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***SECOND
MEETING OF THE
ST PETERSBURG
INITIATIVE FOR
EDUCATION IN
GENERAL
PRACTICE AND
FAMILY MEDICINE***

Report on a WHO Workshop

Lviv, Ukraine
15–17 October 1998

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EUROPEAN HEALTH21 TARGET 15

AN INTEGRATED HEALTH SECTOR

By the year 2010, people in the Region should have much better access to family- and community-oriented primary health care, supported by a flexible and responsive hospital system

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

Three significant issues for the development of family medicine in the newly independent states (NIS) were reviewed at a meeting convened by the WHO Regional Office under the aegis of the St Petersburg Initiative for General Practice/Family Medicine: (a) accreditation in general practice/family medicine, (b) reports on the progress of training general practitioners/family physicians and of reforms of primary health care in the NIS, and (c) the contribution of general practitioners/family physicians to health promotion and disease prevention. Participants came from 11 NIS and were administrators of state departments, professors of higher medical educational establishments and directors of programmes of general practice/family medicine responsible for the training of medical staff in primary care. Experts from departments of family medicine in the United Kingdom with experience in the training of general practitioners/family physicians in accreditation matters and promoting healthy lifestyles and disease prevention gave lectures on these issues. Positive changes are being registered in countries of the Commonwealth of Independent States as regards reforming primary health care and training of general practitioners (family physicians), reforming the legislative basis and setting up training centres. Accreditation criteria and the periodicity and principles of their implementation were discussed. Participants agreed that before general practitioners could be trained in health promotion and disease prevention issues within the framework of general practice/family medicine, problems have to be resolved at *three* levels: ministries of health, higher and secondary educational establishments, and family physicians' surgeries. The meeting called on the participants to found associations of general practitioners/family physicians in their countries, which *inter alia* would also be responsible for the accreditation of specialists in general practice/family medicine.

Keywords

FAMILY PRACTICE – education
PHYSICIANS, FAMILY
HEALTH PROMOTION
ACCREDITATION
PRIMARY HEALTH CARE
HEALTH CARE REFORM
COMMONWEALTH OF INDEPENDENT STATES

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Introduction

The Alma-Ata Declaration (1978) and the Ljubljana Charter (1996) initiated the reform of primary health care and recommended that all Member States should actively assist efforts to attain health for all by the year 2000. The health care reforms carried out in the newly independent states (NIS) over the past 5–10 years have been concerned on the whole with the training of general practitioners/family physicians, who must be the key players in providing high-quality medical care at outpatient/polyclinic level. With this aim in mind, plans and programmes for undergraduate and postgraduate training have been reviewed in higher educational establishments in the NIS. These issues were highlighted and discussed at a working meeting on education and training in general practice/family medicine held in St Petersburg, Russian Federation from 21 to 23 October 1997.

On the basis of presentations and discussions during the course of that meeting it was agreed that the participating countries would establish a special network named the St Petersburg Initiative for General Practice/Family Medicine and hold annual meetings to review the progress of work and results achieved. It was decided to discuss issues concerning accreditation for general practice and the contribution of general practice to health promotion and disease prevention at the next session, since the contribution of general practitioners/family physicians is closely linked in these areas to the training which they receive at all stages and depends on their daily work and the conditions of their practice.

The second meeting on training and education in general practice/family medicine in the framework of the St Petersburg Initiative was held in Lviv, Ukraine, from 15 to 17 October 1998, convened by the WHO Regional Office for Europe in cooperation with the Ministry of Health of Ukraine and the Lviv Administration. Participants came from 11 NIS and included administrators responsible for the development of general practice/family medicine, professors of higher medical educational establishments and directors of programmes providing training for general practitioners/family physicians (list of participants in Annex 2). The guest speakers were experts from countries familiar with implementing training programmes for general practitioners/family physicians and reforming primary medical care.

The aims of the meeting were to review the following topics:

1. the criteria for accreditation in general practice/family medicine;
2. progress of work on introducing changes to the system of education and training in general practice (family medicine);
3. practical aspects (implementation) of efforts to promote health and prevent disease in the framework of general practice (family) medicine.

Dr A.E. Philalithis welcomed participants on behalf of the WHO Regional Director for Europe, Dr J.E. Asvall. Dr V. Moskalenko, Deputy Minister of Health of Ukraine, welcomed participants on behalf of the Minister of Health, Dr A. Serdyk, and the Ministry of Health, and Dr A. Khabzei welcomed participants on behalf of the Lviv Administration.

Dr V. Moskalenko and Dr U.V. Voronenko were elected chairpersons and Professor G. Bivol was elected rapporteur.

In the course of the meeting, the participants met in plenary sessions during which they heard statements and reviewed the progress of work in each of the countries. The majority of discussions took place in two working groups. Professor O. Kuznetsova and Professor N. Volodin chaired a group on criteria for accreditation in general practice (family medicine), and Professor D. Dugmanova and Professor N. Chuprienko chaired a group on health promotion and disease prevention in the framework of general practice (family medicine). Participants in the meeting familiarized themselves with the University Centre of Family Medicine in Lviv.

Criteria for accreditation in general practice/family medicine

Dr John Sandars, lecturer at the Faculty of General Practice, University of Manchester (United Kingdom), gave a presentation at the beginning of the discussion. He stressed that although accreditation and assessment of the competence of a general practitioner is no easy task, it is necessary to resolve this problem because it is difficult to overrate the satisfaction which can be achieved by establishing a system which all interested parties will trust. Working out criteria for the accreditation of general practitioners is an important part of the assessment of professional competence, in so far as the aim of any assessment has the greatest influence on what we assess, why we assess it, and how we assess it.

Numerous groups and organizations in society have the same legal interest regarding the competence of general practitioners, and each of them has its own priorities and opinions of what a good doctor is.

The competence of a general practitioner is defined by agreed requirements which are determined and controlled by the state and funding bodies and which are usually compulsory and related to minimum standards. Competence is also defined by professional requirements that are laid down by professional organizations and reflect the responsibility of doctors towards patients.

The greatest difficulty regarding assessment lies in defining what exactly should a general practitioner do.

Over the past few years, the most important principles of general practice have been determined, from which it is apparent that a general practitioner is a clinician with a broad clinical profile. The general practitioner must have the same level of clinical competence as other categories of doctor, but the general practitioner's competence must be greater when it comes to prevalent and dangerous problems and be sufficient in all other spheres of clinical practice. This includes interpersonal skills for dealing with all age groups, taking a complete case history of an illness in a limited period of time, assessing a patient's mental state, monitoring a child's health, family planning, antenatal and postnatal care and solving clinical problems effectively, including *inter alia* emergency care. In the United Kingdom, the title of Member of the Royal College of General Practitioners is granted after assessment of these skills.

It is important to decide how these skills are going to be assessed. Any method of assessment must satisfy a number of interdependent criteria, including:

- practical suitability
- reliability
- feasibility
- acceptability.

Practical suitability is the most important aspect of an assessment test.

Reliability characterizes the accuracy of test results. The fact that a GP is in possession of certain knowledge does not guarantee that it will be applied properly in practical clinical conditions. Unfortunately, people do not always do what they say they will do. Therefore, it is necessary to assess them in actual practice.

Feasibility is another criterion. It is expensive to analyse a three-hour video recording of actual consultations with patients, and onerous for doctors to complete a multiple-choice questionnaire on a computer in one hour.

Acceptability can be the deciding element, since a great number of different groups and organizations are involved in the accreditation system and if its results are not acceptable to them any assessment loses its meaning at the outset. In the United Kingdom, the greatest emphasis is placed on assessing doctors in actual practice, in accordance with the recommendations of the General Medical Council.

Following discussion of accreditation issues in the working groups, the participants defined an overall concept for accreditation criteria.

What is being assessed?

The following abilities are assessed:

1. professional competence: general clinical training, managerial abilities, knowledge of economics and of relevant legislation and regulations;
2. ability to teach and learn (working with a patient is not just prescribing medicines but also teaching a healthy lifestyle and having the ability to convince a patient to play an active role in disease prevention);
3. ability to communicate (ability to carry out scientific research, audit and assessment of knowledge (re-accreditation) every 5, 10 years).

Why is an assessment made?

The aim for the trainee is to receive a specialist certificate authorizing independent professional practice.

The aim for the trainer is to certify that the level of the specialist's training meets the standard requirements necessary for professional practice.

How is an assessment made?

An assessment is made through:

- practical experience (during the entire process of instruction)
- monitoring/testing
- joint discussion (situation-based exercises, clinical examples, reports on work, etc.)

During joint discussion the future specialist's ability to communicate is determined.

Professor D. Dugmanova (Kazakhstan) proposed that an association of teachers in family medicine, as well as an association of family physicians in the CIS, should be set up with a centre in St Petersburg. Professor O. Kuznetsova (Russian Federation) supported the idea of founding an association of family physicians in the CIS and suggested that it could join the European Society of General Practice.

Dr Uri V. Voronenko concluded by saying that countries must endorse a programme of accreditation, the number of stages of its implementation and its scope. Certification (after six months further training or after internship/residency) should be considered as the first stage, and re-accreditation (re-attestation) should take place every five years, covering all components.

Country reports

In the course of the plenary sessions, the participants delivered short statements on the progress made in developing general practice/family medicine and training general practitioners (family physicians) in their countries. Since it is not possible to describe all these reports in detail, only the most important points are given below.

In **Azerbaijan** the legislative basis is being developed for the transition to primary medical care based on the principle of the general practitioner (family physician). At present, educational programmes are being drawn up for undergraduate and postgraduate training with the organization of training centres. Governmental and nongovernmental organizations are involved in expanding the network of general practitioners' (family physicians') surgeries.

In **Belarus** the health care system is being reformed in stages. Staff training and the necessary infrastructure are required before the transition to family medicine can take place. The transition to mass training of general practitioners has been laid down in the Republic's health care development plan. Ministry of Health directives have established a procedure for the phased transition to provision of medical care by general practitioners, taking into account international experience through close cooperation with foreign colleagues and international organizations.

In **Georgia** a system of continuing education, training and further training of general practitioners (family physicians) has been established. A project run by a British fund for retraining doctors through courses in family medicine based at centres of former departments of polyclinic and emergency care, has been running since 1996. The Association of Family Physicians has been founded. Eight licensed instructors, responsible for retraining doctors, were trained at centres of family medicine in England. A one-year training programme for family physicians (two days per week) has been planned and is being carried out with the aid of English colleagues.

In **Kazakhstan** there is a shortage of family physicians in practical health care settings. At present, doctors are working in group practices. A department of family medicine has been founded at the Medical University. General practitioners (family physicians) are trained through a four-month retraining programme and a three-year residency, two years of which are spent in different specialist departments and one year at a general practice used for training purposes. Attempts are being made to try to find other ways of training teachers of family medicine/general practice. There is no juridical basis for the family physician's work; the issues of labour legislation have not been resolved.

In **Kyrgyzstan** the primary level of health care is being restructured through the establishment of groups of family physicians. The legislative framework for health care reforms has been drawn up, and the mechanism for introducing a new system of financial allocation (per capita norm) and payment has been determined. A training centre for family medicine has been founded with the financial and technical support of international organizations. Libraries have been equipped with educational literature on family medicine.

In the **Republic of Moldova** there is a legislative basis for health care reform, with an emphasis on reforming primary medical care. Postgraduate training of general practitioners (family physicians) is carried out through a three-year residency and four months retraining of primary-level physicians specializing in internal medicine and paediatrics, as well as through a one-year internship. A department of family medicine has been founded which is responsible for methodology and the quality of all forms of training of general practitioners (family physicians). Issues regarding training instructors in family medicine, founding a university educational centre of family medicine and providing surgeries (offices) for general practitioners with equipment have not been resolved.

In the **Russian Federation**, on the basis of the Ministry of Health's Directive No. 237 (1992), the network of primary-level medical practices (on the principle of the family physician) continues to expand and training centres and new faculties of family medicine have been opened. Different forms of postgraduate training are being used – internship, postgraduate study, postgraduate clinical appointment and further training of polyclinic doctors. Principles are being drawn up for financing primary health care and for identifying different ways of paying general practitioners (family physicians). A group of authors has prepared trial exercises for certifying and accrediting family physicians, in accordance with international requirements.

In **Tajikistan**, the training of family physicians lasts five years, following the programme of the St Petersburg Academy. An outpatient clinic with a family physician is in operation. Postgraduate training of general practitioners takes place through a three-year residency. A department of family medicine has been set up for the further training of doctors from the primary health care system.

In **Turkmenistan** the family principle of medical care was introduced in 1995. The legislative basis has been worked out and departments of family medicine have been founded. Postgraduate training is carried out by way of a one-year internship. Principles for financing an institute of family medicine are being drawn up.

In **Ukraine** there is a state programme of family medicine. The Association of Family Physicians has been founded. Ten university departments are active in this field. Different models of family medicine and programmes for training family physicians have been drawn up. In 1996, the post of general practitioner was added to the list of medical posts. Future family physicians are selected from the graduates of higher medical educational establishments and trained through an internship (two years) and cycles of specialist training.

In **Uzbekistan** health care reforms began in 1992 based on the English model of family medicine. Reforms are being carried out in cooperation with the World Bank, the Know How Fund (United Kingdom) and the United States Agency for International Development (USAID). A legislative basis has been developed for reforming health care and the structure of undergraduate and postgraduate training of family physicians, and for further training of staff from the primary sector.

Implementation of health promotion and disease prevention in the framework of general practice (family medicine)

Professor Brian R. McAvoy, University of Newcastle upon Tyne, gave a paper on health promotion and disease prevention in connection with general practice. He likened the general practitioner's role in protecting people's health to the role of the lighthouse in guiding a ship. Many issues (legal, social, etc.) are interwoven in the process of promoting people's health, and the whole population is drawn into this process. The general practitioner is the leader and tutor in issues of health of the population.

The aim of this process is to improve the quality of life, prolong capacity for work and prevent disablement.

The family physician has a huge role to play in issues of health care and disease prevention, and the bedrock of this role is people's *trust*, a strong doctor-patient relationship and constant contact with members of the family (80% of people visit a doctor at least once every five years, while many patients visit their doctor four to five times a year).

A family physician can reduce smoking-related illness by 77% and illness related to chronic alcoholism by 22%.

Instruction in health promotion and disease prevention must be part of both undergraduate and postgraduate training. Students must acquire knowledge about protecting both families' and society's health and must teach people to adopt a healthy lifestyle. Public health issues must be included in these curricula. The general practitioner must be taught that, when consulting a patient about the main symptoms of a disease, he or she must also consult the patient about other issues at the same time.

Professor O. Kuznetsova said that, in the process of training specialists, considerable attention is being paid to the issues of primary and secondary disease prevention, particularly in educating people about prevention. Separate issues of the journal *Rossiiskii semeinii vrach* [*Russian family physician*] should be devoted to disease prevention issues.

Professor D. Dugmanova (Kazakhstan) emphasized that medicine is based on evidence. Video films on healthy living, the DOTS tuberculosis control system, and (translated) health modules that are in use in other countries are used to educate people.

Following the discussions in working groups, participants concluded that problems need to be resolved at three levels if people are to be educated about healthy lifestyles and disease prevention.

Problems at the level of ministries of health include:

- providing family physicians with up-to-date literature, posters, brochures, video films and other visual material on healthy lifestyles;
- coordinating the activities of establishments promoting healthy lifestyles and disease prevention in the country, and their constant interaction with the family physician;
- appearing before legislative bodies with proposals for an addendum to the law on health care concerning the responsibility of each citizen for the state of his or her own health;

- drawing up a system of incentives for the family physician in disease prevention; using indicators of preventive work as criteria for assessing the work of a family physician;
- including healthy lifestyles and disease prevention issues in the curricula and programmes of undergraduate and postgraduate training of family physicians and intermediate-level health professionals.

At the level of higher and secondary educational establishments problems include:

- inclusion in the educational process of instruction on healthy lifestyles and methods of teaching the general public and patients elements of primary and secondary disease prevention;
- teaching methods of primary and secondary disease prevention (work in schools for asthma sufferers, in coronary clubs, in schools for diabetics and in centres for psychological counselling, genetic counselling, etc.);
- conducting training on creating a healthy environment (housing, place of work, study, recreation, etc.);
- teaching issues of existing legislation and the normative legal basis for environmental protection;
- teaching interaction and coordination of efforts for health promotion and disease prevention with local self-government bodies, administrative and law-enforcement agencies, epidemiological stations and other organizations.

At the level of the surgery and the family physician, the problems include:

- always teaching patients and the general public about healthy lifestyles and disease prevention during each visit;
- setting up a regularly updated corner with posters, brochures and video material on healthy lifestyles and disease prevention;
- conducting training for intermediate-level personnel and checking their work on teaching people about healthy lifestyles and disease prevention;
- organizing clubs (schools) attached to the surgery and allocating days or hours for teaching certain categories of patient (those with Alzheimer's disease, ischaemic heart disease, hypertension, diabetes mellitus or depression, pregnant women, troubled teenagers, etc.) about disease prevention and healthy lifestyles;
- regularly auditing disease prevention work;
- as far as possible, conducting a study of the home environment of people registered with the surgery and devising a plan (taking into account local possibilities) to improve it and make it healthier;
- coordinating the efforts of all establishments (epidemiological stations, administrations, local self-government, law-enforcing agencies, etc.) regarding issues of health care, disease prevention and healthy lifestyles for people registered with the surgery.

Conclusions and recommendations

In the plenary sessions, participants discussed issues raised in the course of the workshop and also reviewed in the reports of the working groups. They drew the following main conclusions on the basis of these discussions.

The following conclusions were agreed regarding the criteria for accreditation (certification) in general practice (family medicine):

1. Postgraduate training should include:
 - retraining – minimum of 6 months;
 - internship/residency – minimum of 2 years.
2. Multifactoral assessment of knowledge and skills should include:
 - written tests: priority to be given to multiple-choice tests (150 questions in 3 hours);
 - assessment of practical skills (including ophthalmoscopy, otoscopy, determining visual acuity and intra-ocular pressure, communicative skills, writing skills and interpreting ECGs);
 - discussion;
 - optional course (video, audit);
 - pre-certification training;
 - regular re-certification every five years.
3. It would be a significant step to set up an association of general practitioners or lecturers in general practice/family medicine which would address questions of accreditation (certification).

In line with the above, participants made the following recommendations:

1. regional workshops (higher educational establishment, region and republic) should be organized between the annual workshops held by the WHO Regional Office for Europe;
2. a training centre for CIS countries should be established, based at the St Petersburg Medical Academy of Postgraduate Education;
3. the following issues should be discussed at the next meeting (1999):
 - the normative and legal basis of family medicine;
 - financial and economic aspects of the work of the family physician;
 - standards (protocols) for diagnosing and treating the main diseases encountered in the family physician's practice.
4. the venue of the 1999 workshop should be in Kazakhstan or Kyrgyzstan.

Annex 1

WORKING PAPERS

Working papers

EUR/ICP/DLVR 04 02 01/1	Provisional list of working papers and background material
EUR/ICP/DLVR 04 02 01/2	Scope and purpose
EUR/ICP/DLVR 04 02 01/3	Provisional agenda
EUR/ICP/DLVR 04 02 01/4	Provisional programme
EUR/ICP/DLVR 04 02 01/5	Provisional list of participants
EUR/ICP/DLVR 04 02 01/6	Criteria for accreditation in general practice/family medicine, by Dr John Sandars, Manchester University, United Kingdom

Background material

EUR/ICP/DLVR 04 01 01	Framework for professional and administrative development of general practice/family medicine in Europe
EUR/ICP/DLVR 01 03 02	WHO Workshop on Education and training in General Practice/Family Medicine: The Process and Results of Reforms. St Petersburg, Russian Federation, October 1997

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