

AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE



## MANAGING CHANGE IN PRIMARY CARE: THE CONTRIBUTION OF A CLINICAL LEADERSHIP PROGRAM

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## POLICY CONTEXT

**DEAKIN UNIVERSITIES** 

As health expenditure continues to take a higher proportion of GDP, the challenge is to get better performance out of the system. The only way to improve that output is to engage GPs themselves in the pursuit of better clinical outcomes which generally reduces costs.

A comprehensive review of health policy by the Rudd government has resulted in two reports relevant to the introduction of clinical leadership for primary care. These reports are the National Health and Hospital Reform Commission which called for clinical leadership training, and the National Primary Care Strategy.

It is clear that performance in healthcare organisations is inextricably linked to leadership which will optimise the delivery of chronic disease management across organisational boundaries. What convinces senior health managers about the value of clinical leadership courses is that without active engagement of clinicians and clinical leadership, improved services for patients will not come about.

## **KEY FINDINGS**

For the Government's reform agenda to succeed, it requires clinical leaders who understand and can interpret the new policies for their peers. Also, clinical leaders need to understand how to bring about change.

## RECOMMENDATIONS

Based on the results of our review of existing programs, interviews and inquiry into international practice, we would recommend:

- 1. The establishment of a national primary care clinical leadership development program tied to the achievement of service change and improvement. It is expected that there would be 60 to 80 participants per year for five years.
- 2. Clinical leadership be clearly identified as a fully resourced initiative within the primary care strategy for there to be any belief that there will be effective implementation of the strategy.
- 3. That APHCRI which enjoys wide support from the professional stakeholder group put this course together.
- 4. That clinical leadership should be open for the whole sector not simply for superclinics or comprehensive primary care centres.

For more details, go to the three page report

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