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**EDUCATION AND
TRAINING IN
GENERAL PRACTICE/
FAMILY MEDICINE:
THE PROCESS AND
RESULTS OF
REFORMS**

Report on a WHO Workshop

St Petersburg, Russian Federation
21–23 October 1997

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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.

ABSTRACT

The Workshop was convened to discuss the introduction of the subject of general practice/family medicine (GP/FM) into undergraduate medical education and the establishment of specialist training schemes at postgraduate level in the newly independent states (NIS) of the former USSR. Other objectives were to review the experience of the participating countries, to give participants the opportunity of learning from each other, and to establish a network whereby developments in strengthening GP/FM would be regularly reviewed. The participants, who came from all 12 NIS, were administrators responsible for the development of GP/FM and professors from the medical universities that have introduced training programmes for general practitioners. Speakers at the meeting were experts from countries that had established training programmes in GP/FM some years earlier. Important concepts in teaching and training in general practice were presented, with an emphasis on the issues that distinguish GP/FM from other specialities, such as continuity and comprehensiveness of care and the establishment of interpersonal relationships with patients. Specific clinical skills and attitudes were also emphasized. The reforms in certain countries and the reorganization of curricula in specific medical schools were used to illustrate the general principles mentioned.

Progress in implementing reform in the NIS was reviewed. Steps have been taken everywhere, although the pace has been different. The main difficulties relate to the reform of the health care system, so that GP/FM becomes a key part of primary health care, rather than to educational reform. The main conclusions of the meeting reiterated that family medicine should be taught and departments of GP/FM established in all medical schools, and that postgraduate training should be based on residential programmes. Appropriate legislative measures were also mentioned. The participants recommended that the regional Office should continue to provide support to the reform of education in GP/FM, among other things through organizing regular meetings of the group, and that countries should continue to provide support to the efforts to strengthen education and training in GP/FM.

Keywords

EDUCATION, MEDICAL – trends
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HEALTH CARE REFORM
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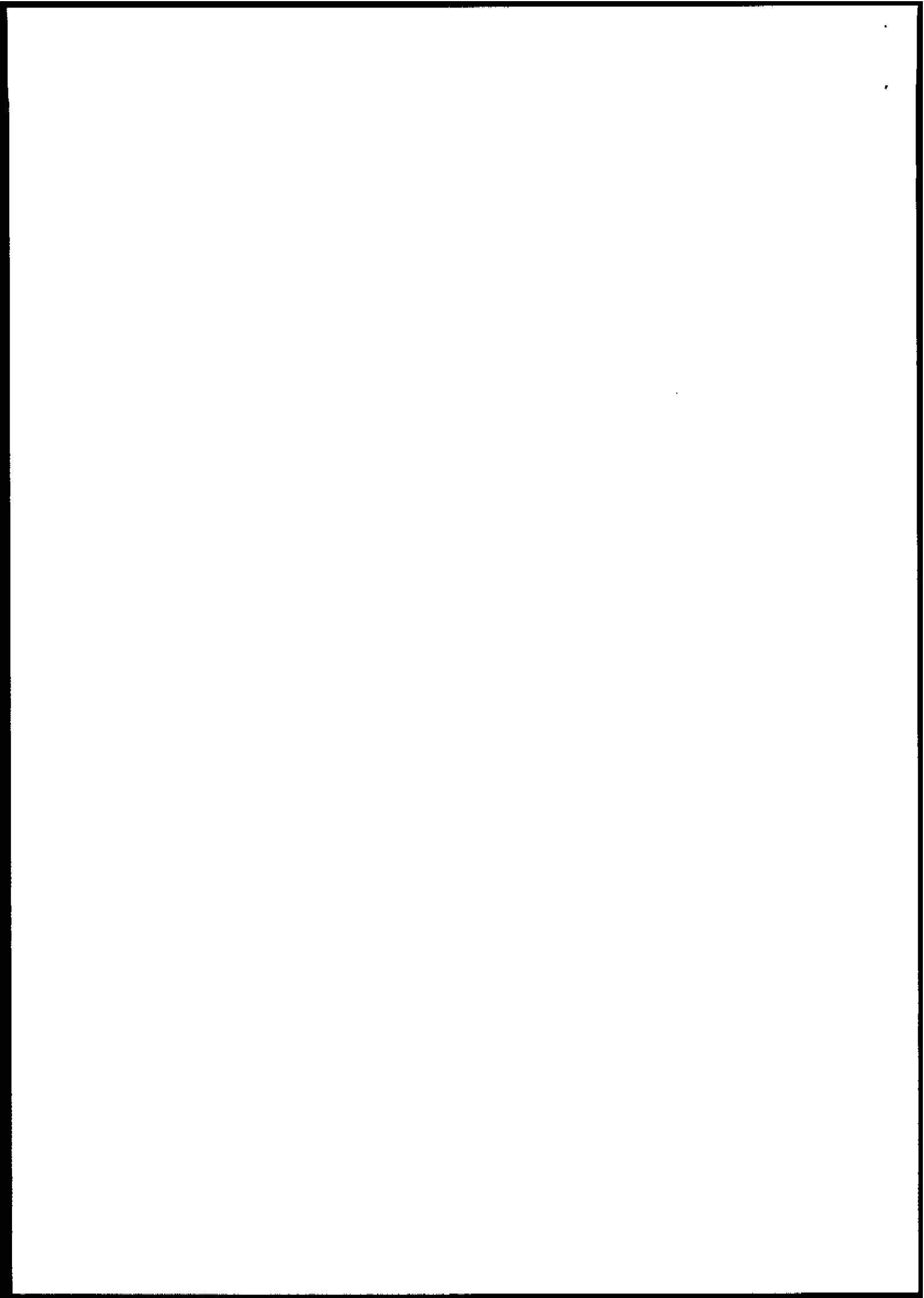
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Introduction

The significance of primary health care (PHC) in improving health outcomes was recognized in the Declaration of Alma-Ata (WHO, 1978), which stated the main components and the core elements of the health care systems based on PHC. Since then, many countries in Europe have strengthened their PHC services, mainly by establishing general practice/family medicine (GP/FM) as the main medical specialty which has responsibility for first contact care and follow-up, as well as for health promotion and disease prevention.

During this process, GP/FM has taken its rightful place as a discipline in medical schools and universities alongside other long-established disciplines and is, therefore, playing an important role in the undergraduate medical course and in research. At the same time, postgraduate vocational training for GP/FM has been introduced under the responsibility of ministries of health and with the participation of universities or of scientific associations of physicians, or both. The postgraduate course leads to the title of specialist in GP/FM.

Many, if not all, of the newly independent states (NIS) which started major reforms of their health care systems in the 1990s have taken steps to introduce GP/FM into these systems by including it in the education of undergraduate medical students and implementing schemes for the postgraduate specialist training of physicians.

The Workshop on Education and Training in General Practice/Family Medicine: the Process and Effects of Reform was convened by the WHO Regional Office for Europe in St Petersburg, Russian Federation, from 21 to 23 October 1997, in collaboration with the Ministry of Health of the Russian Federation and the City Government of St Petersburg. The participants came from all 12 NIS and were administrators responsible for the development of GP/FM and professors from the medical universities that have introduced training programmes for general practitioners. The speakers were experts from countries which had established training programmes for GP/FM some years earlier. (See Annex 2 for list of participants.)

The purposes of the meeting were:

- to discuss the introduction of GP/FM into undergraduate medical education and the establishment of specialist training schemes at postgraduate level, and
- to review the experience of the participating countries so as to give participants the opportunity of learning from each other and to establish a network where developments in GP/FM would be reviewed on a regular basis.

At the beginning of the meeting the participants were welcomed on behalf of Dr J.E. Asvall, WHO Regional Director for Europe, by Dr A. Philalithis and by Dr V. Tcherniavski. Mr V. Cherbakov welcomed them on behalf of the City Government of St Petersburg and Professor N.N. Volodin on behalf of the Ministry of Health of the Russian Federation.

Professor V. Grabauskas and Professor I. Denisov were nominated as Co-Chairpersons of the meeting and Professor A. Shabrov as Rapporteur.

During the meeting, the participants met in plenary sessions, where presentations were made by the speakers and the developments in each of the countries were presented. Most of the

discussions took place in two working groups, chaired by Professor S. Denisov and Professor U. Voronenko. Summary reports of these discussions were presented at the plenary sessions.

Development of general practice/family medicine in St Petersburg

In the opening session, Professor Y. Pavlov presented the policy for reforming the health care services in St Petersburg, and in particular the effort to develop GP/FM in specific areas of the city, which can then be used as pilots for expansion into other areas.

The need to provide services close to the family and to integrate preventive and curative care within PHC was evident because of the lack of financial resources, the increase in the number of elderly people, the decrease in life expectancy and health status, and the difficulties that large sections of the population face in adjusting to the conditions of the market economy.

The basis for the reform was an order of the Ministry of Health of the Russian Federation, issued in 1992, which gave the general directions for implementing GP/FM in PHC. In 1994, the Public Health Committee of St Petersburg, working together with the scientific and academic institutions in the city, prepared a detailed plan for the implementation of the reform. Among the main principles of the plan were the reorientation of all health and social services towards general practice, the integration of treatment, rehabilitation, prevention and health promotion, the introduction of new financing mechanisms and changing the training system for medical and nursing staff. The plan also included the reorganization of polyclinics and hospital outpatient and emergency departments to provide support to GP/FM.

In the implementation of the plan, two models for reorganizing the services were used. One model was implemented with support from the TACIS project and included three districts where services were reorganized and equipped, and study tours and training courses were organized for practitioners and teachers of GP/FM. In the other model, the district health authorities and the insurance funds took responsibility for reorganizing the services and included the creation of general practice departments initially within polyclinics and hospitals and subsequently as independent entities. Giving patients the right to choose their own doctor was an important element of the reform.

Analysing the experience of the general practice clinics that were created, it was found that hospital and specialist referrals decreased and patient satisfaction increased. However, patients still visited specialists at the hospital without a referral, and it is necessary to establish better connections between GP/FM and emergency departments, especially for chronic cases, and to link social workers with GP/FM. Finally, the relationship between general practice and specialists needs further clarification.

Training activities were an important part of the plan. Fifth- and sixth-year students at the St Petersburg Medical Academy are taught in the context of the newly established chair of general practice, and postgraduate training courses have also been introduced. Retraining of doctors working in polyclinics and training and retraining of nurses are also included in the educational reform.

The next steps in the programme include working out legislative documents, setting standards, equipping facilities and introducing a system of certification for general practices and nurses. The further development of GP/FM is the most important task of the Public Health Committee of the Administration of St Petersburg.

Important concepts for GP/FM education and training and specific examples

From the different presentations made during the plenary sessions, it was evident that in designing a programme for education in GP/FM, certain concepts are important and common to both undergraduate education and postgraduate training. These general concepts were specially emphasized by the presentations by Dr I. Dos Santos (Portugal) and Professor P. McCrorie (United Kingdom).

First, it is important to define the specific content of the education programme, and in particular to identify the characteristics that distinguish GP/FM. The provision of continuous, comprehensive and coordinated care and linking such care to the individual patient in the family and community contexts is the first such special feature of GP/FM. Diagnosis and treatment of common conditions and referral of serious conditions, care of chronic conditions and health promotion and disease prevention are also important features.

When designing a curriculum for GP/FM, it is useful to define the objectives of the programme in terms of the knowledge, skills and attitudes that the student or the trainee doctor should have at the end of the course. Of course, there are differences between the objectives of undergraduate and postgraduate education, but again there are several common elements.

Regarding specific knowledge, it is important to understand disease processes in an unselected population and the opportunities and the limitations on GP/FM in managing these processes. The influence of interpersonal relationships within the family and between the patient and the physician, and the influence of psychological, social and environmental factors are also part of the knowledge base, as are issues related to the organization and functions of GP/FM, research and legislative matters. Another aspect of the knowledge base relates to recognizing and dealing with common symptoms, with chronic patients and with terminally ill patients, including provision of support to the family before and after the patient dies.

Regarding the specific skills that are important GP/FM, these are related to interpersonal communication, both with patients and with other members of the PHC team, to management and epidemiological skills and to clinical skills. In particular, clinical skills must cover a wide range of diagnostic and curative activities, such as examining a restless child, performing an examination of the fundus, writing prescriptions for children and for the elderly and differentiating between common and life-threatening conditions.

The attitudes that a trainee in GP/FM must acquire relate most of all to understanding the patient's point of view and forming an effective relationship with the patient, including developing a holistic approach to the patient and helping patients solve their own problems. Awareness of one's own role as a professional within a community, respect for professional ethics and acquiring the habit of continuous learning must also be taken into account.

Professor McCrorie emphasized certain organizational issues relating to undergraduate training, such as having a 1:1 teacher / student ratio during the attachment, involving the trainees in all the activities of the service, providing them with information about the service and the community and using a log-book.

Professor V. Grabauskas showed how the programme for undergraduate and postgraduate education in GP/FM was developed in Lithuania. The legislative basis for these reforms was introduced in 1990 and 1991, and new legislation has been adopted since then affecting the

organization of the health care system and the education and training of physicians. The two medical schools in Lithuania (in Vilnius University and Kaunas Medical Academy) have been actively involved in introducing GP/FM into the undergraduate training programme and postgraduate and specialist training programmes. It is worth noting that the two academic institutions have different structures, one being part of a university with many different disciplines, and the other part of a health sciences institution. These differences have not affected the close coordination of steps to reform the health care system with steps to change education and training, since the aim of both policies is to strengthen PHC through the development of general practice.

Professor H-I. Maaros discussed the contribution of the University of Tartu, Estonia, to the development of GP/FM. Parallel reforms in the health care system and in education were initiated in 1991, and legislation had been adopted after that to facilitate the implementation of change. Polls taken periodically during this period show that GP/FM is broadly accepted by patients, general physicians and students. The chair of family medicine, created in 1992, has been active in educational, clinical, organizational, political and research activities. The educational activities include undergraduate and postgraduate courses in GP/FM using a variety of educational methods.

The specific features of the undergraduate programme for education of medical students in general practice in the University of Crete (Greece) were presented by Dr A. Philalithis. The programme integrates PHC and public health topics in a series of courses starting in the first year with an introductory course, continuing in the second and third years with specific subjects and ending in the sixth year with a month-long internship in a PHC centre, using specialized general practitioners as tutors. This last course is due to be expanded from four to eight weeks.

Finally, Dr Tcherniavski spoke about the potential for distance learning using modern technological tools, and how the WHO Regional Office for Europe can play a role in supporting the development of GP/FM by using these methods of communication.

Country reports

The participants reported briefly in the plenary sessions on the development of GP/FM in their countries. While it is not possible to present detailed accounts of all the reports, certain features from each country will be mentioned so as to give a brief review of the situation.

In *Armenia*, the strategy for the development of GP/FM was prepared in 1996 and approved in 1997. It has been decided to have general practitioners working in parallel with paediatricians, supported by other specialists. Training courses at undergraduate and postgraduate level have been planned and a chair of family medicine has been founded in the Medical University.

In *Azerbaijan*, plans for health reform have been very cautious. In 1997 a new law on health care was adopted which includes provisions for developing general practice. Changes are also being introduced into the education system.

In *Belarus*, reforms in the system of medical education were introduced in 1992, and the therapeutic and paediatric faculties were combined, but the reform faced several difficulties and in 1997 it was decided to restart enrolling students in the paediatric faculty.

In *Georgia*, reorganization of the Medical University and a gradual transition to general practice have been started. It is hoped that the newly founded Association of Family Medicine will play a role in reforming medical care.

In *Kazakhstan*, postgraduate education in general practice has been a main feature of the reform plans. Two main problems had to be faced: issues related to the education in GP/FM, such as qualification criteria and normative documents, and issues related to the role of GP/FM within the health care system. Retraining programmes have also been started.

In *Kyrgyzstan*, reform of PHC was adopted as part of the MANAS health reform plan and started in 1996–1997, while family medicine was introduced in 1995 and a chair of family medicine has been established. Pilot projects have been set up.

In the *Republic of Moldova*, changes in medical education were introduced in 1989, 1992 and 1997, including internships and residency courses. Problems include the need for preparation of teachers, accreditation of training institutions and technical provisions for general practice surgeries.

In the *Russian Federation*, reforms in undergraduate and postgraduate education were started in 1992 and chairs of family medicine have been established in several universities and academic centres. Several pilot projects have also been started. One difficulty that has to be faced is that the working conditions for retrained physicians have not changed to any significant extent.

In *Tajikistan*, it is planned to introduce the reforms in medical education in parallel with reforms in PHC. In 1996 the concept of family physician was adopted.

In *Turkmenistan*, plans for a major health reform, which were adopted in 1997, include development of family medicine, as well as family nurses and family feldshers. Physicians are following retraining programmes. Although these are still at the beginning, results are encouraging.

In *Ukraine* reform of PHC was initiated in 1992 and additional legislation adopted in 1997. Internships and masters courses have been introduced and changes have been made to undergraduate medical education. Family dispensaries will be established, either on their own or within polyclinics. Problems at present include funding, resistance from specialists, and the need to have more teachers in general practice.

In *Uzbekistan*, it is planned that PHC will be provided by family medicine offices, which will replace the offices of medical assistants and obstetric assistants. In 1997, general practice was introduced in all medical universities, and programmes for undergraduate and postgraduate training in general practice are being introduced.

It can be seen that plans to reform education in GP/FM have been introduced at different times during the last ten years, and while in most countries efforts to reform the health care system and to introduce GP/FM as a key part of PHC have been initiated at approximately the same time, most difficulties encountered are related to this aspect of the reform.

Conclusions and recommendations

The issues raised during the Workshop were discussed in plenary and working group sessions as well as in the reports of the working groups. The main conclusions from all these discussions are as follows:

- family medicine must be included in all programmes of undergraduate medical education;
- courses in family medicine should include such topics as psychology, sociology, prevention and ethics;
- departments (chairs) of family medicine should be established in all higher medical schools and teachers should be trained;
- postgraduate training and specialist training in family medicine should be developed, with residency or internship programmes as appropriate;
- modern education techniques should be used in these training and retraining programmes;
- the introduction of reforms in education should be accompanied by appropriate legislative and normative documents, economic incentives and organizational changes;
- the relationship between GP/FM (as an integral part of primary health care) and secondary/specialist care should be further discussed and clarified.

In accordance with the above, the Workshop made the following recommendations:

- the WHO Regional Office for Europe should continue to provide support to the development of GP/FM in the NIS;
- one way of providing this support is to organize regular meetings of this group;
- the countries which sent representatives to this Workshop should continue to provide scientific, political, legislative and financial support to the development of GP/FM as an integral part of PHC;
- educational reform at undergraduate, postgraduate and specialist level is an indispensable part of the reform.

Finally, the participants agreed that the series of meetings on this topic should be known as the St Petersburg Initiative for General Practice/Family Medicine Education and Training, and that the topics to be discussed at the next meeting should be the criteria for accreditation of general practices and their role in health promotion and disease prevention.

Annex 1

PROGRAMME

Tuesday, 21 October 1997

- 8.00 – 8.30 Registration
- 8.30 – 10.00
- Opening address and welcome
 - Host country's authorities
 - WHO/EURO
 - Nomination of Chairperson and Rapporteur
 - Adoption of agenda and programme
 - Briefing on background, purpose and expected outcome
 - The Charter for General Practice/Family Medicine in Europe and need for educational reform to support general practice/family medicine –
Dr Anastas E. Philalithis, WHO Regional Office for Europe
- 10.00 – 10.30 Coffee break
- 10.30 – 12.30
- The objectives and the content of vocational (postgraduate) training of general practice/family practitioners – *Professor Isabel Dos Santos, Portugal*
 - Vocational training for general practice/family medicine: one country's experience – *Dr Vilius Grabauskas, Lithuania*
 - Brief review of the experiences from participating countries
- 12.30 – 14.00 Lunch
- 14.00-15.30 Group discussions on vocational training (1)
- 15.30 – 16.00 Coffee break
- 16.00 – 17.30 Group discussions on vocational training (2)

Wednesday, 22 October 1997

- § 8.00 – 10.00
- The place of general practice in undergraduate medical education: concepts and content – *Professor Peter McCrorie, United Kingdom*
 - Introducing general practice/family medicine into undergraduate medical education: the experience of one country – *Dr Anastas E. Philalithis, WHO Regional Office for Europe*
 - Brief discussion of issues related to the undergraduate curriculum in the participating countries
- 10.00 – 10.30 Coffee break
- 10.30 – 12.30 Group discussion on undergraduate education

12.30 – 14.00 Lunch
14.00 – 17.30 Local field visit

Thursday, 23 October 1997

8.00 – 10.00

- Managing the transition and developing an educational and training programme for general practice/family medicine – *Professor Heidi-Ingrid Maaros, Estonia*
- The EUROHEALTH programme of WHO/EURO and the use of modern telecommunications for distance learning in general practice/family medicine – *Dr Valery Tchernjavski, WHO Regional Office for Europe*
- Brief review of the participating countries' experiences

10.00 – 10.30 Coffee break

10.30 – 12.30 Group discussions on managing the transition

12.30 – 14.00 Lunch

14.00 – 15.30 Reports from group discussions on:

- vocational training
- undergraduate education
- managing the transition

15.30 – 16.00 Coffee break

16.00 – 17.00 The Network: issues of interest, agenda, proposed outcomes, schedule of meetings

17.00 – 17.30 Closure of the meeting

Annex 2

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