Raising the attractiveness of primary health care

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Health workforce problems in primary care
How to resolve the shortages and maldistributions?
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- Improve attractiveness of primary care
- Medical education
- Recruitment and retention
  - Rural and remote areas
  - Work environment
- Primary care models
- Health workforce planning
How can the attractiveness of primary care be increased for medical doctors, other health professionals, patients and the general public?
Improving the attractiveness of PC

**Pros**
- Direct and long-term patient care
- Patient orientation ("whole person")
- Working atmosphere

**Cons**
- Working conditions
- High administrative workload
- Lack of peer support
- Low status and prestige
"The doctor will be right with you shortly, he's finishing medical school."
Medical education

- Longitudinal programmes
- Compulsory primary care clerkships
- Electives in primary care

- A whole range of other programmes with very little evidence, including interests groups, student-run free clinics, integrated residency programmes, participation in primary care research, etc.
Recruitment and retention – rural areas
Recruitment and retention – work environment
Recruitment and retention – work environment

*Employment quality*
- Salaries (GP salaries relatively low)
- Work-life balance (especially important in view of feminization)
- Professional development
- Interprofessional collaboration

*Work quality*
- New technologies
- Skill-mix
Primary care models

_Relevant elements - health professionals:_
- Practice type (age-related)
- Multidisciplinary working
- Clinical leadership
- Range of services being offered
- Career options and development

_Relevant elements - patients:_
- Practice type (age-related)
- Range of services being offered
Health workforce planning in PC

- No direct relationship with attractiveness
- Mostly indirect by creating a more stable workforce, which limits issues related to workload, working times, etc.
- Successful example: the workforce planning model in the Netherlands