

# Managing emergencies in general practice

*How can we do even better?*



**Marie-Louise Dick**, MBBS, FRACGP, MPH, is Senior Lecturer in General Practice, Centre for General Practice, School of Population Health, University of Queensland.

**Catherine Johnston**, MBBS (Hons), FRACGP, is a general practitioner, Gold Coast, Queensland and former RACGP Training Program Academic General Practice Registrar, University of Queensland.

**Philip Schluter**, MSc, PhD, is Associate Professor in Biostatistics, Division of Public Health, School of Population Health, University of Queensland.

Arguably, one of the most rewarding aspects of general practice is to know that in some way, the clinical interactions we have with our patients lead to their enhanced quality of life, and indeed the prevention of premature morbidity and mortality. Conversely, the most devastating scenario for general practitioners is the consequence that their actions, or inactions, may contribute to a suboptimal patient outcome. In the case of emergencies the ability to act promptly and properly is essential.

General practitioners play a crucial role in the management of emergencies in the community.

Emergencies in general practice occur at a frequency that depends on a number of factors including patient and practice demographics, and the definition of emergency. Data from our recent study of 512 GPs in southeast Queensland demonstrates that GPs annually see an average of 11.6 serious medical emergencies that potentially require resuscitation.<sup>1</sup> Extrapolating this figure over the 19 211 GPs registered in Australia in 1998,<sup>2</sup> we estimate that more than 220 000 emergencies are seen by GPs each year. General practice is clearly a vital front-line defence in the health system's response to medical

emergencies, and GPs are presented with a substantial number of opportunities to dramatically reduce, in a very short space of time, the morbidity and mortality of affected patients.

## What do GPs need to adequately manage medical emergencies?

Grantham reported that satisfactory patient care in emergency situations requires GPs to demonstrate both competence and confidence.<sup>3</sup> Essential factors contributing to these attributes include knowledge of and the ability to recognise medical emergencies likely to be encountered in the general practice setting, and having the appropriate skills and equipment to manage them.

General practitioners are able to access a number of sources of written information regarding the management of medical emergencies. This edition of Australian Family Physician focusses on medical emergencies, and is one such source. Its feature articles on acute asthma, acute psychosis and suicidal risk, cardiac arrest, and anaphylaxis, address conditions that all GPs need to be able to manage competently. In particular, acute asthma and psychiatric emergencies were reported by southeast Queensland GPs as the two most frequently occurring medical emergencies in the general practice setting, being experienced by 72%

and 58% of GPs respectively in the preceding 12 months.<sup>1</sup> Other sources of information include text/handbooks on emergencies in general practice,<sup>4,6</sup> evidence based reviews on best practice of emergency care,<sup>7,9</sup> and a range of other primary care or general medical journals.

According to our recent study, southeast Queensland GPs are generally reasonably well equipped with the drugs needed to manage emergencies in general practice, however, the availability of equipment to manage emergencies is considerably variable.<sup>1</sup> Upon reviewing the 10 emergencies most commonly reported by these GPs, a group of eight basic items of equipment was identified as being essential to adequately manage these emergencies. These items were:

- oropharyngeal airway
- bag-valve mask
- oxygen
- nebuliser
- tourniquet
- intravenous cannulae
- glucometer and
- sphygmomanometer.

Only 67% of practices surveyed had all eight items.<sup>1</sup>

Likely factors contributing to practices being well equipped with emergency drugs are the Commonwealth Government's provision of 'doctor's bag' emergency drugs free of charge to all

practising GPs, and GPs' efficiencies in ordering and maintaining the drugs within their expiry dates. How then might the universal availability of the eight above mentioned basic items of emergency equipment, which are not especially expensive, best be facilitated? We suggest encouraging GPs to equip their practices with these items, and broadening the minimum standards of emergency equipment required for the accreditation of general practices. The Royal Australian College of General Practitioners' (RACGPs) Standards for General Practice currently outlines only three items of practice equipment that would seem related to the delivery of emergency care: oropharyngeal airway, bag-valve-mask and sphygmomanometer.<sup>10</sup> Eighty-six percent of practices surveyed in our study had these three items. We propose that including emergency drugs and an increased number of emergency equipment items (such as the eight basic items listed above), as part of the minimum requirements for accreditation of practices by Australia's accrediting bodies, would improve the proportion of general practices well equipped to manage emergencies.

Research has shown that GPs' perceive some deficiencies in their ability to adequately respond to emergencies and identify a need for further training.<sup>11-14</sup> In our study, GPs' overall mean perceived competence in 16 listed emergency skills procedures was 'reasonable' and their mean level of comfort in dealing with 18 listed emergencies was only 'mild-moderate'.<sup>14</sup> Given this study demonstrated that higher skills competencies were strongly associated with past training in emergency skills and having adequately equipped medical practices, and that higher reported levels of comfort were related to the frequency of having seen that emergency in the preceding 12 months, we call for the regular hands-on updating of GPs' emergency medicine skills. Our survey suggested that emergency update courses, designed

specifically for GPs, would be well supported by the profession.<sup>14</sup>

General practitioners, along with ambulance officers, are the most likely health professionals to be called to respond to medical emergencies in the community, yet currently there is no requirement in the RACGP's Quality Assurance and Continuing Professional Development (QA&CPD) program for GPs to demonstrate ongoing proficiency in resuscitation skills.<sup>15</sup> We recommend that certification of proficiency in advanced life support training be a mandatory component of the triennial QA&CPD requirements.

### Conclusion

We believe GPs play a crucial role in managing medical emergencies in the community, and although GPs report reasonable proficiency in emergency skills and confidence in managing emergencies, there is room for improvement. We encourage all GPs to ensure their practices are well equipped and their knowledge and skills in emergency medicine are regularly updated. We urge key bodies to incorporate the above mentioned recommendations relating to practice equipment essentials and certification of resuscitation proficiency into their guidelines for minimal requirements. We also encourage organisations responsible for the education and training of GPs to ensure the provision of opportunities for GPs to enhance their emergency medicine experience. Given that general practice standards and accreditation are currently under review, these recommendations are timely.

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