



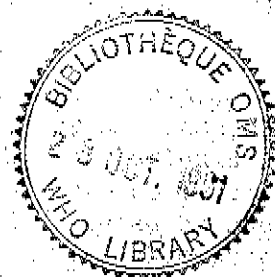
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SUMMARY REPORT

The role of the general practitioner in the CINDI programme

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ABSTRACT

The Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme aims at the effective control of noncommunicable diseases at country level, chiefly through the amelioration of risk factors. It emphasizes the integration of efforts and resources both within the health sector and between the health and non-health sectors. This Meeting reviewed existing experience in countries on the role of the general practitioner in noncommunicable disease prevention; examined opportunities, constraints and approaches to promoting collaboration between general practitioners and the health and non-health sectors; and recommended measures to promote integrated noncommunicable disease intervention by general practitioners and their associations.

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NONCOMMUNICABLE DISEASES
PHYSICIANS, FAMILY
PHYSICIAN'S ROLE
RISK FACTORS
HEALTH PROMOTION
EUR

The Meeting was attended by 47 participants, including representatives of the 14 countries^a participating in the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme, experts in general practice from both participating and non-participating^b countries, and WHO staff.

CINDI is a community-based intervention programme aimed at the effective control of noncommunicable diseases at national level, chiefly through the amelioration of risk factors. It emphasizes the integration of efforts and resources both within the health sector and between the health and non-health sectors.

The aims of the Meeting were:

- to review existing experience in CINDI countries on the role of the general practitioner in noncommunicable disease prevention;
- to examine opportunities, constraints and approaches to promoting collaboration between general practitioners and the health and non-health sectors; and
- to recommend to general practitioners, to the CINDI programme directors and to the Regional Office measures to promote integrated noncommunicable disease intervention by general practitioners and their associations.

After reviewing existing experience in the involvement and work of general practitioners and discussing future possibilities, constraints and ways to improve collaboration in practice, the following recommendations were made to the CINDI programme of the Regional Office.

1. The programme should promote the development and utilization of health promotion and disease prevention measures by encouraging general practitioners to:

(a) motivate community groups to create and pursue measures that will enhance health promotion and disease prevention;

(b) support partnerships among community groups and professional associations in the implementation of health promotion and disease prevention programmes;

(c) identify regional gaps in health promotion and disease prevention programmes available to the public, and work towards fulfilling those needs by developing programmes that are effective and acceptable to the relevant target groups;

(d) raise the public profile of groups responsible for successful models of health promotion and disease prevention;

(e) encourage the public to make effective use of health promotion and disease prevention programmes;

^a Austria, Bulgaria, Canada, Czechoslovakia, Finland, Germany, Hungary, Iceland, Israel, Malta, Portugal, USSR, United Kingdom, Yugoslavia.

^b Belgium, Greece, Netherlands, Spain.

- (f) collaborate and share expertise with other primary health care workers responsible for the same population and, jointly, plan and carry out disease prevention and health promotion activities;
 - (g) ensure that the benefits of health promotion and disease prevention reach all groups in society, especially disadvantaged groups; and
 - (h) become role models in the areas of positive lifestyle that they promote.
2. The programme should encourage general practitioners and give them support to develop appropriate infrastructures to enhance the practice of health promotion and disease prevention in general practice, viz:
- (a) the establishment of departments of family medicine in medical schools and professional associations (or the strengthening of these if they already exist);
 - (b) the extension of the knowledge and skills of physicians in prevention and health promotion through the establishment of appropriate curricula for undergraduate, postgraduate and continuing medical education;
 - (c) the development and implementation for use in general practice of state-of-the-art guidelines for identifying individuals at risk and for managing preventable conditions;
 - (d) the development of practical information systems to enable general practitioners to monitor the risk profile of their patients and to evaluate the effectiveness of the preventive measures used in their practices.
3. The programme should promote the examination and evaluation of remuneration systems and other appropriate incentives that would encourage health promotion and disease prevention in general practice.
4. The programme should work with professional associations, government departments, industry and research-funding bodies to develop, evaluate and disseminate the results of innovative multidisciplinary models for delivering health promotion and disease prevention services.
5. The programme should encourage general practitioners to become full partners in research relevant to the prevention of noncommunicable diseases in primary health care.
6. The programme should collaborate with major national and international organizations, professional associations and industry, where appropriate, on the exchange of information and of technical and human resources, and develop regional, national and international partnerships to further primary care research and the implementation and evaluation of disease prevention and health promotion programmes. This should be pursued by continuing and further developing the ongoing initiatives of the CINDI countries in this field.

7. The programme should promote the development of core data sets at the regional, national and international levels to support disease prevention and health promotion in general practice and the assessment of quality of care, with due regard to maintaining patient confidentiality.
8. The programme should promote the implementation of local health information systems, consistent with core data sets to support the practice of disease prevention and health promotion.
9. The programme should establish and promote the utilization of mechanisms to facilitate the exchange of:
 - (a) scientific information on the effectiveness of health promotion and disease prevention programmes in general practice;
 - (b) protocols for implementing and evaluating health promotion and disease prevention programmes; and
 - (c) information systems, including public domain software for general practice.
10. The programme should impress on professional associations, government departments and industry the importance of primary care research carried out by general practitioners.