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FORMULATION OF A CHARTER FOR GENERAL PRACTICE IN EUROPE

Report on a WHO Working Group

Utrecht
9-11 June 1994

ABSTRACT

The shape of general practice is changing in Europe. It was decided at previous meetings that a Charter for General Practice in Europe would be a valuable tool to guide and strengthen that process. The objective of the Working Group was to agree on the first draft of the Charter so that further steps can be taken towards its finalization. The basis for discussion was a preliminary draft produced by the host of the meeting, the Netherlands Institute of Primary Health Care. Discussions during the meeting focused on different aspects of the Charter: the purpose of the Charter, general characteristics of general practice/family medicine, structural, organizational and professional conditions for general practice and possible strategies for the implementation of general practice. The Working Group agreed on a draft text that will be edited by the WHO Regional Office for Europe and distributed to national and international organizations of general practitioners for comments, which will in turn be incorporated into the final version.

Keywords

FAMILY PRACTICE
HEALTH POLICY
EUROPE

CONTENTS

	<i>Page</i>
Introduction.....	1
Discussions.....	2
Preamble.....	3
Purpose of this Charter.....	3
Characteristics of general practice/family medicine.....	4
Conditions.....	4
Strategies for implementation.....	5
Epilogue.....	5
Conclusions and recommendations.....	5
Annex 1. Working papers.....	7
Annex 2. Participants.....	8

INTRODUCTION

During this last decade of the twentieth century, health services in the WHO European Region and elsewhere are being subjected to close scrutiny and are under pressure to change. The main factors involved here include the search for cost-containment, the introduction or extension of market mechanisms in the access to and delivery of services, a trend towards decentralization of certain managerial or organizational functions and public expectation that the health services will meet a wide variety of their increasing needs. Growing public accountability and concern about the quality of the care delivered are some results of those trends. Questions have arisen on the needs that the changes imply in the areas of human resources training and development, and the public health functions that health services should be expected to deliver. A progressive shift from hospital and other secondary care level structures towards outpatient care, justified on the basis of economics and technology, adds a "confusion factor" to the picture. The key question remains: what could be the contribution of health services to health gain in the population? This question is directly pertinent to general practice as first-contact medical services as, indeed, nearly every citizen contacts a general practitioner over a period of five years. The current trends of health care reforms in the countries of central and eastern Europe (and particularly the shift from a district doctor delivery model to one based on the family doctor) enhance the urgency to provide some response.

Convinced that the potential contribution of health services to the achievement of health for all cannot take place without the active involvement of general practice through widening the spectrum of its functions and integrating promotive, preventive and supportive aspects with the basic ones of curative care, the WHO Regional Office for Europe has called a number of international meetings in recent years to analyse this area.

Although general practice is an old profession, its current profile has been reshaped in some countries of western Europe during the last decades, and it is now apparent that the developments desired in general practice will not happen unless some strategies to

foster them are devised and appropriate tools to strengthen the process developed. One of those tools is a Charter for General Practice in Europe. In March 1992, a Consultation on the Formulation of a Charter for General Practice in Europe, Utrecht, the Netherlands, explored the practical issues involved in supporting and enhancing the development of general practice in connection with the provision of primary health care.

Drawing on previous work and on the growing focus on the role and functions of primary care services in the Region, the Working Group on the Formulation of a Charter for General Practice in Europe, held 9–11 June in Utrecht, was to formulate and agree on the first draft of the Charter. The meeting was convened and organized by the WHO Regional Office for Europe in collaboration with the Netherlands Institute for Primary Health Care (NIVEL). The Working Group comprised representatives of five collaborating centres on primary health care at university departments and research institutes on general practice and primary health care, and of the two main European scientific organizations of general practitioners. The participants were welcomed by Professor J. van der Zee, Scientific Director of NIVEL, and by Dr J. Goicoechea on behalf of the WHO Regional Director for Europe. Professor van der Zee acted as Chairperson and Mr W. Boerma and Dr Goicoechea were Co-Rapporteurs.

DISCUSSIONS

Although the participants acknowledged that several scientific and professional European organizations of general practitioners had already formulated documents on the role of general practice, they felt that the Charter would be significantly different. It was agreed that the Charter should be a simple statement, not prescriptive, acceptable by all Member States of the European Region and contain a summary of strong scientific and technical statements, pointing out that general practice/family medicine could be an effective, rational and equitable way of providing services. The Charter should be a

WHO document proposed to national and international organizations of general practitioners for their debate and adoption.

The participants pointed out the need to rank the target audiences. The chief target group is that of policy- and decision-makers, ministries of health and all levels of government health administrations. Other important target groups are physicians of all specialties, patients and the public as these groups will benefit by knowing what services they can expect general practitioners to deliver.

It was agreed that the title of the Charter would include both the concepts of general practice and family medicine. The term "general practice/family medicine" would be used throughout the document.

Small groups edited the different chapters of the draft after in-depth discussion of the initial text by the whole group. This process was repeated until a satisfactory result was achieved. The results are summarized below.

Preamble

The preamble should be positive, concise, detailed and visionary. It should touch on the family and community orientation of general practice, be well documented, outline clearly the type of health care services general practitioners provide, point out that their services are based on the concept of equity and of patients' needs, and state more explicitly the role of general practitioners as advocates of patients' health interests. It should also refer to the current contributions of general practice towards attaining health for all and the optimal delivery of primary health care services.

Purpose of this Charter

The purpose of the Charter is to promote the central role of general practice/family medicine in the health care systems in the countries of the European Region, pointing out its potential contributions to obtaining accessible and acceptable primary care services, equitable distribution of resources, integrated and coordinated delivery of comprehensive care and cost-effectiveness. This section of the Charter should also make it clear that the principles of general

practice can be pursued within a variety of organizational models, adapted to the various health care systems and resource levels existing in the Region.

Characteristics of general practice/family medicine

This section should specify the key aspects of general practice/family medicine: the inclusion of all members of the population and all categories of ill health; ease of access; the comprehensive nature of services; continuity of care; person-centred rather than disease-oriented care; and emphasis on teamwork. It should highlight the importance of the concepts of family and community health and the role of general practitioners in coordinating care. Finally, it should underline the need for confidentiality and advocacy in promoting the health interests of patients.

Conditions

The section on conditions of general practice should be divided in three parts: structural conditions, organizational improvements and professional development.

The part on structural conditions should cover the basic elements necessary for delivery of the full range of general practice functions. These elements include having a discrete population and being able to serve all types of people, irrespective of age and gender or other characteristics. Mention would also be made here of the working environment, the referral system and the remuneration system.

Organizational improvements should cover the conduct of day-to-day work: keeping patients' records, teamwork and organization of the practice, for example.

Professional development should include aspects that are needed to reinforce the field of general practice/family medicine as a profession comparable to other health specialties. These would include more education, quality assurance, research and faculties of general practice/family medicine as well as a more prominent role for professional organizations.

Strategies for implementation

This section should address two groups of strategies. First, those that could be initiated by the professionals themselves to increase awareness of the potential functions of general practice among colleagues and other physicians, decision-makers and the public. An example of such strategies would be the creation of scientific and professional bodies of general practitioners in the individual countries. The second group of strategies are those geared to decision-makers at different levels to persuade them of the importance of developing general practice/family medicine and of the potential advantages of doing so.

Epilogue

A short epilogue should be included, acknowledging the important role of general practitioners, who have been working for years without any support or organized structure, in fostering the delivery of a wide range of functions by them and their colleagues. This seemed to be of special importance to those countries where general practice/family medicine is less developed and organized, and especially the countries of central and eastern Europe.

CONCLUSIONS AND RECOMMENDATIONS

The Charter is one component of a larger process. It should serve as a basic framework and, together with a background publication and a discussion document, stimulate debate among interested parties in the countries of the Region to promote the type of general practice that contributes to health for all. This involves raising awareness among all the interested parties of the importance of developing general practice as widely as possible and of the role it plays in delivering a full range of functions that meet the needs of the community.

The draft text, reviewed and discussed by the Working Group, will be revised and edited at the Regional Office. This version will be sent to national and international organizations of general

practitioners, asking for their comments and suggestions. After receiving these contributions the Regional Office will prepare the final version of the Charter. The kernel of the debate will be presented in the context of the reforms within general practice at the WHO Conference on Health Care Reforms in 1996. It was recommended that the final Charter be presented at different European and worldwide events related to general practice/family medicine and health services. Developing national versions within the framework of the European Charter was raised as an option to foster in-depth development of some aspects more relevant to different Member States.

*Annex 1***BACKGROUND DOCUMENTS¹**

- EUR/ICP/PHC 354 Reforms in family medicine or general practice in countries of central and eastern Europe: report on a WHO Meeting. Copenhagen, WHO Regional Office for Europe, 1994.
- EUR/ICP/PHC 350 The formulation of a Charter for General Practice in Europe, unedited report on a WHO consultation, Utrecht, March, 1992. WHO Regional Office for Europe, 1992.
- EUR/ICP/PHC 352 Development of general practice in countries of central and eastern Europe: report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe, 1992.
- EUR/ICP/PHC 348 The contribution of family doctors/general practitioners to health for all: report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe, 1992.
- EUR/ICP/PHC 340 Needs assessment in local areas and its consequences for health care provision: report on a WHO Meeting. Copenhagen, WHO Regional Office for Europe, 1992.
- EUR/ICP/NCD 218 The role of the general practitioner in the CINDI Programme: report on a WHO Meeting. Copenhagen, WHO Regional Office for Europe, 1992.
- EUR/ICP/ADA 038 The role of general practice settings in the prevention and management of the harm done by alcohol use: report on a WHO Meeting. Copenhagen, WHO Regional Office for Europe, 1992.

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

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TARGET 28

PRIMARY HEALTH CARE

By the year 2000, primary health care in all Member States should meet the basic health needs of the population by providing a wide range of health-promotive, curative, rehabilitative and supportive services and by actively supporting self-help activities of individuals, families and groups.

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**WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN**