# Primary care: Like flying an Airbus A380, not a Cessna

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General practice is like flying an Airbus A380, it needs many people with many skills, to take off, fly and land safely [Image: Tim Dennert on Unsplash]

General practice is a bit like flying a large aircraft, writes **Samantha Murton**. It requires a skilled, multidisciplinary team to ensure patients receive the care they need

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> We would not put a bunch of people onto an A380 to fill in gaps without carefully considering their fit, skills and oversight of how they work in the team

With our patients' needs rapidly evolving and more healthcare devolved into the community, it has never been more important for primary care to work together as a strong and cohesive team. A team can provide a broader range of skills and potentially have much more impact than an individual. However, the development or expansion of any team needs to be considered carefully.

I recently likened our activity in general practice to that of flying a large plane. General practice is not a Cessna; it is an Airbus A380. The team around any large, long-distance jet is extensive: many people with many skills. There will be people on the team who have pilot licences but are not licenced to fly that particular plane. Everyone is in the team because they have skills that get the aircraft safely off the ground and to its destination.

General practice is a team-based sport and how our teams look now is very different to how they did five, 10 or 20 years ago. We have all expanded our teams within what the current funding envelope allows.

The professions and the skillsets seen today in practices across the motu are a testament to the collaborative and iterative changes made over many years. These changes aim to improve health outcomes, focus on patient experience, be costeffective and maintain the wellbeing of the workers. Several aspects of this quadruple aim[1] are currently fraying at the edges. The answer is to “expand the team”.

General practice continues to highlight an ability to react, adapt and be nimble as we navigate the challenges that come with the services we deliver. We know that our individual and unique communities influence the make up of our teams. What works in a small rural practice covering a vast geographical distance will be different to an extensive practice in a large city centre, which will again be different to a clinic based on a marae. There is no uniform solution to who is in the team, what the team does and what skills are required. Healthcare in the community is unpredictable and variable.

Smaller teams in rural and remote areas will require each individual to have a broader range of skills compared to larger urban-based teams with easier access to other services. Despite these differences, each of these services will have a connection with other community, hospital-based or wellbeing services and resources, expanding their team further.

No matter how our teams are made up, we all have the same goal: to provide a high standard of continuity of care for our patients and communities. When considering our team, we must also reflect on our population's particular needs and not assume that what happens elsewhere will work in Aotearoa. Who the patient sees is essential to them. It needs to be someone who can provide the services they need, with the appropriate skill, when they need it.

This is no small feat when our GP teams have an enrolled patient base of 4.9 million people, who are cared for in 1000 general practices from Northland to the Chatham Islands and everywhere in between. We're delivering 23 million patient contacts a year, which equals 400,000 a week or 80,000 a day.

Breaking that down further, there are 453 practices with between 1000 and 3000 enrolled patients, 335 practices with 3000 and 6000 enrolled patients, more than 200 practices with over 6000 enrolled patients, and a handful with over 10,000 on their books. The size differential across practices may change a little, but small towns are still going to require healthcare services even if their population is 1000 people (or less).

No other part of the health workforce provides these care volumes in this variety of settings.

At the recent General Practice Leaders Forum, we considered the “GP team”. We agreed that general practice is a team sport, that we need to invest in the growth of every profession involved, accept variability across the different settings and that clinical governance and a permissive environment are crucial to success.

We need local information to inform the development of the GP team in Aotearoa. The upcoming RNZCGP workforce survey will examine who is on our GP teams, the different modes of care delivery and our members’ experiences. It will help us understand the current variety of skills already in our GP teams and give us information that we can share and use to advocate for and inform the changes we need.

The college's Your Work Counts project shows us where the GP hours are spent, and we are looking at an extension of the study to assess what patient contacts mean and which team member they are with.

With any team, careful consideration needs to be given to skillsets, fit in the team – and particularly in healthcare – training and clinical governance. These last two are fundamental aspects that confer safe healthcare for patients and safe working environments for the team.

Both can easily be forgotten when discussing expanded GP teams. We would not put a bunch of people onto an A380 to fill in gaps without carefully considering their fit, skills and oversight of how they work in the team.

Being a united, high-performing and cohesive team across general practice is critical to the success of the healthcare we deliver in the community.

Investing in training and clinical governance at the practice level is essential for expanding the GP team and should be considered in any workforce development equation.

***Samantha Murton is a specialist GP and president of the RNZCGP***

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## References

Reference: Sikka R, Morath JM, Leape L. The Quadruple Aim: care, health, cost and meaning in work. BMJ Qual Saf. 2015;24[10]:608-10. doi:10.1136/bmjqs-2015-004160