POLICY CONTEXT
The Australian Primary Health Care System is at a crossroad. We are faced with a burgeoning workforce crisis, a complicated model of private and public health care funding, and changes to the scope of practice of GPs, nurses and other allied health staff who comprise primary care teams in Australia. Both the Canadian and United States health care systems provide useful contrasts to consider as Australia builds a National Primary Health Care Strategy. One element of health care is shared universally: patients will increasingly present with complex, multiple problems rather single disease specific conditions. New developments in the U.S. in the Patient-Centred Medical Home (PCMH) movement signify important directions for primary health care. Canadian efforts to build a Pan-Canadian strategy to resolve provincial differences are also of interest including the challenges of inter-professional collaboration faced within family health teams (FHTs). These developments signal that coordination of care across territorial and disciplinary boundaries is critical to the future of the health care system; they provide important international examples that can inform policy developments in Australia.

KEY FINDINGS
There is support for generalism and its essential dimensions as a guiding philosophy for primary medical care, whether this can be translated to broader primary care teams is open to further investigation and debate.

1. **No one site or setting has all of the answers.**
2. **Overall very positive response to the model.**
3. **Support for the diagrammatic representation of perspective.**
4. **Incentives do not assure that change happens in practice.**

For more details, please go to the [full report](#).