoid the problematic over-use of medicine and educate patients about the costs and benefits of tests, treatments and procedures.

As primary care professionals, GPs provide appropriate and effective services in an accessible setting and at minimal cost to patients and funders. General practice services help to prevent conditions which may require more expensive and intensive care and divert semi-urgent or non-urgent emergency department presentations. GPs also determine the need for and guide appropriate referral for more advanced investigations and treatment.

4. Benefits of general practice

Health systems with a greater focus on generalist care are more equitable and have lower costs and better health outcomes than those with a specialist or hospital focus.[5]

4.1 Ensuring high-quality care for patients

There are significant benefits to the long-term, patient-centred care provided by GPs.[6,7] For instance, the ongoing patient-GP relationship encourages patient engagement and assists the targeting of services for patients with chronic and complex conditions.[8] This partnership also helps patients increase awareness, understanding and confidence regarding their needs and options.[9]

Patients who regularly see the same GP report high levels of satisfaction with their care.[10-12] Continuity of care is associated with lower mortality rates,[13] rates of hospitalisation,[10,14,15] emergency department attendances[10,16] and hospital re-admission rates.[17] There is also evidence the GP stewardship role improves coordination and quality of care.[18,19]

The patient-GP relationship enables practices to understand the community in which they work, facilitating the targeted delivery of resources and community engagement,[20] and GPs are able to advise patients on matters extending beyond the biomedical or psychological. GPs are well placed to promote or 'prescribe' non-clinical services and activities to patients and communities,[21-23] which can help address many of the wider determinants of health.

The services provided by GPs are critical in addressing the health disparities faced by disadvantaged and vulnerable population groups.[5,24,25] In Australia, general practice has been associated with health benefits for Aboriginal and Torres Strait Islander communities.[26,27] Early access to health promotion and preventive care also helps patients stay more active in their community, reducing the length of hospital stays and re-admission rates and targeting health resources to patients who will benefit most. The ongoing patient-GP relationship also allows for the delivery of both systematic and "opportunistic" healthcare services, where a patient presents for another (related or unrelated) issue.

Much end-of-life care happens in general practice. GPs' breadth of clinical responsibility, ongoing relationships with patients and families and ability to coordinate care is highly valued by both patients and carers in a palliative context.[28]

4.2 Reducing healthcare expenditure

Clinical decisions affect healthcare expenditure. GPs and their teams provide nearly 160 million patient services[2] each year at a fraction of the cost of hospital services.[29,30] GPs reduce health costs by:

- providing accurate entries into health records to foster continuity of care
- ensuring that all services are appropriate and necessary, for instance by using evidence to evaluate the need for and benefits/harms of tests, treatments and procedures
- providing both systematic and opportunistic preventive services to stop or delay the onset of disease and allow for early diagnosis
- encouraging patient self-care, including the use of non-clinical services and social prescribing
- avoiding chronic disease complications
- managing conditions that would otherwise result in an emergency department presentation or admission.

The effective care provided in the general practice setting reduces the need for more expensive care provided in hospitals or by other medical specialists.[14] Support for and use of general practice services is associated with slower growth in health expenditure and better system quality, equity and efficiency,[31] as well as overall significant savings to the health

system.[32,33] A recent review of the GP role in managing access to the health system confirms that stewardship results in reduced healthcare use and expenditure.[19]

The RACGP has previously estimated that a reduction in the prevalence of low-urgency emergency presentations and hospital admissions from preventable conditions, as a result of better support for and investment in general practice, could achieve savings in the hospital sector of up to $4.5 billion a year.[34]

5. *Challenges for the future of general practice*

Australia's health system, which relies heavily on general practice, is considered amongst the best in the world.[35] However, the contribution of general practice to our health system is often unrecognised and undervalued, increasing pressures on GPs and the crucial services they provide.

5.1 Undervaluing the GP role

The unique combination of roles and skills highlights the distinctive scope of the general practice specialisation. General practice provides the appropriate entry point to the healthcare system and GPs are the ideal long-term partner in overseeing patient care, navigating the system and safeguarding community health and wellbeing. In this environment, the critical expertise, experience and functions of GPs ensure quality of care and patient safety.

The role of GPs as clinicians, care coordinators and system stewards is under threat, with potentially dire implications for patients, the community and the broader health system.

This may be attributed to systemic undervaluation of the critical role GPs currently play. There is a tendency for governments, other health professionals and the community to overlook general practice as a medical specialty and to take its services for granted. The lack of recognition of GPs as highly trained medical specialists has the potential to negatively influence perceptions about the worth of general practice services. This poses challenges to the viability of general practice and the future of the GP workforce, as evidenced by current trends whereby medical trainees are increasingly choosing to pursue other specialisations.[36]

5.2 Expanding scope of practice

This issue also manifests in various proposed reforms to expand the scope of practice for other primary health professions. Relying on health professionals lacking the necessary medical training or registration to provide medical services is an inappropriate and unsustainable solution to addressing the health needs of Australians.

GPs have advanced clinical training and skills in diagnostics, therapeutic interventions and care coordination and leadership. GPs also holistically and objectively promote patient health and wellbeing across the range of physical, mental and social experiences, including multi-morbidity. These are distinctive facets of general practice and GPs are unlike any other health professionals in Australia.

In addition, minimal professional or commercial conflicts of interest exist in general practice when GP roles are fulfilled and appropriately valued and supported – vested interests, when it comes to the delivery of healthcare and distribution of resources, do not promote patient interests or maximise community-wide benefits.[37]

Moves to increase access to health services provided with no connection to a patient's general practice, such as vaccinations in the pharmacy setting and attributing equivalent levels of authority and autonomy to nurse practitioners, will undermine the quality and efficiency of our healthcare system. Failure to involve a patient's GP prevents the GP and practice from carrying out their essential role of providing coordinated and comprehensive care.

Expanding the scope of practice of healthcare professionals who do not have the same level of training as GPs may also lead to a two-tiered primary healthcare system where:

- patients who cannot access GP services (for example, due to cost or geographic location) receive care from another professional without the same level of qualification as a GP
- other health professionals replace GPs as the first point of contact, with responsibility for screening and triaging and potentially the treatment of all apparently minor ailments.

This has the potential to reduce equity of access to high-quality healthcare and increase health disparities for already disadvantaged communities. In addition, a GP's ability to detect early warning signs of disease and provide early intervention (particularly in the common clinical context of complex and undifferentiated symptoms) would be diminished. This also has implications for the delivery of continuous, comprehensive and whole-person care.

Initiatives that seek to duplicate existing GP-led primary healthcare services or expand the scope of less qualified health practitioners will invariably lead to fragmented care and pose risks to the community and our health system. Allowing for

this scope creep may increase access and convenience for patients, but it may also expose patients to care that is not safe, comprehensive or coordinated.

5.3 Inadequate funding

The cost of providing high-quality care to a growing and ageing population with increasingly complex needs are increasing dramatically.[29] However, even with the lifting of the 'Medicare rebate freeze', funding for general practice services remains low and has stagnated threatening the sustainability of general practice.

Despite the vast majority of patient care being provided via general practice, governments dedicate little funding towards the sector. In 2017-18, Australian governments (including national, state/territory and local governments) spent $126.6 billion on health.[29] Over the same period, government expenditure on general practice was $9.8 billion, representing approximately 7.7% of all government expenditure on health.[30] Table 1 compares government expenditure across select components of our health system.

Table 1. Government expenditure on selected components of the Australian health system, 2017-18[29, 30]

Component	Government expenditure	Government expenditure per capita
Hospitals	$57.3 billion	$2,315
Other medical specialists and allied health professionals	$14.4 billion	$583
General practice	$9.8 billion	$394

More recent government data also highlights that government expenditure on general practice per capita declined between 2017-18 and 2018-19.[30]

5.4 The Medicare Benefits Schedule

In general, Medicare Benefits Schedule (MBS) rebates do not appropriately value general practice services nor reflect the true cost of providing effective general practice care. GPs also report spending a considerable amount of non-billable time on providing integrated services and holistic care to patients.[38,39]

The MBS, as the main source of government support for access to general practice care:

- consistently undervalues GP time and expertise, relative to other medical specialists – the RACGP estimates that GP professional attendance items are valued at least 18.5% less than professional attendance items for specialist and consultant physicians, even after consideration of training time
- does not recognise and remunerate crucial aspects of effective general practice care that are not patient-facing, such as liaising with other specialists and service providers, writing comprehensive notes and referrals, organising tests, developing individualised treatment plans and completing necessary paperwork – a recent Australian study[38] has estimated that 12% of GP consultations involve non-billable care for a patient. The value of these unremunerated services has been conservatively estimated at $10,525.95–$23,008.05 per GP each year.

The MBS Review, which commenced in 2015, has also recognised that the central funding mechanism of the MBS (ie fee-for-service payment) does not adequately support the advanced role of GPs in providing continuing care, prevention and health promotion services and collaborative and integrated team-based care to patients and the community.[40]

5.5 Out-of-pocket costs

The increasingly inadequate funding dedicated towards general practice, coupled with an outdated funding structure, means that rising costs must either be absorbed by the GP or passed on to patients. It is not viable for practices to continue to absorb increased costs.

Higher out-of-pocket costs are being masked by the selective use of bulk-billing rates, creating an illusion of a highly accessible and equitable healthcare system. While it is often reported that the bulk-billing rate for general practice services is high (over 86% in 2018-191), this refers solely to the proportion of services. Across the country, only 66% of people had all their GP attendances bulk-billed,[41] ie over a third of people had to pay a fee to visit their GP.

Out-of-pocket costs can be a substantial barrier to access, with 1.3 million Australians already delaying or avoiding accessing healthcare due to cost.[42] Certain community groups, particularly those more likely to have more complex health needs in the first instance, are especially vulnerable.

The avoidance of general practice services can also lead to increased costs elsewhere in the system, for instance through presentations at emergency departments or subsequent complications requiring more complex care.

5.6 Other challenges

Many other systemic and demographic issues are limiting the ability of GPs to provide effective services.

Australia's health system was developed at a time when the treatment of acute medical conditions was the main focus of care. Our population is both growing and ageing and half the population now has one or more chronic health condition,43 meaning that the location and types of services that people need are substantially different.[44,45] Care needs to be shifted out of the hospital setting, closer to where patients need it in the community setting. A renewed focus on preventive care and general health promotion will also help manage the increasingly complex needs of the community.

GPs are at the forefront of dealing with these new and increased pressures. Without improved support, they will continue to experience high levels of distress, dissatisfaction and burnout,[39,46,47] with implications for the future of the workforce and our health system.

These and other issues impacting upon general practice and the healthcare system, such as workforce distribution and research needs, are expanded upon in the RACGP's Vision, including the supporting document Challenges facing general practice and the Australian healthcare system, and the RACGP's 2020-21 pre-budget submission.[48]

6. *How can effective general practice be supported?*

To maintain a high-performing healthcare system that delivers high-quality care and health outcomes for the entire population, GPs must be better supported in fulfilling their essential and unique roles.

The Vision describes an alternative model for sustainably funding modern general practice care. It identifies how appropriately targeted support for general practice is an efficient use of health resources and will benefit the community and the entire healthcare system. It provides a patient-centred solution to a range of issues and pressures facing the healthcare system, aligned with international best practice and modern health system approaches.

The Vision and companion documents provide an outline of what can be done to better support general practice and the Australian healthcare system. Other practical actions are discussed in the RACGP's 2020-21 pre-budget submissions.[48]

Alongside the implementation of such initiatives, the critical role that general practice currently plays, and must continue to play in the future, must be acknowledged, respected and valued by government, other health professionals and the community. GPs are the only health professionals who can fully and successfully act as clinicians, care coordinators and healthcare system stewards.

General practice must remain patients' first point of contact within the healthcare system and retain ultimate oversight of patient care. This will allow for the effective delivery of comprehensive long-term and preventive care for the whole person, assessment and diagnosis of complex conditions and initiation, coordination and leadership of treatment plans.

This recognition will contribute to a system that delivers high-quality, patient-centred, low-cost and evidence-based health services, while ensuring an efficient, sustainable and equitable distribution of resources. An increased focus on health promotion, preventive care and holistic conceptions of wellbeing, as supported by general practice, will keep patients healthy and well – the best place for the community is out of emergency departments, hospital clinics and beds, residential aged care facilities and specialists' consulting rooms. Strengthening the role of general practice will also help keep costs to patients down.[49]

Rather than expanding other health professionals' scope of practice, there should be a focus on enhancing GP-led team-based care models, as proposed in the Vision. Mooted amendments to the MBS which aim to reinforce 'GP stewardship within the context of patient-centred primary care'40 may also contribute to the provision of effective general practice services, noting that the Vision provides further recommendations to support this goal.[50]

7. Related resources

- Principles on the role of the GP in supporting work participation – Statement by The Collaborative Partnership to improve work participation, supported by the RACGP
- New and emerging roles in primary healthcare – RACGP position statement
- The role of general practice in the provision of healthcare to children and young adults – RACGP position statement
- Advanced skills in rural general practice – RACGP position statement
- GP-led aged care in rural Australia – RACGP position statement
- RACGP position statements
- RACGP reports and submissions
- RACGP advocacy resources

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