

To Explore the Division of Responsibilities Between General Practitioners and Specialists

Jian Gao

International Education School, China Medical University, Shenyang, China P.R.

*Corresponding author details: Jian Gao; jgao18@cmu.edu.cn

ABSTRACT

This paper introduces research about the division of responsibilities between general practitioners (GP) and specialists. According to experience of studying general medicine in fourth year of undergraduate clinical medicine, comments from senior general medicine teachers, group PBL (Problem Base Learning), literature reviews, completing this article. Through the collaboration of GP and specialist team base on literature has been introduced, GP and specialists are indispensable and play a common role in society to the health management of community residents, improve the health level of the whole communities, ensure national economic development and stabilization of improvement in people's living standards. This paper discusses the responsibilities and professional roles of traditional specialists, also introduces the important role of GP in the process of coming area.

Keywords: general practitioner; specialist; division of responsibilities; teamwork; collaboration; medical consortium

INTRODUCTION

In ancient time, people used to eat animals and drink blood without medical intervention when getting injuries, in case of injuries, they had to follow to fate; later, they accidentally ate some fruit or put some leaves on it [13]. Over time, it was said and recorded by words when medicine was even born; at first, medicine was not divided into branches, even in the period of agricultural civilization [13]. Development of medicine and emergence of precision medicine, the division of medicine has become more and more specific, which has formed divisions for management in nowadays large-scale general hospitals, and even more specialized hospitals have gradually formed a certain scale [19]. The general practitioner - specialist team model carries out collaborative management of stable patients in the community [19]. A general practitioner - specialist team is established under the framework of medical consortium; the GP physician makes first diagnosis, manages, directs and accurately referrals, and then specialist puts forward management opinions from perspective of specialty, carries out collaborative management, implements community team collaborative management norms, and summarizes experience, improve clinical level of GP in disease management [19].

Since the introduction of GP system in the 1980s, after a series of pilot city in practices, China has formulated a series of guidelines and policies with Chinese characteristics supporting GP system [68]. Until 2011, the policy document of the guiding opinions of the State Council on the establishment of the general practitioner system was issued, which officially opened the construction of the general practitioner system throughout the country, The general practitioner system has been implemented in more than 50 countries around the world, plays an indelible role in the medical system of each country, and plays a "gatekeeper" role in residents' health. However, in China's current medical system, whether in the hierarchical diagnosis and treatment system with Chinese characteristics or in the

construction of grass-roots medical and health system, the general practitioner system has its own advantages [68].

Through reading the literature, this paper has a new understanding of general practitioners and specialists, a preliminary introduction to the current situation of their two-way career development, a more comprehensive understanding of their division of responsibilities and their impact on patients, and an international research on the relationship between general practitioners and specialists, especially the new special general practitioners and specialists, It is not only China's, but also the development and experience of Britain and other European and American developed countries. This paper discusses the long and short board of the development of general practitioners and specialists, and also summarizes and looks forward to how general practitioners and specialists can better cooperate and ensure the construction and development of the country and the people in the future.

GENERAL PRACTICE - SPECIALIST

The concept and interrelationship of general practitioners and graded diagnosis and treatment, pointing out that the construction of grassroots talent team focusing on general practitioners is an urgent need to promote the graded diagnosis and treatment system and meet the health needs of the people [20]. The key to standardized training for general practitioners is to improve outpatient practice skills, learn to communicate with specialists and master referral indications [16]. At this stage, priority should be given to improving the remuneration level of general practitioners, attracting more general practitioners to engage in basic medical services, so as to improve the accessibility of basic medical services and the overall quality of medical services [4].

Community residents have a low level of awareness of hierarchical diagnosis and treatment, most residents do not know the hierarchical diagnosis and treatment system, when common diseases need to be treated [51]. 1. Most residents first choose community health service institutions; they have a good sense of "first diagnosis at the grassroots level", most residents are willing to go to higher hospitals for diagnosis and treatment through community referral, the main reason why residents agree to referral is that the proportion of medical insurance reimbursement increases after referral, the most important reason for limiting residents' choice of referral is that the referral procedures are too complicated; 2. The community residents have a low understanding of colorectal cancer, most of the relevant information comes from their families, neighbors or colleagues, as well as TV, radio, Internet and other media, but less from medical workers and community health service institutions, the residents have insufficient awareness of high-risk factors and preventive measures for colorectal cancer, most residents recognize the role of screening in early detection of colorectal cancer, but fewer residents have participated in colorectal cancer screening, if doctors recommend residents to conduct colorectal cancer screening, most residents may agree; 3. General practitioners are more familiar with the contents and standards of two-way referral than specialists, it is very common for general practitioners to transfer patients from the community to the hospital, although most specialists recommend that patients with stable conditions return to the community for treatment, due to the lack of downward referral mechanism, there is almost no case of patients transferred from the hospital to the community, and "two-way referral, up and down linkage" is not perfect; 4. General practitioners and specialists have insufficient knowledge about colorectal cancer screening, there are differences in their understanding and selection of colorectal cancer screening methods and screening age, specialists often conduct opportunistic screening of colorectal cancer more than general practitioners, most general practitioners agree to conduct colorectal cancer census in the community, but due to low participation of residents, insufficient community staff, and limited community medical conditions, it is difficult to carry out colorectal cancer census due to lack of policy and financial support [51].

The general practitioner is not only a profession, but also represents a new medical service model, the weakness of the specialist is exactly the strength of the general practitioner [54]. An old man felt dizzy and went to a major hospital to hang up his number three times before he found the right "door", he hung up his neurological number first, but did not find out the problem; I hung up the cardiovascular department number again, but no problem has been found; Then I hung up the endocrine department number to find the crux [54]. If the general practitioner gives priority to the intervention, the old man will not find the right "door" three times.

In order to actively build a new medical and health service system with reasonable division of labor and promote the formation and development of hierarchical diagnosis and treatment system, the construction of grassroots medical care has become a hot topic in the field of medical reform, the British community basic medical system, with general practitioners as the backbone, is one of the best medical systems in the world [60].

At the level of chronic disease prevention and control, we have gone out of the new path of "integration of urban and rural areas and integration of medical treatment and prevention", established a family doctor contract service

team under the "1+1+1" medical community model, led the hospital to help family doctors contract services, integrated the specialist team into the family contract doctor team, and the general practitioners and public health doctors in grass-roots units jointly focus on the health management of chronic diseases, opening a new door to the layout of chronic disease prevention and control, and revitalizing medical resources, It has optimized the medical treatment process, improved the medical treatment experience of the masses, and provided a more convenient way for the health management of patients with chronic diseases [59].

DISCUSSIONS

The British national medical service system includes the primary health care system and the hospital system, referral letters are a way of communication between general practitioners and specialists, and the information contained in them can improve the quality and efficiency of referral [66]. Studying the information of referral recommendation letter is helpful to provide suggestions for grading diagnosis and treatment in China [66]. The quality control system of referral recommendation is mainly composed of referral guidelines developed by the National Institute of Health and Medical Optimization and key performance indicators developed by the Clinical Commissioning Group [66]. There is still room for improvement in terms of referral selection, referral expectation, referral time and diagnosis in England, but patients are basically satisfied with the current referral [66]. It is suggested that to improve the quality of referral, it is necessary to standardize the medical behavior of referral, fully enhance the role of informatization in referral, establish a close relationship between general practitioners and specialists, and introduce non-health technicians as assistants to general practitioners [66].

The new general practitioner system starts from the following aspects: first, bring general practitioners into China's medical insurance management system to break the traditional issue of physician ownership, which is conducive to the general practitioners' ability to make decisions and truly achieve "primary diagnosis at the grassroots level"; second, establish and improve the supporting policies of China's general practitioner system, and improve and standardize the rights and obligations between general practitioners and residents from the legal perspective, Establish a positive incentive remuneration system for general practitioners; third, establish a new type of medical insurance payment system through the general practitioner system, through medical insurance payment, truly realize the medical cost control function of general practitioners, change the wrong medical guidance of the current medical insurance system in China, which is "treating major diseases, ignoring minor diseases"; fourth, establish a competition and elimination mechanism for general practitioners, and develop the general practitioner system into a market oriented mechanism of "entering and leaving", in order to promote general practitioners to improve their own medical level and improve residents' satisfaction with medical care, the fifth is to use artificial intelligence Internet technology to improve the service level of general practitioners, use modern science and technology to establish residents' health records, truly realize the sharing of medical resources, and ultimately promote the optimal allocation of medical resources [68]. 1. Strengthen the publicity of hierarchical diagnosis and treatment system, and promote the realization of "primary diagnosis and two-way referral"; 2. Strengthen the publicity of colorectal cancer screening knowledge, and improve the participation rate and compliance of screening; 3. Doctors should strengthen the study of colorectal cancer screening knowledge, carry out screening work according to local

conditions, and attach importance to opportunistic screening; 4. Develop and improve the two-way referral mechanism, simplify the medical treatment process, and build a medical consortium; 5. Cultivate high-quality general practitioners and improve the construction of grassroots medical facilities [51].

GPwSI (general practitioners with special interests) and GPwER (general practitioners with extended roles) are meaningful discussions and explorations, the specialty of general practice medicine has matured, and the current general practice and specialty "you have me, harmony but difference" have embarked on a long road of professional identity since the 1950s when modern general practice medicine emerged [52]. Faced with the "soaring" of medical specialization and the "declining" of general medicine, colleagues in general medicine began to think about and strengthen their philosophical positioning: who I am, where I come from and where I go, countries take the establishment of the Society of General Practitioners as an important symbol, and the establishment of the World Organization of Family Physicians (WONCA) as a milestone in the international community, in order to safeguard the professional ideal of general practice [52].

CONCLUSION

Promote the highly integrated development of specialty and general practice, and implement the national hierarchical diagnosis and treatment policy [15]. One of the most basic tasks of doctors is to identify patients' diseases. In this regard, general practitioners are more involved than specialists, and less use high-tech aids, which means that general practitioners need to pay more attention to physical diagnosis, clinical thinking or judgment ability [82]. Compared with specialists, general practitioners play an important role in emergency and pre hospital first aid, stabilizing patients' injuries in a short time and reducing mortality [55].

The use of general practitioners in community public health services in conjunction with health education services can significantly improve the health level of community residents, highlighting the importance of general practice, and the service effect has been significantly improved, which has a good effect on the healthy life of community residents [44]. The level of health knowledge of residents has been significantly improved, which has greater advantages compared with specialist doctors, community residents have significantly improved their satisfaction with doctors' services, and the service effect has been recognized by everyone, it has significantly improved the quality of life of community residents [44].

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