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FAMILY PRACTICE DEVELOPMENT STRATEGIES

First Meeting of an Expert Network

Ljubljana, Slovenia
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ABSTRACT

Family practice plays a central role in the health care delivery systems of many European countries and has shown its ability to improve the general health status of the populations served. Family practice is also the preferred alternative to the previous model of first-contact medical services in most countries of central and eastern Europe and the newly independent states of the former Soviet Union.

The shift from those previous models to modern family practice raised many questions. It was therefore decided to establish an Expert Network on Family Practice Development Strategies to promote the development of family practice through a better knowledge of the needs and challenges ahead and through devising strategies specifically adapted to the countries involved. The first meeting of the Network was held to establish a core group of members from countries that are already working on the development of family practice, to prepare an initial plan of work for the Network, and to study in some detail the approaches and achievements of the host country in this matter.

Participants agreed on the important backing that this Network would provide to the efforts in their respective countries and decided to develop national components of the Network. A plan of work was drafted for 1995. A situation analysis of family practice in the countries represented was made and strategies to preserve current strengths and exploit existing opportunities, counteract weaknesses and confront potential or existing threats to family practice development were identified. Developing country profiles on family practice, finalizing and supporting the WHO Charter for General Practice/Family Medicine in Europe and actively contributing to the functioning and extension of the Network were considered essential to attaining the goals of this project.

Keywords

FAMILY PRACTICE – trends
PRIMARY HEALTH CARE
NIS
CCEE

CONTENTS

INTRODUCTION

One of the recommendations made at a 1993 WHO meeting on reforms in family medicine or general practice in the countries of central and eastern Europe was to establish a network of experts involved in the development of general practice or family medicine (GP/FM) in the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former Soviet Union. The main objective of the network would be to examine the challenges entailed in introducing family practice in those countries. It would also be responsible for devising appropriate strategies for the successful implementation of services adapted to the local situation and compatible with the health for all philosophy. Later, partners in other Member States expressed an interest in joining the network as their conditions in regard to developing family practice were comparable to those in the CCEE and NIS. Finally, a core group of countries where the introduction of family practice was at different stages was identified. The First Meeting of an Expert Network on Family Practice Development Strategies was held in Ljubljana, Slovenia, from 26 to 28 January 1995.

The meeting was convened by the WHO Regional Office for Europe and hosted by the Ministry of Health of the Republic of Slovenia. Dr Bozidar Voljc, the Minister of Health, welcomed the participants and fully supported the agenda, which addressed issues that were crucial to the process of health care reform in Slovenia. He pointed out the importance of including all the professionals involved in the various phases of family health (from promotion to rehabilitation), especially as it would contribute to the current process of modernization and reform of the health services. Dr Josep Goicoechea, Regional Adviser for Primary Health Care, opened the meeting on behalf of the Regional Director of the WHO Regional Office for Europe.

The participants – qualified family physicians with a broad health for all outlook and committed to improving the quality of life of the people they serve, paediatricians, a community nurse, teachers in family medicine and representatives of the health ministries involved in primary care services – came from a selected

group of countries where family practice is at different stages of development, namely Croatia, Estonia, Hungary, Poland, Romania, Slovenia and Turkey. Dr Igor Svab was nominated Chairperson and Dr Mateja Bulc Rapporteur. Annex 1 contains the list of background material, and Annex 2 the list of participants.

The main objectives of the meeting were:

- to establish a core group of Network members;
- to undertake a situation analysis and prepare a plan of work for the immediate future; and
- to study in some depth the approaches and achievements of the host country in the development of family practice.

DISCUSSION

The aims of the Network were presented to the participants as follows: (1) to study the basic implications of introducing family practice as the first-contact health service, the necessary conditions for its success, and the barriers impeding the development of family practice in the social and health services of the target countries, as well as the opportunities that could be seized; and (2) to devise strategies that would develop family practice in ways that respond to the needs of the countries involved, ensure sustainability and encourage international cooperation.

The participants discussed various principles of good family practice: the importance of a truly human relationship between doctor and patient; the value of being a good clinician; the need to involve the community; and the importance of the family doctor as a resource person for a defined population. Family practice was understood as the activities performed by qualified (specialized) general practitioners, mostly called family doctors in the CCEE and NIS. Their practice is centred on individuals and their families and comprises a broad range of health care functions. The term family practice acknowledges the central role of the family doctor in the primary health care system but, at the same time, recognizes other professionals who take an active part in the basic health care of in-

dividuals and families. Furthermore, it allows the focus to be placed on the services provided to them, rather than on professional debate.

The participants reviewed the draft of the Charter for General Practice/Family Medicine in Europe, which is being prepared by the Regional Office. Its main purpose is to explain and promote the function of qualified general practice in the primary health care systems of Europe, underscoring its potential contribution to the achievement of health targets. The participants welcomed this initiative and agreed that the final version should be ready as soon as possible to enable the Network's members to use it in their efforts to develop family practice in their countries.

A situation analysis

Small working groups were formed to examine the main challenges in introducing and developing family practice in countries whose health care systems are shifting from tight central command and control to looser regulation. Each group discussed existing strengths in their countries and positive trends outside that could advance the development of family practice, as well as existing weaknesses, threats and obstacles that would hinder it.

The participants identified the following as main strengths:

- the existence of a formal system of continuing medical education for family doctors;
- the existence of professional organizations of family doctors;
- a growing number of family doctors willing to adopt a broad primary health care perspective;
- a growing body of research in and on family practice;
- support from the health ministry;
- the existence of specific legislation at country level;
- increasingly good public opinion on family practice;
- positive trends and attitudes in the European Region in regard to family practice;

- the demonstrated cost-effectiveness of family practice;
- the increasing involvement of families in relation to their own health care.

It was hoped that these developments would lead to greater international cooperation among family doctors, the recognition of family medicine as a medical specialty, the formulation of a new policy position on GP/FM, and increased financial support from international and bilateral agencies. This would in turn encourage more candidates to enter family medicine, allowing selection of only the best.

The participants then went on to identify weaknesses, threats and obstacles:

- poor communication among family doctors themselves;
- lack of tradition in family practice;
- few qualified family doctors, trainers, teachers and scientists in family practice;
- inadequate vocational training schemes;
- low motivation among practising generalists to obtain new qualifications;
- large variation in the range of services delivered by family doctors;
- current misuse of the referral system;
- little autonomy in current practice;
- no standards of practice to which to refer;
- uncertainties about current job descriptions and difficulties in complying with them;
- undergraduate medical students not trained in family practice;
- lack of possibilities, funds and skills to promote and market family practice;

- lack of professional support and quality assurance;
- short-sighted views of decision-makers on family practice;
- low priority given to health services in general implies problems in managing changes in primary care;
- current facilities are inadequate;
- inadequate models are copied;
- drive towards privatization of service provision (fee for item of service and user charges) together with the public habit of consulting specialists directly;
- inappropriate financial and organizational arrangements, including current systems of payment of professionals;
- existing incentives to refer excessively;
- other primary care providers feel threatened by, and the medical community of specialists holds negative opinions on, family practice;
- conservative attitudes to change.

Several strategies that could foster effective implementation of family practice were identified.

- Developing international cooperation between family doctors; supporting the WHO Charter for General Practice/Family Medicine in Europe; making family medicine a recognized medical specialty; establishing training and retraining schemes; using professional organizations and human power and contacts, were all considered strategies that would build on the current strengths of family practice.
- Negotiating with politicians and other decision-makers; developing better conditions for practice and incentives for family doctors, trainers and trainees; introducing legislation, standards of practice and quality assurance procedures; building national and international networks and cooperation between family physicians and other family health

professionals, were identified as strategies to counteract existing weaknesses.

- Creating own models after studying others; using the media to promote family practice; spreading information on and good examples of family practice; assessing quality and patients' satisfaction; lobbying for and underscoring and proving the cost-effectiveness of family practice would help confront potential or existing threats.
- Developing and strengthening the Network, helping ministries to create specific legislation, using the media to create positive public opinion, and making the best use of international aid and projects would help to make the most of existing opportunities.

Developments and achievements in Slovenia

In Slovenia a health centre is the institution responsible for providing primary health care to the population. It includes general medicine, community nursing, paediatric and school medicine, occupational medicine, gynaecological and prenatal care, and dental health services. It also has a clinical laboratory, and radiological and physiotherapy services. It may or may not have on its premises an ambulance station and a dispensing pharmacy.

In certain cases, a health centre has one or more health station(s), which are peripheral units serving a population that lives some distance from the main building. The health centre comprises the main building and the attached health stations. In large cities, urban peripheral units that include all services like the one visited are also called health centres. This may create some confusion in the meaning of the term; however, the term health station is usually reserved for rural units with partial services only. A large health centre may have as many as 2000 employees, 20% of whom may be doing administrative tasks. Health centres are accountable to the local authority on issues related to the health of the population. Since the reform in 1993 they are financially accountable to the Health Insurance Institute of Slovenia (HIIS), which is the body that provides funding.

Emergency services are in fact part of a health centre, even if, as in some instances, they are physically annexed to a hospital (e.g. Ljubljana).

A dispensary is a way of organizing preventive and health-promoting activities for a specific population group. For instance, besides curative services for children provided at a health centre according to demand, there are programmes of health and development surveillance which provide specific services: regular physical examination at specified intervals, immunization, etc. The same professionals providing curative services devote part of their time to the dispensary activities on the same premises. Thus, we could say that the dispensary provides a way of integrating preventive services with curative ones, but at different times. The following definition of a dispensary for children was presented by paediatricians at the meeting: a dispensary for children is the highest organized extra hospital paediatric institution providing complex, complete and continuous medical care to infants, small children and pre-school children. The fundamental principle of work is active medical care. The dispensary for children is not solely a preventive institution, because integrating preventive and curative care is one of the most important characteristics of the way in which the dispensary is run. Thus, the dispensary is not merely a curative institution or outpatient clinic. Those who understood the dispensary for children that way and performed curative work and nothing else were actually harming rather than promoting the children's welfare.

A list of 21 activities to be performed by a dispensary for children was presented, including surveillance, prevention, health promotion and care.

The Slovene approach to primary health care and family practice was demonstrated to the participants in one of the five Ljubljana health centres. Slovene colleagues had arranged a guided tour of the health centre, to give the participants an overview of all its activities. The centre was very large, serving a population of around 50 000. The staff comprised 75 doctors and dentists, 123 nurses, 2 midwives, 53 other professionals (e.g. physiotherapists) and 10 administrative personnel. Eighteen general practitioners and 17 nurses provided general services to individuals and families.

Special attention was paid to the dispensary for schoolchildren and the dispensary for adults or the general practice department. After the practical part of the visit, presentations explaining many of the dilemmas the centre was facing were delivered.

Planning the Network

The participants agreed that one of the first tasks ahead was to steer the functioning of the Network and establish national components which included family doctors, trainers, researchers, administrators and decision-makers in every participating country. It was agreed to continue to meet regularly but that greater formalization of the Network was not needed at this time. Including members from more countries would, however, be a priority. The second task was to formulate training and retraining objectives. This would be done by the Network members together with their partners in participating countries and partners from the whole Region with expertise in these specific issues. Proposing curricula according to these objectives should be the next step. Defining standards for facilities in each country, drafting precise job descriptions, and establishing targets for patients' satisfaction are also achievable tasks and would contribute to improving the quality of services in family practice. The participants considered the elaboration of country profiles on general practice/family medicine a helpful tool and recognized the key role the WHO Regional Office for Europe played in this connection. Creating strong support for the Charter for General Practice/Family Medicine in Europe by establishing broader cooperation and mobilizing contacts is a prerequisite. Family doctors could lobby, help and participate in preparing legislation on family practice in the countries involved. Here the participants felt that the role of professional organizations of family doctors was essential. Establishing useful working relationships with other European networks and bodies of family practice was felt to be important as well. The specific aims and needs of the Network's members should, however, always be borne in mind.

Steps would be taken to organize the next meeting of the Network in Warsaw, Poland before the end of 1995. The subject of that meeting would be the retraining of former practising general practi-

tioners so that they are acquainted with family practice. Experts on the subject from the whole Region would be identified.

CONCLUSIONS AND RECOMMENDATIONS

1. The participants agreed on and committed themselves to the preparation of country profiles on general practice/family medicine. The Regional Office will submit a draft version in three or four months to a Network member in each country who will review the text and make the corrections needed before the preparation of the final version. The question of continually updating the profiles to incorporate changes will need to be addressed.

2. The basic principles and values laid down in the draft Charter for General Practice/Family Medicine in Europe and the spirit reflected in it were subscribed to, shared and supported by all the participants. They agreed that a final form of the Charter needed to be developed as soon as possible.

Annex 1

BACKGROUND MATERIAL[1]

Expert Network on Family Practice Development Strategies. A WHO Project (unedited draft).

Reforms in family medicine or general practice in the countries of central and eastern Europe: report on a WHO meeting. Copenhagen, WHO Regional Office for Europe, 1994.

Targets for health for all. The health policy for Europe. Summary of the updated edition, September 1991. Copenhagen, WHO Regional Office for Europe, 1993.

Community nursing and family. Presentation by Tatjana Gec, Health Centre, Maribor, Slovenia.

Dispensary for children: the right way to treat children? Presentation by Dr Kurt Kancler and Dr Jernej Zavrsnik, Health Centre, Maribor, Slovenia.

Family practice in Slovenia. Presentation by Dr Igor Svab, Institute of Public Health, Ljubljana, Slovenia.

The family physician system in Turkey. Document by Dr Gülsen Ceyhun, Ministry of Health, Ankara and Dr Zerrin Baser, Association of Family Physicians, Ankara.

New concepts and reforms in the health policy, specially in family medicine, in Hungary. Document by Dr Istvan Hidas, Hungarian Association of General Practitioners, Pilisvörösvar.

[1] Copies can be obtained from the Primary Health Care unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark.

Annex 2

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