# Results: Structural and System-Level Findings

### R1: Organisational Fragmentation of General Practice and Professional Autonomy as Structural Constraints

Organisational fragmentation of general practices in the Czech Republic remains substantial. Individual general practitioner (GP) practices clearly predominate (more than 65%), most commonly operating under a one-physician–one-nurse model. Within these individual practices, physicians aged 51–60 years represent the prevailing age group. Group and team-based practices account for approximately 10% of respondents, while multidisciplinary primary care centres are virtually absent, with the exception of traditional polyclinics. These findings indicate a system structurally anchored in small, autonomous practice units with limited organisational integration.

### R2: Generational Shift and Misalignment Between Workforce Preferences and System Configuration

Younger physicians are more likely to work in group practices or corporate healthcare chains. This pattern suggests a preference for employment-based arrangements rather than practice ownership. Many younger GPs report prioritising work–life balance and demonstrate limited interest in assuming employer responsibilities. These findings point to a growing misalignment between the traditional self-employed model of general practice and the evolving expectations of the emerging workforce.

### R3: Limited Internal Capacity and Underutilisation of Non-Physician Staff

Approximately 70% of practices do not employ dedicated administrative staff. Nurses are involved in patient care to a limited extent, and the scope of delegated competencies remains restricted. Emerging professional roles such as physician assistants, community nurses or community health workers, case managers, care coordinators, and digital assistants are virtually absent in Czech primary care. Unclear delineation and underutilisation of professional competencies contribute to reduced internal capacity and may limit the efficiency and resilience of primary care delivery.

### R4: Diagnostic Bottlenecks, Weak Gatekeeping, Regional Disparities, and Care Coordination Gaps

Marked regional variation exists in diagnostic equipment availability across practices. Respondents in several regions report prolonged waiting times for radiology reports (several weeks), and in some areas waiting times for CT and MRI examinations range between 3 and 6 months. Gatekeeping is not systematically implemented within the Czech healthcare system, which weakens the coordinating role of primary care. Innovations such as point-of-care ultrasound (POCUS) and telemedicine are present primarily as isolated initiatives without comprehensive systemic support. Together, these factors indicate structural bottlenecks and coordination deficits within the system.

**R5: System-Level Consequences – Inequalities, Unpredictability, and a Policy–Practice Gap**

The cumulative effect of the above factors manifests in pronounced regional inequalities in access to care, extended waiting times, and low predictability of patient pathways within the healthcare system. While national health policy formally promotes interdisciplinary teamwork and integrated care (as outlined in ongoing reform strategies), the prevailing organisational structure remains predominantly based on individually operating self-employed GP practices. This discrepancy highlights a policy–practice gap between reform objectives and the structural realities of primary care provision.