# A general practitioner's perspective on shifting to a multidisciplinary model in primary care: A viewpoint from the United Kingdom

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**AS A UK-BASED** general practitioner (GP) who has dedicated a number of years to practising within the traditional GP-centric model, the transition towards a multidisciplinary approach in primary healthcare represents a seismic shift that provokes both enthusiasm and apprehension. Initiated by the National Health Service's (NHS) long-term plan for primary care,[1] published in 2019, this transformation is not just procedural; it strikes at the core of our traditional roles and responsibilities, requiring us to adapt in ways that are both complex and challenging.

We are at the emerging stage of this evolution. According to the Royal College of General Practitioners, the vision for a multidisciplinary model in primary care is still unfolding and is projected to reach its peak by 2030.[2] This development is poised to revolutionise the entire primary care ecosystem, effectively replacing the traditional GP-centric paradigm. One anticipated consequence is a diminished necessity for multiple GPs within a single practice, as roles historically performed by GPs are increasingly assumed by other members of the multidisciplinary team. This is seen as a solution to the ongoing crisis affecting the primary care sector when it comes to GP recruitment and retention.[3]

Although the benefits of this new model, such as enhanced patient outcomes and a more holistic approach to care, are appealing, there has been a noticeable absence of discussion concerning the potential challenges it presents.

One of the most significant concerns that arises is that of accountability. In the old model, it was clear: I was the one ultimately responsible for the wellbeing of my patients. With the entrance of other multidisciplinary team members into the equation, lines of accountability blur, causing uncertainties. This issue becomes glaringly apparent when complications arise or treatment plans are disputed among team members. With each healthcare provider having their own domain of expertise, the clarity of who is in charge of what can become muddled. This fragmentation can sometimes lead to gaps in patient care, which, frankly, is everyone's worst nightmare in this profession.

But it is not just accountability that is at stake. The very nature of communication has transformed. I used to engage in an intimate dialogue with my patients, a cornerstone of good medical care, but this interaction is now part of a larger, more complex web of communications. Although the collective intelligence of a multidisciplinary team is an invaluable asset, the complexity it introduces into communication is unprecedented. It becomes crucial to be vigilant, ensuring that each healthcare provider understands the subtle difference of each patient's condition to prevent the possibility of fragmented or even conflicting advice.

Then there is the issue of decision making. What used to be the sole prerogative of the GP is now a shared responsibility. In this new landscape, GPs find themselves navigating the multidiscipline debates. Although collective decisions can result in more well-rounded care, they can also stall progress and create confusion when opinions clash. These situations make it essential for me to assume a new role as a mediator, a skill set that is a far from the shared decision making, involving me and the patient I care for, which I was trained to do.

Administratively, the shift is equally seismic. The responsibility of coordinating a variety of team members, managing their schedules and facilitating team communications often falls on the GP's shoulders. This adds another layer to our already multifaceted role and requires skills that are more managerial than clinical, a challenge in itself.

Even the rapport I have with my patients is changing. Patients are now required to adjust to an unfamiliar environment where multiple healthcare professionals take part in their care. Although this could yield better outcomes, it also dilutes the intimate GP–patient relationship that was often the bedrock of comprehensive care. This calls for new approaches to maintain continuity and the all-important human connection in healthcare.

And then there is the issue of redefining our professional roles. This paradigm shift often means that GPs, traditionally the 'Jack of all trades', need to become skilled at managing teams, resolving conflicts and

facilitating integrated care, a learning curve that demands both time and energy. And let us not forget the economic and ethical complexities this new model introduces, from funding multiple community services to confronting ethical dilemmas related to resource allocation and holistic treatment.

The continuous lessons I have learned from the UK's journey towards this new multidisciplinary model might have profound implications for other healthcare systems across the world, including Australia. Australia, much like the UK, faces challenges with GP recruitment and retention, and models like these can offer a solution.[4] The evolution of healthcare is universal, and the challenges and triumphs of one system can often resonate and provide valuable foresight for another.

In Australia, as is evident with initiatives like 'My Medicare', there seems to be a gradual inclination towards embracing similar models of care.[4] Just as the UK faces its unique set of challenges, Australia's distinct healthcare landscape will have its own tests in this transition. Although the NHS's long-term plan for primary care has set a specific direction for the UK, Australia's sociocultural factors and healthcare needs will undoubtedly shape the nature and dynamics of its multidisciplinary shift. By reflecting upon and understanding the complexities and potential pitfalls that have been unveiled in the UK's experience, Australia has the advantage of foresight, ensuring a smoother transition that puts patient welfare at its core.

Although the advantages of a multidisciplinary model, such as improved patient outcomes and more comprehensive care, are compelling, the challenges are many and complex. They touch upon fundamental aspects of practice: accountability, communication, decision making and even the very nature of the doctor–patient relationship. Adapting to this new environment requires not just logistical readjustment, but also a conceptual makeover of the GP's role within the healthcare ecosystem. Despite the hurdles, I see this shift as an opportunity for growth and improvement, creating a more integrated, patient-centred model of care. However, it will necessitate careful planning, continuous adaptation and, above all, a willingness to embrace change.

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Competing interests: None.

Funding: None.

Provenance and peer review: Not commissioned, externally peer reviewed.

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