

ORIGINAL ARTICLE

Towards the establishment of a new target strategy for WONCA Europe: A key informants study

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Abstract

Background/objective: A few years ago WONCA Europe decided to refine its targets and propose a project aiming to evaluate achievements of the previous strategy for development of the discipline in Europe and to review its core components. This paper reports on the issues of this evaluation. **Methods:** A questionnaire consisting of two parts and four sections was used. The first and second sections addressed issues concerning the 10-target strategy, while the remaining sections addressed issues concerning the new European definition of general practice/family medicine (GP/FM). All European colleges and associations were invited to identify two key informants to complete the questionnaire. Quantitative and qualitative research methods were used for data analysis. **Results:** Thirty-two key informants from 19 countries responded to the invitation. The targets for vocational training and mandatory undergraduate education in GP/FM received the largest number of responses for the highest level of achievement. Certain core characteristics were considered highly relevant to the delivery of GP/FM and medical education in Europe. Qualitative analysis identified a number of major issues, such as investment in capacity building, improving quality assurance and performance, legislative and political framework, and support. Identified obstacles included lack of academic infrastructure and research capacity, healthcare system characteristics, political issues, and GP practice issues. **Conclusion:** At present, WONCA Europe is treading new ground for GP/FM, and the current targets clearly need thorough revision. There is some evidence that the new GP/FM definition fits in rather well with the majority of the research and educational needs of certain European countries.

Key words: General practice, strategy, targets, Europe, family medicine

Introduction

There are many challenges to primary care and general practice/family medicine (GP/FM) in Europe, urging professional organizations to look back and appraise the success or failure of previous plans and policies. Those challenges include the 30th anniversary of the Declaration of Alma-Ata, the 10-target strategy of WONCA, and the new European definition of GP/FM (1). All of these landmarks have been criticized for their empirical substance and their questionable relevance to local and regional conditions. A few years ago, the WONCA Europe Executive Board decided to refine its current targets and strategy, providing an excellent opportunity to review the core competencies of the discipline, with the aim

to explore issues of appropriateness and relevance to national conditions. This paper reports on the issues of this summative evaluation and discusses key findings that may affect the future policy of WONCA Europe.

Methods

Setting

All European colleges and associations, members of WONCA Europe, were invited in the middle of 2006 to identify two key informants among GP/FM experts in their countries to complete the questionnaire. Instructions were given to them in order to coordinate the selection of informants capable of

giving an authoritative opinion. Key informants were invited to complete the questionnaire independently, without comparing responses with each other or communicating directly, as defined by Goethuys & Heyrman (2). Reminders were sent to colleges via e-mail and through European council meetings.

Instrument

To assess previous European targets and review the relevance and appropriateness of the core competencies of the European definition of GP/FM, a questionnaire was formulated by C.L., J.A., and I.S. The questionnaire consisted of two parts with four sections. The first section used a five-point Likert scale to seek participants' opinions on the extent to which former European targets had been achieved in their respective countries. The second section included the following two open-ended questions: a) *What major issues do you think should be included in a new strategy for general practice in your country?* b) *Could you identify barriers which could impede implementation of the new strategy for general practice/family medicine in your country?*

The third section used a five-point Likert scale to seek participants' opinions regarding the extent to which the 11 central characteristics that define the discipline of GP/FM were relevant to the delivery of GP/FM in their country and in medical education. The final section addressed the extent to which the six core competences of GP/FM, into which the 11 central characteristics had been clustered, were part of the training program for GP/FM in their respective countries.

Data analysis

Quantitative data. Medians were calculated from the Likert scale questions, while the transformation of ordinal variables to binary variables was done by scoring according to the success of aims (score 4–5) and the failure of aims (score 1–3). Binary variables were expressed as frequencies and percentages. One response for each country was analysed.

Qualitative data. Statements in the second section of the questionnaire were transcribed, and V.S. coded the data. Further inductive analysis led to coding by themes arising from WONCA documents and position papers (3). The themes were then grouped into categories (see Box 1). Coding and categorization were reviewed by C.L., and any inconsistencies between V.S. and C.L. were discussed and resolved.

Results

Response rate

Key informants from a total of 19 countries responded to the WONCA Europe Executive invitation (Table I).

Ten targets

Table II summarizes response frequencies from the 10-target section and findings on the relevance of 11 central characteristics and six core competencies to the delivery of GP/FM and medical education in European countries. The targets that address the establishment of specific vocational training, mandatory undergraduate education in GP/FM, and mandatory professionally led continuing medical education (CME) and recertification were achieved in the majority of the responding countries. The target "all doctors undergoing postgraduate medical training must spend time in the discipline of FM/GP" met low fulfilment in many of the participating countries, according to the key informants. Figure 1 illustrates the number of targets achieved in each participating country.

When the 11 central characteristics were considered, those referring to "a patient-centred approach", "simultaneous management of both acute and chronic health problems", and "the management of illness at an early stage" were considered highly relevant to the delivery of GP/FM and medical education in Europe, while the characteristic of "specific responsibility for the health of the community" presented the least relevance to the delivery of GP/FM and medical education in Europe.

Qualitative analysis

Box 1 summarizes the major issues that should be included in the new strategy for general practice in Europe: investment in capacity building, improving quality assurance and quality performance, a strong legislative and political framework, and support were clear messages derived from this analysis. An earlier introduction of GP/FM in undergraduate education was suggested by some respondents. A number of respondents sought active involvement of family physicians in health policy issues. Coordination of care and work in teams was considered a major issue to be included in the new strategy for GP/FM in Europe by some respondents.

Obstacles to effective implementation of the new strategy for GP/FM in Europe are summarized in Box 2. Barriers were classified into three broad categories relevant to: a) lack of academic infrastructure and research capacity, b) healthcare system

Box 1. The major issues that should be included in a new strategy for general practice/family medicine in Europe.

Category	Topics mentioned		
Capacity building in GP/FM	<i>Human resources</i>	<i>Equipment and other infrastructure</i>	<i>Research capacity</i>
	<ul style="list-style-type: none"> - More and better motivated young people - Clear career pathways for family doctors interested in research and education 	<ul style="list-style-type: none"> - Further implementation of CME is important - New/adjusted curriculum of FM specialization training for all European countries, earlier FM undergraduate education, strengthening postgraduate education and CME - Development of FM as an academic discipline 	<ul style="list-style-type: none"> - Promotion of specific research on themes relevant for GP/FM - Support for development of research in FM
Quality assurance and quality performance improvement	<i>Quality assurance</i>	<i>Evidence-based medicine</i>	
	<ul style="list-style-type: none"> - Systematic CME funded by public money - Developing research activities in primary healthcare 	<ul style="list-style-type: none"> - Further improvement of practice-based scientific research 	
Legislative and political framework and support	<i>Coordination and integration of care</i>	<i>Health policy</i>	<i>Community involvement and awareness</i>
	<ul style="list-style-type: none"> - Stronger focus on teamwork, e.g., GPs, community nurses - Enhance group practice 	<ul style="list-style-type: none"> - Involve more family physicians at all levels of health policy - Enhance group practice 	<ul style="list-style-type: none"> - To raise social awareness about GP/FM practice and its importance and advantage (and world awareness about GP/FM through WHO) - The key role of the medical generalist - The role of the GP in relation to other medical specialists and other health-care workers
		<i>Funding</i>	<i>Promoting the discipline</i>

Box 1 (<i>continued</i>)	ued[<i>it</i>]>
Category	Topics mentioned
Vocational training	<ul style="list-style-type: none"> - Strengthen the school of general practice - Development of private FM practices involved in public system - Organizational improvement: record keeping, teamwork, practice organization, more academic posts available - Reform of health insurance funds - Formation of health centres - Career possibility for general practitioners - Integration of evidence-based medicine with experience-based medicine in a GP setting - Pressures from pharmaceutical and technological industries - Salaries of GPs - Public media action for promotion of family medicine and explanation of family physicians' and nurses' roles

Table I. Countries and participants in the WONCA survey.

Country	Number of participating key informants
Austria	2
Belgium	2
Czech Republic	2
Denmark	1
Finland	2
France	2
Bosnia Herzegovina	2
Greece	1
Holland	2
Italy	2
Kyrgyzstan	2
Malta	2
Norway	2
Poland	2
Spain	1
Sweden	1
Switzerland	2
Turkey	1
United Kingdom	1
Total	32

and policies, and c) GPs and practices. Resistance to the implementation of the new strategy for GP/FM in Europe by trade unions was reported by some respondents, while financial barriers were mentioned as a major barrier by a number of informants.

Discussion

This summative report attempted to gather and analyze the views of key informants from different European settings. Such a study may give rise to uncertainty about its external validity, even though some of the baseline rules that indicate a good cost/benefit balance in qualitative studies were followed (2). There are also concerns when attempting to generalize our findings across Europe, since our study was based on reports from 19 European countries. Independently of the methodological considerations, this study clearly reveals areas of some success and indicates fields where attention should be given when the new European strategy for GP/FM is introduced in the WONCA Europe Council agenda.

One key message for European officers is that some of the current targets seem to have been largely achieved, especially those regarding the establishment of undergraduate education in FM/GP and academic departments of GP/FM at European medical schools, as well as the establishment of vocational training for general practice in accordance with other reports (4). The target for continuous professional development and recertification seems to require further discussion. The concept of recertification has received prompt attention in Europe (5), and it has been discussed together with the

Table II. Evaluation opinion of key informants.

<i>Questionnaire, first section</i>		<i>Third section</i>	
Evaluation of current European targets	Achieved (n = 19)	Relevance of the 11 characteristics of the discipline of GP/FM to the delivery of GP/FM	Achieved (n = 19)
			%
1. Mandatory undergraduate education in FM/GP at all medical schools in Europe	11	1. Point of first medical contact is normally within the healthcare system, providing open and unlimited access to its user, dealing with all health problems regardless of age, sex, or any other characteristic of the person concerned	8*
2. Academic departments of FM/GP at all university medical schools in Europe	10	2. Makes efficient use of healthcare resources	14*
3. All doctors undergoing postgraduate medical training must spend time in the discipline of FM/GP	6	3. Develops a patient-centred approach oriented to the individual, his/her family, and their community	13*
4. Specific vocational training for general practice in accordance with the European Union directive should be established in all EU countries, and developed in non-EU countries	13*	4. Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient	13*
5. Countries' development of FM based on research	4†	5. Is responsible for the provision of longitudinal continuity of care, as determined by the needs of the patient	8†
6. Evidence-based quality developments of FM in all European countries	8	6. Has a specific decision-making process determined by the prevalence and incidence of illness in the community	11†
7. Support the development of and encourage the debate on mandatory professionally led CME and recertification	11	7. Manages simultaneously both acute and chronic health problems of individual patients	—
8. Support the establishment of department and research units for countries' medical education	9	8. Manages illness which presents in a undifferentiated way at an early stage in its development, which may require urgent intervention	—
9. Support a proper balance within FM in relation to prevention, diagnosis, cure, and care	10*	9. Promotes health and wellbeing both by appropriate and effective intervention	—
10. Raise awareness of the responsibility of FM both to individual patients and to society as a whole	10*	10. Has a specific responsibility for the health of the community	—
11. Specific vocational training for general practice in accordance with the European Union directive should be established in all EU countries, and developed in non-EU countries	—	11. Deals with health problems in their physical, psychosocial, social, cultural, and existential dimensions	—

* n = 18; † n = 17.

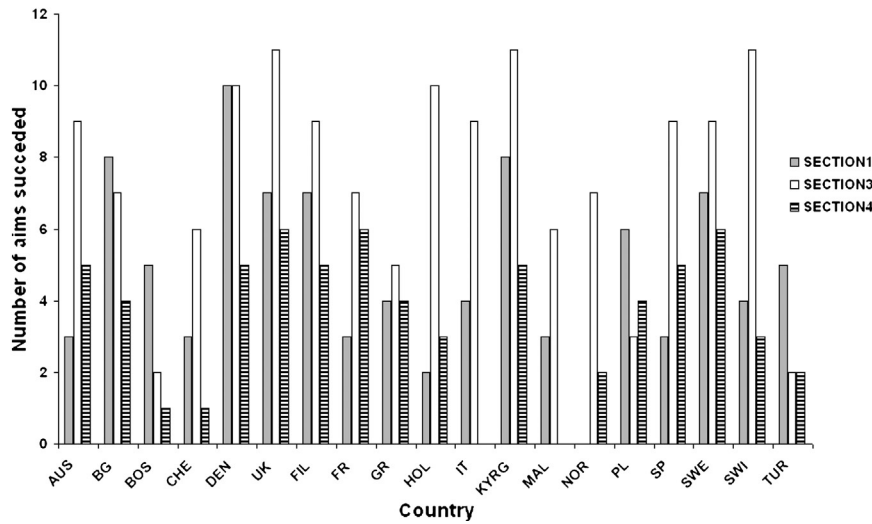


Figure 1. Number of targets achieved (section 1) and relevance of 11 central characteristics to delivery of GP/FM (section 3) and six core competences to the vocational training of GP/FM (section 4) in 19 European countries.

Box 2. Barriers to effective implementation of the new strategy for general practice/family medicine in Europe.

Category	Topics mentioned			
Academic infrastructure and research capacity	<i>Policy</i>	—	<i>Infrastructure and capacity</i>	<i>Research culture</i>
	The poor recognition of GP/FM as an equal academic discipline, lack of prestige		– Lack of resources (investment, supervision of new researchers)	Universities are competing for speciality management with no experience in general practice
Healthcare system and policies	<i>Lack of supportive political environment</i>	<i>Financial barriers</i>	<i>Shortage in workforce</i>	<i>Cultural barriers</i>
	– Lack of political interest	Financial barriers, e.g., salary is very low	– Too much hospital capacity and hospital staff in comparison to number of primary healthcare physicians and nurses	– Traditional thinking of college/academics
GPs and practices	<i>Organizational context</i>	<i>Funding</i>		
	– FM speciality’s lack of prestige	Problems in finding buildings for group practice	– Significantly more investment in secondary and tertiary healthcare	– No recognition of specialists
	– More than 50% population without healthcare insurance, high rate of unemployment, low economic status of population		– Shortage of general practitioners in the near future	– Specialists oppose the current healthcare reform
	– Unstable political situation in the country			– Some trade unions against group practice
	– Unclear legislation and regulation in healthcare sector			
	– GPs losing gatekeeper role			
	– The role (more power) of health assistants			<i>Culture</i> Individualistic cultural education of GPs

subjects of quality assurance and healthcare standards. Heyrman et al. underlined that, “before CME and recertification are implemented across the EU, a better understanding of the possible consequences is necessary” (5).

The majority of the 11 central characteristics of GP/FM seem to be relevant to the delivery of this discipline in Europe, with the exception of the characteristic referring to specific responsibility for health in the community. Community orientation is one of the core competencies of GP/FM, which does not seem to be highly considered as part of the training program for GP/FM in Europe. Community-oriented primary care (COPC) as a structured method to teach residents in GP/FM about community health problems has been revitalized in the literature, and faculties are invited to undertake rigorous evaluations of COPC programs and publish their outcomes (6).

The remaining core competencies seem to fit rather well with the specialist training programmes in participating European countries. Several informants suggested the early introduction of the GP/FM discipline in undergraduate education, as a key element of the new European strategy, and this is in agreement with a recently published opinion paper (7).

Coordination of care and work in teams is also requested by study participants and is in agreement with the European definition of GP/FM (1). The results of this study are timely, coming when EURACT has produced and delivered its “educational agenda”.

Finally, capacity building has been recognized as an important item for the future agenda and strategy of WONCA Europe. A lack of academic infrastructure and research resources, together with a lack of suitable organizational context, have been found to be predominant barriers for development of the discipline in Europe. These findings are in accordance with an EGPRN study and other reports (8–10), and underpin recent WONCA World recommendations on how to build research capacity in GP/FM (11).

In conclusion, GP/FM is well recognized as an academic and clinical discipline in the majority of European countries, although there is room for improvement in some. There is also evidence that the new definition of GP/FM fits in rather well with the majority of the research and educational needs of European countries. Community orientation is a concept still missing from the European agenda, while building academic and research capacity is an

urgent priority. The project’s findings illustrate the urgent need for organizational and political support, both at country and European level, in order for the new WONCA Europe target strategy to become a reality.

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