

Position Statement: General Practitioners and their Teams

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Aim

To outline the RACGP's position on teams and the roles of general practitioners within them.

Definition

'A general practice team is a small group of people with complementary skills who are committed to a common purpose, set of performance goals, and approach and which is led by the general practitioner (GP)'¹².

Background

There is a strong interest in teams in Australian general practice. The purpose of these teams is the provision of whole-patient, comprehensive, coordinated, continuing primary medical and health care to individuals, families and communities. Generally, the interest in teams centres on their role in:

- Improving the quality of patient care
- Reducing the problems associated with the shortage of general practitioners in Australia, and
- Improving the working life of general practitioners and the people with whom they work.

Teams are more than groups of people working together³. Specific activities are needed to develop cohesiveness and collaboration. As a result, their development involves the commitment of resources. Additionally, 'hand-overs' or 'hand-offs' between team members is associated with clinical risks to patients. Thus, the activities of teams, and potential increase in the number of 'hand-overs' require attention to ensure that patient safety is maintained or enhanced. This requires resources.

It is important to demonstrate that building a cohesive primary care team is worth the effort – for better quality of care, lower costs for equivalent quality, or improved workplace satisfaction⁴. To the degree that patient care involves groups of people working together, research indicates that a group with better teamwork tends to perform better than one lacking teamwork. In a variety of industries, research has found that team cohesiveness is associated with effectiveness in carrying out the team's tasks⁵.

This position statement describes the RACGP's position on:

- The role/s of GPs as team leaders
- The characteristics of high performing teams that need to be the goal of initiatives aimed at promoting teams
- The principles that underpin decisions about enhancing teams in general practice
- The strategies to support and enhance the effectiveness of general practice teams.

The general practitioner's role

Effective leadership is central to the performance of teams⁶⁷⁸.

In the context of general practice, which involves the provision of coordinated, comprehensive care, the RACGP strongly supports the role of the GP as leader of the team. This does not preclude the delegation of some roles to team members, including some roles in leadership; nor does it preclude the important role of other parties in organizational governance (e.g. the role of Aboriginal communities in the governance of Aboriginal community controlled health services).

It is important for GPs to develop skills in leadership that include being:

- A highly capable individual (including being an excellent clinician)

- A contributing team member
- A competent manager, and
- An effective leader⁹.

Sustained organizational excellence has been associated with the particular leadership characteristics of humility and fierce resolve¹⁰.

GPs have indicated that they need leadership skills development¹¹. Thus, the provision of leadership skills development, especially skills for the micro-environment of the general practice is a priority for vocational and post-vocational general practice education and training.

The variation in team structure in contemporary general practice

General practice teams can be diverse and may vary significantly in terms of size, composition, structure and operation. Team members may be co-located, or spread across a number of sites (a 'virtual' team).

The collocated team represents a more traditional approach to teamwork in general practice. The 'virtual' team tends to operate in multiple settings and is increasingly multidisciplinary. The 'virtual' teams reflect extended and 'permeable' boundaries of general practice into a broader primary, acute and tertiary care, social, support and community services. They often utilise advanced information technology for communication among the team members.

This variation is impacted upon by a range of factors, including:

- The practice's patient population (socio-demographic characteristics and/or the specific health needs)
- The professional characteristics of the team players
- The business orientation and structure of the practice
- Localised practice and community resources
- Structural arrangements at a national level.¹²

The RACGP has developed a set of principles for appraising the acceptability of team enhancements. These principles include:

- Respect and support for the GP-patient relationship
- Clearly defined roles that are aligned with licensing requirements, competency, education and training of the individual in the role
- Practice systems that enable the provision of safeguards against error and harm
- Mechanisms for ensuring provision of relevant patient information including the meeting of the ethical and legal requirements of the patient consent process
- Availability of effective medical indemnity insurance
- Availability of resources
- Acceptability to the people – health care providers, patients and the broader community of the approach¹³.

Desired characteristics of general practice teams

Following are the desirable characteristics of general practice teams:

- A just, supportive, transparent, cohesive and collaborative culture, which is associated with improved patient outcomes and enhanced patient safety
- Defined goals, including an identifiable overall organisational 'mission', and specific, measurable, operational objectives that are shared by all team members
- A 'systems' approach that includes the development of both clinical systems and administrative systems
- Division of labour, including the delegation of tasks and assignment of tasks amongst team members, based on the principles outlined earlier in this paper
- Effective training, both for the functions that people routinely perform, and cross training to substitute for other roles in cases of absences or changed/increased work demands
- Excellent communication, including supportive interpersonal communication through well-designed communication structures and processes^{14,15}.

Ideas surrounding quality improvement in healthcare have a focus on microsystems as the basic building blocks enabling improvement of health care, patient safety and health outcomes. General

practice teams are, generally, microsystems and as such they need the support of a broader health care system to:

- Develop effective leadership
- Embody structural and cultural change
- Enable staff competencies/skills development
- Develop and support interdependence of care team
- Facilitate effective communication/information flow among GPT members
- Optimise the utilisation of information technology
- Develop assessment tools relating to the performance patterns measurement¹⁶.

Strategies to support sustainable general practice teams

A systems approach is needed to:

- Develop the skills and knowledge in team work required by all people in the team (through pre-vocational, vocational, and post-vocational education and training)
- Develop leadership competencies where they are not already present
- Clearly define roles that are aligned with licensing requirements, competency, education and training of the individual in the role, and which maximize the contribution each individual makes
- Support the development of practice systems that enable the provision of safeguards against error and harm
- Ensure that patients are receiving appropriate information about the people who are providing their care, allowing for informed consent
- Ensure that effective medical indemnity insurance is available
- Research the benefits and costs of teamwork models in Australian general practice.

Conclusion

The RACGP supports appropriately constituted and supported general practice teams with a GP as the leader. The enhancement of teams in general practice needs to be responsive to the needs of the local people cared for by the general practice, and occur within the principles articulated by the RACGP. The RACGP supports strategies that will sustain high performance of general practice teams, including research on the benefits and costs of teamwork in the Australian context.

This position statement has been developed by Ian Watts and Dr Bella Brushin. It builds on work which has been undertaken by Professor Michael Kidd, Dr Chris Mitchell, Dr Beres Wenck and the members of the National Standing Committee – General Practice Advocacy and Support, Dr Lynton Hudson and Naomi Cole and contributions from Professor Nicholas Glasgow.

¹ Adapted from Katzenbach JR. Smith DK. The Discipline of Teams. Harvard Business Review 1993 March-April:111-120.

² For the purpose of this document the term 'General Practitioner (GP)' will be used to describe General Practitioners and/or other medical practitioners working in general practice (OMP)

³ Katzenbach JR. Smith DK. The Discipline of Teams. Harvard Business Review 1993 March-April:111-120.

⁴ Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? The Journal of the American Medical Association 10 March 2004;291(10):1246-51.

⁵ Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? The Journal of the American Medical Association 10 March 2004;291(10):1246-51.

⁶ Collins, J. 2001. Good To Great. Harper Collins Business

⁷ Nieva VF, Sorra J. Safety culture assessment: a tool for improving patient safety in healthcare organizations. Qual Saf Health Care 2003;12:ii17

⁸ Nelson EC; Batalden PB; Huber TP; Mohr JJ; Godfrey MM; Headrick LA; Wasson JH. Microsystems in Health Care: Part 1. Learning from High Performing Front-Line Clinical Units [Joint Commission Journal on Quality and Patient Safety](#); September 2002, 28(9):472-493(22)

⁹ Collins, J. 2001. Good To Great. Harper Collins Business

¹⁰ Collins, J. 2001. Good To Great. Harper Collins Business

¹¹ Watts I, Foley E, Hutchinson R, et al. General Practice Nursing in Australia. Joint project by the RACGP and the RCNA, RACGP 2004; Melbourne.

¹² Watts I, Foley E, Hutchinson R, et al. General Practice Nursing in Australia. Joint project by the RACGP and the RCNA, RACGP 2004; Melbourne.

¹³ Kidd MR, Watts IT, Mitchell CD et al. Principles for supporting task substitution in Australian general practice. MJA 2006; 185: 20-22.

¹⁴ Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? JAMA 10 March 2004;291(10):1246-51.

¹⁵ Edmondson AC. Learning from failure in health care: frequent opportunities, pervasive barriers. Qual Saf Health Care 2004; 13(supple11):ii3-ii9.

¹⁶ Nelson EC; Batalden PB; Huber TP; Mohr JJ; Godfrey MM; Headrick LA; Wasson JH. Microsystems in Health Care: Part 1. Learning from High Performing Front-Line Clinical Units [Joint Commission Journal on Quality and Patient Safety](#); September 2002, 28(9):472-493(22)