

Successful task delegation in general practice – a way to maintain primary health care in the future

Traditionally, the hospitals in Denmark have served as medical units for diagnosing, treating and caring for patients, but these years, various clinical functions formerly undertaken in outpatient clinics, are moved from the hospital sector to general practice [1] in order to maintain the health care system cost-effective [2]. Consequently, general practitioners (GPs) are urged to rethink the working structure without compromising on the quality of care.

Taking the clinical perspective, previous research has found that the practice staff, primarily nurses, can substitute for GPs in providing good quality health care to patients [3] and that the patient satisfaction is equally high and, in some cases, even higher when tasks are delegated internally [4]. Seen from a working environmental perspective, recent research has found that a high degree of task delegation is associated with a high degree of job satisfaction among the staff and that there is a tendency of a similar pattern in the case of GPs [5]. Job satisfaction is found to be associated with good quality care and is therefore important to the patients' care as well. This indicates that neither GPs nor their staff should be afraid of delegating more tasks to the staff in general practice.

Nevertheless, there is a substantial variation in the degree to which general practitioners delegate tasks to their staff, and there may be several reasons for this. First of all, education needs to be addressed to a higher degree [6]. The importance of the adequate level of training when delegating tasks from GPs to their staff has been emphasised by GPs [7], patients [8] and by staff members themselves [9]. It is therefore essential that the health authorities are willing to support GPs financially in training their staff adequately [3], whether it is in the shape of continuing education or time for internal supervision in general practice. Moreover, practice staff in extended roles should be taken into consideration when planning the incentives schemes reimbursing GPs [3]. Additionally, the lack of consultation rooms is a major barrier to extending the role of the staff. Hence, before initiating this process, the number of rooms required should be obtained.

It will be interesting to see whether the ongoing collective bargaining between the health authorities and the Organisation of General Practitioners (PLO) in Denmark will result in allocation of funds to the barriers emphasised earlier.

However, initiatives ensuring a successful task delegation in general practice cannot be facilitated unless GPs

and their staff are all supportive of the concept. Therefore, an important precondition is a culture supporting the planned changes in the working pattern. A cultural change is a long process, and it necessitates working on common core values [6]. Hence, GPs and their staff need to find the time for this cultural work, for example, by planning after-hours meetings and maybe inviting a professional facilitator to support the process. Furthermore, patients should be addressed as well. To ensure their acceptance, GPs have to prepare them properly before delegating their care, for instance by introducing them to the nurse prospectively managing (parts of) their care in a joint consultation.

Thus, it is crucial that GPs, their staff and patients are all prepared properly in order to ensure a successful task delegation in general practice as this may be the best way to maintain primary healthcare in the future.


Disclosure statement

No potential conflict of interest was reported by the authors.

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Helle Riisgaard and Jørgen Nexøe
Research Unit of General Practice, University of Southern
Denmark, Odense, Denmark
 hriisgaard@health.sdu.dk

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