POLICY OPTIONS

General Practice from the perspective of a Learning Organisation

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Sinclair, A., Johnson, J., Travaglia, J., Fuller, J.

Policy context

The focus of the study is situated in future directions for the health care of NSW residents. Across the world and in Australia more emphasis needs to be placed on primary care with the goal of improving health outcomes and reducing health costs and health inequities. With the need to reposition the Australian healthcare workforce in response to federal health reforms and in order to meet the primary healthcare needs of future populations a key strategy of NSW 2021 is preventive health and effective management of chronic disease. At the forefront of primary health care, general practice microsystems have the opportunity to enhance and improve healthcare services provided and positively impact patient outcomes by adopting the principles of learning organisations.

Despite the benefits that becoming a learning organisation confers this had not been explored in general practice microsystems in Australia. The principles of a learning organisation include strategic leadership, creating continuous learning opportunities, encouraging collaboration and teamwork, promoting inquiry and dialogue, creating systems to capture and share learning, having a collective vision and networking. The global expansion in knowledge technology is a major impetus for the development of learning organisations, particularly with the extended availability of information that facilitates rapid change and growth. Changes in health consumer expectations, new care methodologies as well as insurer and government imperatives to reduce stays and costs are all good motivation to develop a learning organisation. Likely outcomes of embracing these principles are increased interprofessional collaboration and teamwork, staff retention, incorporation of research into practice, more effective use of rapidly changing health care modalities and improved financial performance. This study addressed the gap in knowledge through examining whether NSW general practice microsystems are learning organisations by seeking the views of staff and patients using questionnaires and interviews.

Policy options

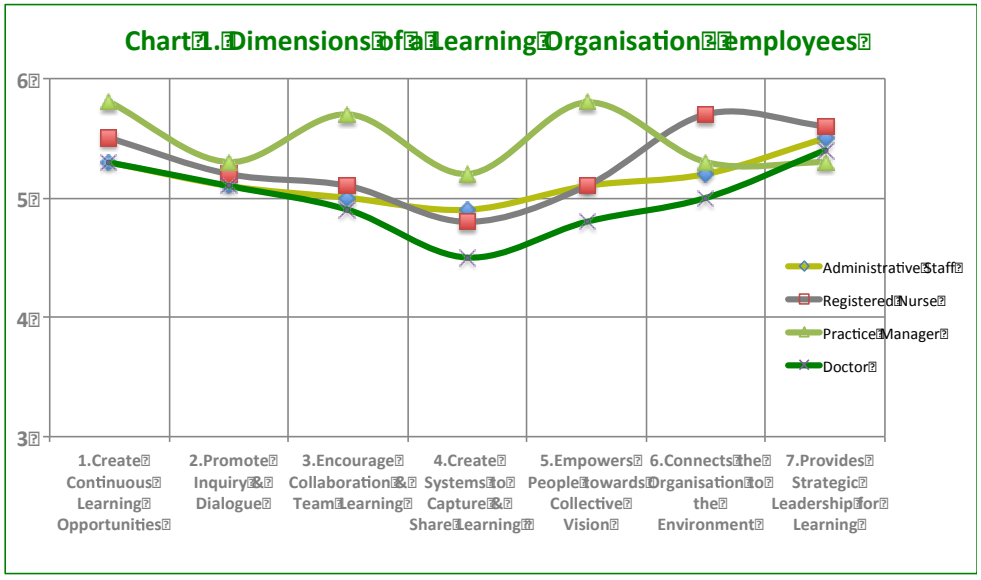
With any service that is provided to the public there is an onus to continue to offer a high quality and improved product. In looking at general practice microsystems from the perspective of a learning organisation, this study establishes that NSW practices are learning organisations however there are some gaps in practice that could be addressed as follows:

- Establish a system for active involvement and feedback from patients
- Provide an ongoing funding source to formally recognise the role of the quality improvement cycle as a means of ensuring lessons learned are uniformly shared and implemented

- Foster interdisciplinary education sessions. Offering these in initial medical, nursing and allied health education programs would assist in breaking down the professional silos and foster collaborative learning
- Establish mandatory entry level qualifications for administrative support staff who make critical decisions at the front line of general practice

Key findings

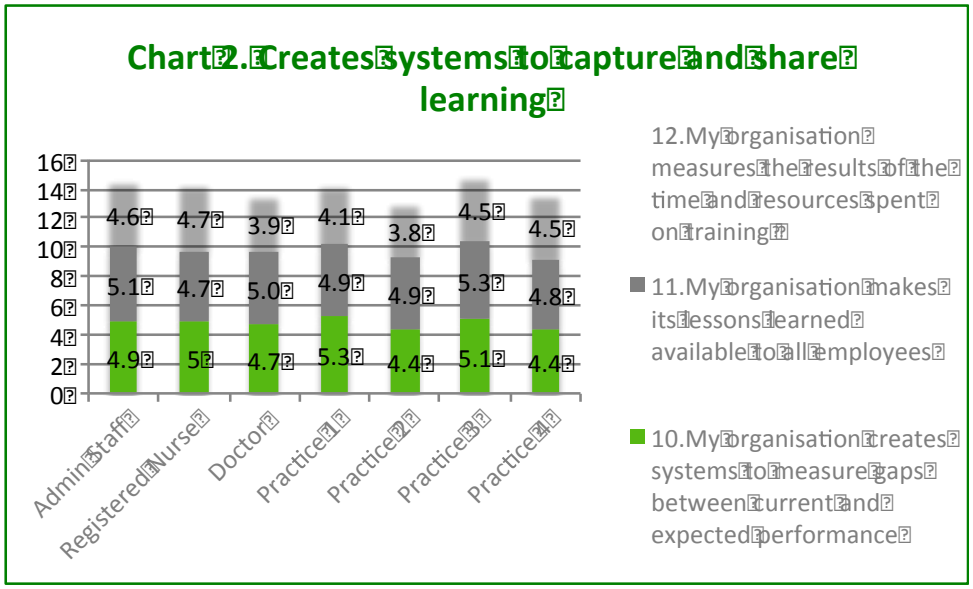
Overall, when compared with results from international studies, staff scored well on the Dimensions of a Learning Organisation Questionnaire (DLOQ) in the four NSW practices studied. While practices scored well overall, this was less so for creating systems to capture and share learning (lowest score), encouraging collaboration and team based learning and empowerment of people towards a collective vision. Chart 1. highlights these results and displays interdisciplinary concordance and differences of opinion in these dimensions.



Professional qualifications, continuing professional development plans and hours spent in formal training revealed access was not uniform among staff and administrative support personnel were the most disadvantaged and least likely to have

- a qualification that equips them for the role
- a continuing professional development plan
- engaged in ongoing training in the past twelve months.

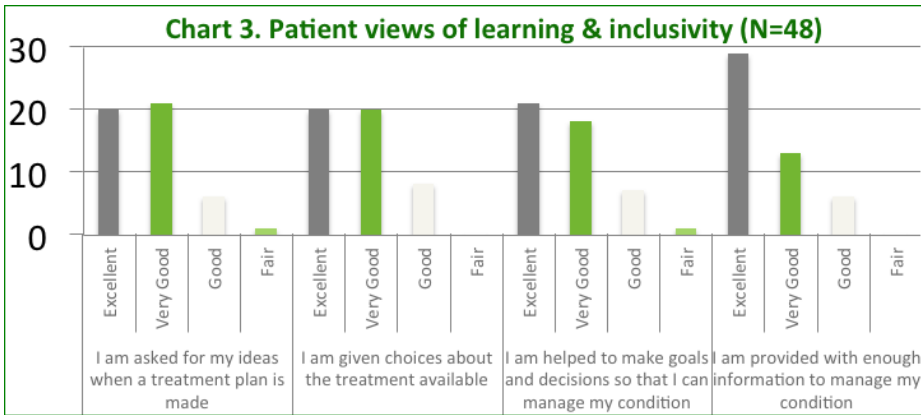
There was evidence of a gap between individual capacity to learn and the organisation's receptiveness to harness what had been learned, and the continued practice of engaging in discipline specific learning, for example RN or DR only clinical meetings that result in limiting shared understanding and collaborative efforts. At the time of the study three of the four practices did not conduct regular interdisciplinary staff meetings, which resulted in a limited ability for collaboration and team learning. Chart 2 provides a breakdown of responses to the dimension 'creates systems to capture and share learning'. The chart displays mean scores for the domains within the dimension by staff category and individual practices. The lowest scoring dimension was 'measures the results of time and resources spent on training' followed closely by 'creates systems to measure gaps between current and expected performance'. The failure to measure the results of time and resources spent on training and gaps between current and expected performance may point to missed opportunities for professional development and to the ability to ascertain return on investment.



Informal learning through coaching and mentoring occurred frequently although most often intraprofessionally as opposed to interprofessionally. The majority of more formalised learning opportunities on site in the general practices was targeted at qualified and training doctors in the form of clinical meetings. For RNs, formal education opportunities that targeted skills and knowledge development were more likely to occur external to the organisation.

Evidence was contradictory regarding conduct of performance review with three practices stating they occurred regularly and one intending to formalise the process in the near future. Generally one component of this strategy is a continuing professional development plan however at least 50% of administrative staff reported not having a plan.

Overwhelmingly patients reported a sense of inclusion in decision-making regarding management of their health conditions. They also reported being given sufficient time and resources/information to make informed decisions. Chart 3 shows that patients rated their inclusion in learning as excellent or good.



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