



Skill Profiles for Leaders in GP - Identification of the Key Leadership Competencies

Francesco Carelli*

EURACT Council, National Representative, University of Milan, Italy

Commentary

Primary Care, as the first line medicine, with its holistic and longitudinal approach for acute and chronic diseases, working on prevention and rehabilitation, is one of the most vital components in the strategy to control costs and improve outcomes.

General Practice is the bedrock of the National Health System, where practices are significant organization's in their own right, and good quality practice management is of great importance to the NHS.

Italian population is near growth zero since years, and the population is getting older. The main consequences are:

- A) More costs for care
- B) More costs for social interventions (lack of care givers in families' desegregation, more foreign people coming for these services)
- C) Less funding for National Health System with less people in work places and more people retired.

The author lives in Milan downtown, where the population is 1,300,000 (ten years before it was 1,400,000), 23 percent older than 65 years, 11.3 percent older than 75 years. The city is organized in one big Local Health Authority with five districts and services for different zones. 1,054 GPs are taking care of this population, with a capitation a little similar to that in UK (but smaller). City hospitals are fourteen. The city is centered on international business and stock market, lettings and costs of life are getting higher, with difficulties for families and common people living and working there.

LHA is only looking to cut expenses in prescriptions and examinations, by pressing and punishing GPs prescribing just above the mean.

General Practice has the knowledge and skills to manage by it and develop systems facilitating at the best the continuity of care and affording the challenges and changes facing on the next years.

Knowledge and skills are clear in the European Definition (WONCA, 2002) and the EURACT Educational Agenda (EURACT, 2005) where specificity, competencies and the educational level of this discipline are exposed in the international context.

GP is the everyday medicine facing patients' any situation, the cheapest discipline, managing and producing appropriate referrals and diagnostic procedures at lowest costs and more motivated, because of the continuous and longitudinal approach. The most cost effectiveness situation in Medicine.

GP is able to approach financial problems coming for older population, taking care of this in the context as home visits and assistance. At social problems level, general practitioners can organize information and assistance.

To get this at the best, future GP has to be allowed to change autonomously its structure. It will need important funding, a hierarchical organization (not the actual individualistic situation leaving general practitioners apparently free but really divided and without power and capacity to act on the social life).

Next year's need to see a clinical governance, where GP works for quality assurance, with professional regulatory directives driving out of the actual fractioned system and developing an integrated team system, where general practitioners are financially allowed to work, according

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*Correspondence:

Francesco Carelli, EURACT Council,
National Representative, University of
Milan, Italy,

E-mail: francesco.carelli@alice.it

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their preferences, to facilitate continuity of care, integrate health and social problems, exploit complementary skills, providing access to appropriate clinicians and doctors with special interests.

GP's knowledge as continuity of care of well-known patients will ensure, with its specific system of evidence, more appropriate use of the new oncoming technologies.

According to the local situation, next year's could see the development of New Public Management Models, with a clear attempt to move away from standardized forms of service to a system characterized by more flexibility and variety.

To put forward these changes, we need leaders and a leadership concept in GP. Leaders should be chosen among the existing GPs, according to curriculum and attitudes, not among doctors working in the bureaucratic apparatus of LHA, not having experience in treating patients on the ground.

GP's specific relationship with population will secure enhanced patients' participation in decisions about individual care and systems level priorities. This will be managed by GPs leaders in the Medical Council Commissions for Relationships with Public.

Attitudes and expectations are changing: people increasingly expect to be treated as partners and only GPs have been trained to listen to patients and involve them in decision making. This means health campaigns, information and education going to save public money. To get this, we need in GP a real leadership.

In Milan, we have the first group of GPs leaders, engaged in commissions, developing team-based assessments of the needs of defined populations, like old patients confined at home and caregivers' problems, invalid people, obese patients. Using primary care to promote health focus on wellness, the next years could see general practitioners as the sentinels for anti-flu campaigns, antipollution campaigns, health promotion in schools, controlling costs of referred care and expensive exams, finally real gatekeepers in next year's, ensuring appropriate use of new technology on evidence in PC system.

Creating a quality practice takes skills different from those necessary to be a GP. GPs get conflicts when working for leadership: individualistic concept persists, coming from the holistic situation in GP, worrying to lose freedom and professional level. The writer remembers that in Italy, where single-handed practices mean individualistic and conflicting practices, the cultural and professional background is made by separate fields with same level for all doctors, deriving opposition to see colleagues working as leaders and looking at the qualities as leaders.

We must recognize as necessary the existing trend to move from this loosing and low-profile approach to a structure answering to necessities that comes from the modern organization's and groups working on the field, with clear objectives and proposals.

Missing leadership, every agreement could be formal and fragile, without real responsibilities and political continuity.