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Leonardo da Vinci

**Bridging the gap of general practitioners' competence on  
European Market**

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**GAP Project**

**Work Package 2**

**Report on GP's competences in the field of health  
promotion and disease prevention**

**2009**

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## **I. Introduction**

Family Physicians play a crucial role in health care systems in majority of European countries. Delivering complex primary health care services including those in the field of health promotion and disease prevention which is their main responsibility. The level of their competences are diverse and not always adequate to real needs.

The aim of the Work Package number 2 of the GAP project was to gather information on family physicians competences in the field of health promotion and disease prevention. The specific objective was to identify the GP's competences which are needed in their daily practice (from GP's perspective) and should be achieved after the specialization (from the Family Medicine experts point of view). In order to standardize the research procedures the disease prevention and health promotion framework was establish and used. The framework divided all GPs competences into three main areas:

- educational competences (health promotion area)
- clinical competences (disease prevention area)
- organizational competences (service provision area)

Two research methods were used: focus groups meetings with GPs and interviews with Family Medicine experts. The research were conducted in all Partners countries: Greece, Lithuania, Poland and United Kingdom in the period from March to July 2009. The present report presents the outcomes of both research.

## **II. Report on focus group research**

### **1. Methodology of surveys**

Data concerning competences of general practitioners were obtained as a result of focus group interviews conducted among general practitioners in Lithuania and Poland and individual structured interviews with experts in the field of family medicine in Great Britain and Greece. All surveys were carried out in June and July 2009.

Because of the qualitative nature of data, it is possible to relate results to one another and create a final synthesis in spite of the use of different research tools.

Different types of respondents (doctors and experts) can also be regarded as a chance for the final result in the light of results obtained from both groups.

General practitioners spoke of the current situation and shortcomings in everyday work of GPs, whereas experts, when speaking of the same aspects of functioning of GPs, focused on the "duty" part and determination of directions of development. Therefore, collected data make it possible to describe the current situation and to indicate the development potential at the same time.

### **2. Results of surveys**

When defining areas of development of GPs' competences, respondents spoke of needs in the field of the system environment in which GP's room functions and of dilemmas related to the functioning of GP himself and his personal level of competences. Levels defined as system levels are not educational, however, they affect the level of GPs' competences presented in everyday practice.

Respondents combined the two areas (which can be characteristic of persons "entangled in the problem"), however, for the clarity of development guidelines, system needs are distinguished from educational needs.

With regard to educational needs, GPs combine the areas of Health Promotion (Educational competences) and Disease Prevention (Clinical competences). Such coverage of the topic is in conformity with opinions of experts who regard both areas as two main pillars of GP's practice. The area of Service Provision (Organisational competences) is distinctly separated.

## **2.1 Area of system needs:**

### Necessity of exceeding 2,500 patients for the balancing of the room

GPs pointed out their isolation as GPs in „fighting for health“ – this is a result of system conditions created for the functioning of GP’s practice. The excessive number of patients per each room and the impossibility to finance a larger team (e.g. nurses trained in health improvement consultancy).

### Too little time for an individual patient

The large number of patients necessary to maintain the financial balance of GP’s practice results in an excessively low limit of time available for an individual patient. As one of the respondents put it: „A GP only writes out prescriptions and fills in documentation“. Because of the need to fulfill procedures for the health fund, most of the time during the patient's visit is spent on filling medical documentation. Consequently, there is not enough time for activities concerning Health Promotion (e.g. instructions as to healthy lifestyle, change of diet). Currently „a GP has time only for sick patients, and there is no time for education of healthy patients“ – such method of functioning results in feedback with negative consequences: "A GP receives more and more patients with diseases resulting from unhealthy lifestyle and other factors – there would be fewer such patients if LP had time for working in the Health Promotion area (Educational Competences).

One of the solutions can be the delegation of administrative tasks (e.g. to a nurse), but, in GPs' opinions, additional funds are necessary to employ personnel on a longer time basis - here we return to the problem of payment for medical services.

Apart from that, there are system limitations in some countries with regard to: keeping of disease units by GPs (e.g. in Lithuania the psychiatrically ill should be treated by specialists), screening diagnosis (e.g. employers’ obligations include chronic diseases and this area is defined by the health fund as occupational medicine and excluded from GP's area), promotion of health among children and teenagers (in Lithuania it is the school medicine area).

## 2.2 Area of educational needs:

- **Educational needs on the level of specialisation**

### Health promotion (educational competences)

#### In general:

Educating in the field of building relations with healthy patients. This area is developed well in the case of children (inoculations), but from the perspective of the patient's entire life, apart from the childhood period, there are gaps in GP's work with regard to Health Promotion (partly for system reasons mentioned in pt 2.1, i.e. the lack of time, but also due to the avoidance of tasks that GP is unable to perform).

As an overall strategy in GP education, it is necessary to present GP as the person whose task is to maintain the patient's health. In GP education this can mean:

- combination of the area of Health Promotion and Disease Prevention,
- presentation of educational contents in the sequence: prevention, prophylaxis, health promotion, treatment of disease units.

With regard to skill training, from a broader perspective it can be seen that there is a need to build skills concerning the new method of communication aimed at change of attitude towards the patient. As GPs say: "The times when the doctor knew best and told people what to do are gone. Now people want to know why they have to do something and what benefits it will bring to them".

#### Details:

Showing the family as a system. Showing how the change of attitudes in one person affects the whole system. Suggesting how to modify the family's lifestyle by changing children's attitudes<sup>1</sup>.

Enhancing GPs' education skills in areas of: healthy lifestyle, dietary habits, risky behaviours. This means not necessarily knowledge, but skills of talking and proposing the change of the patient's attitude. This area of GP's needs results from the change of expectations of patients as clients of GPs' practice. Patients expect this kind of guidance and GPs need the competence gap to be filled in so that they could fulfill this kind of demand.

Communication skills and attitude-changing skills include not only the method of holding a conversation, but also written communication. This means that in the case of time shortage

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<sup>1</sup> Education programs regarding the recycling of waste in kindergartens and primary schools are an example of good practice of change of the family's attitudes and behaviours. In the case of health promotion, it is possible to use the same scheme and impact tools; only their content should be changed.

a GP can provide ready documents with recommendations concerning health promotion. According to the respondents, „printing recommendations addressed specifically to the patient in his presence (...) and then stamping them with the doctor’s stamp” is more effective than providing standard brochures and leaflets. There are many good practices for practicing GPs in this field; it may be worth organising some workshops or study cases with a practical expert for half a day.

### **Disease prevention (clinical competences)**

GPs regard their knowledge acquired on the level of the specialisation course as sufficient. They think that if only the sickness fund requires GPs to take care of the given area and the system framework allows them to do so, they can handle all areas efficiently (Screening, Chronic Disease Management, Preventative interventions). Examples confirming the argument of sufficient education can be actions in the field of: vaccination, cardio-vascular diseases, breast cancer, prostate cancer, management and control of high blood pressure, blood cholesterol and glycaemia.

In GPs’ opinion, on the level of education regarding specialisation, it could be worth providing information for which tests patients should register themselves with GPs (e.g. starting from screening tests for newborns – hearing, mucoviscidosis, adults – diabetes, obesity, oncology, coronary disease)

### **Service provision (organizational competences)**

This area is defined as the weakest part of GP education. However, a large-scale program is not required; it is enough to focus on priorities (see also Fig. 1).

#### *Priorities (indispensable minimum):*

GP’s room as a co-operating unit – e.g. if a GP is unable to delegate administrative actions, he is unable to perform actions with regard to Health Promotion, irrespective of his level of knowledge.

Showing that the method of organisation of nurses’ work can also be a substantive support for GPs. Basically, we can specify here three areas of support of GPs:

- Team work organisation (work priorities, delegation of tasks)

A GP must be skilled at planning his work priorities and delegating tasks.

In this area we can expect not only the absence of knowledge and skills, but also typical effects of the lack of delegation that occur in business practice (e.g. fear of the loss of control, fear of becoming unnecessary).

- Administrative actions

The administrative actions that occupy most of GP's time can be delegated to the personnel of GP's practice. This would allow GP to have more time for health promotion.

- Substantive support

A registered nurse can provide health improvement consultancy services after specialistic training – GPs should know that this is possible and advisable because of the amount of time available to GPs in their rooms.

*Further stage (Intermediate level):*

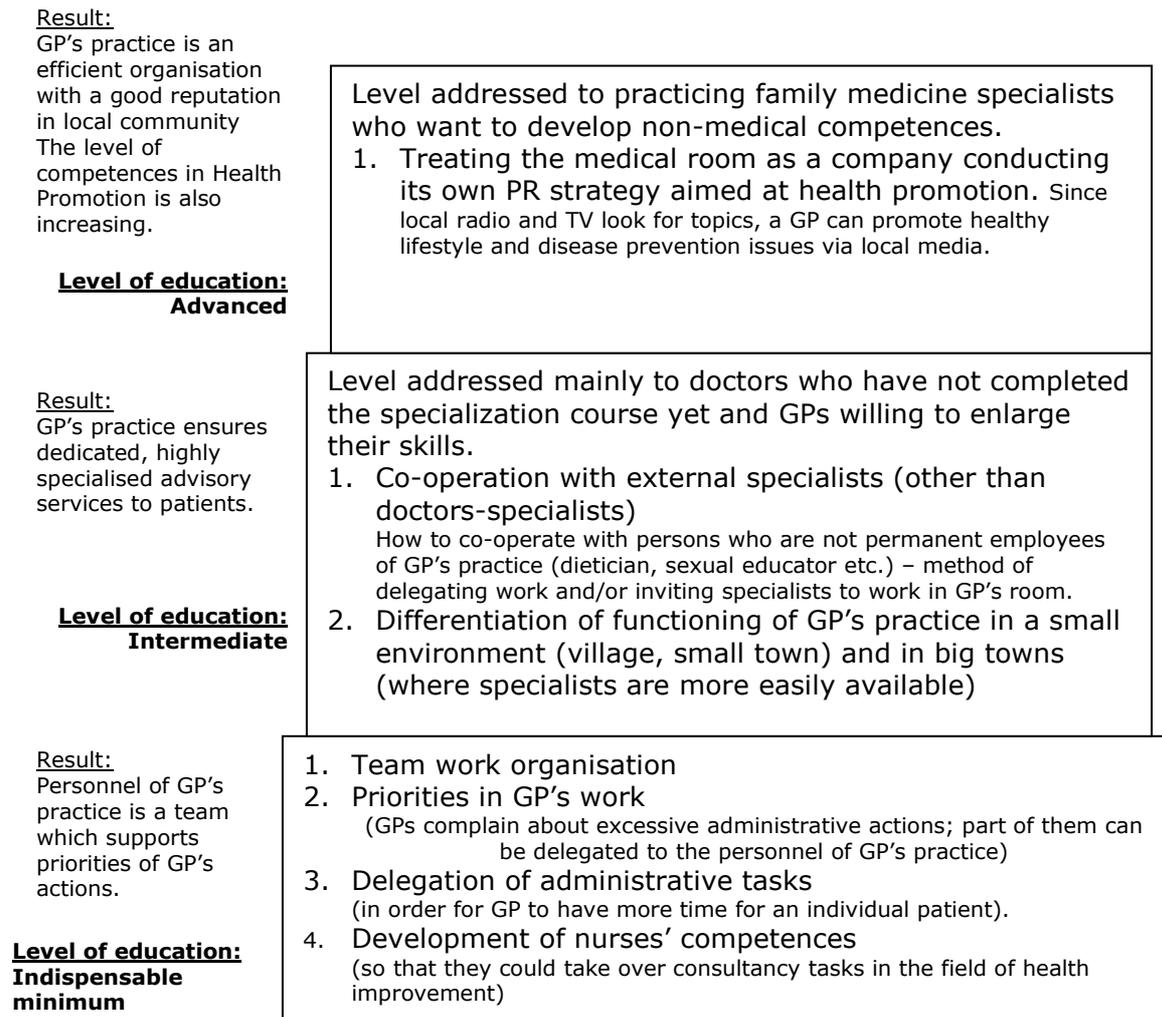
Team work understood additionally as the use of specialists' external services (this is possible in GP's room). How to co-operate with a psychologist, sexual educator, welfare worker, dietician and diabetologist. This means mainly the skill of delegating educational tasks to external specialists (knowledge: which areas and whom to delegate tasks); on a more advanced level, attempts can be made to invite specialists to the area of GP's practice (skill of convincing a specialist to work in the area of GP's practice).

Showing the specific nature of GP's actions in small environments (village or small town, where a GP and a school teacher know each other directly, great trust in GPs) and big towns (anonymousness, the use of GP specialists' advice aimed only at obtaining a referral).

*Further stage (Advanced level):*

Treating the room as a company pursuing its PR strategy aimed at health promotion. Since local radio and TV look for topics, GPs can promote healthy lifestyle and disease prevention issues via local media.

In this case, the education area covers basic PR issues comparable to a course for students of first years of journalism studies. Topics of classes usually focus on: PR strategy, planning of media events, providing of information to the media (opinions expressed in the media, press releases).



*Fig. 1. GPs' educational needs necessary and recommended for ensuring the functioning of the area of Service Provision (Organizational competences)*

• **Educational needs on the level of Family Medicine specialists**

In all areas knowledge must be updated regularly after graduation (GPs declare that they are open to such education, at the same time complaining about high prices of postgraduate training).

In the case of competence gaps, a GP must first supplement the level proposed as education on the specialisation level.

### **Health promotion (educational competences)**

Family psychology and impact on family from the level of GP. Knowledge of functioning of the family as a system, method of conversation, optionally: selected diagnostic tools (e.g. genogram). Here: preferred work with psychologists dealing with family therapy.

### **Disease prevention (clinical competences)**

In the area of Health Prevention (Clinical competences), the role of GP is limited to a preferably early diagnosis and referral of the patient to a specialist. These diseases can be handled according to the principle: a GP keeps in touch with a specialist once a year or makes a diagnosis going beyond GP's equipment capabilities.

There are no problems in the relation GP – doctor-specialist with regard to the given clinical unit; this educational area does not have to be developed.

In GPs' opinion, they have sufficient knowledge to make a diagnosis and manage the unit within GP's room (with a specialist's support).

With regard to supplementary education, it is necessary to focus on the narrow scope where a GP has sufficient data and can manage to cure the patient within the limits of his competences (e.g. infections). It is also worth introducing new methods in the area of typical diseases handled in GP's room with a specialist's support (e.g. diabetes, degenerative disease of joints, hypertension, asthma).

GPs declare that they can treat virtually all disease units (apart from rapidly developing diseases in children and rapidly developing cancers). Practice shows that the education of family medicine specialists is particularly effective when a broader program is being implemented (e.g. on the province level). Areas where actions of this kind are implemented locally include: anemia prophylaxis (infant's morphology), measurement of ALAT level (screening tests for liver diseases), cytological tests (for cervical cancer), HPV prophylaxis, posture defects, obesity, chronic diseases (daily bread of general practitioners), most frequent chronic diseases (cardiovascular diseases, diabetes, chronic operational lung diseases) and related actions, e.g. hypertension prophylaxis, monitoring of glucose level.

Therefore, upgrading the level of GP's competences in this area is dependent on decision-makers on the local government level. However, it must be stressed that GPs implementing such prevention programs regard them as extremely useful for patients' health and professional development of GPs.

### **Service provision (organizational competences)**

Having an impact on human community also by means of programs financed by pharmaceutical companies – showing the principles of use, most frequent dilemmas and threats. This area contains business problems (main money stream addressed to doctors-specialists) and ethical problems (co-operation of doctors with corporations stigmatised in the media). However, GPs may use this method of impact.

### **3. Recommendations for the system area**

This part of recommendations refers only to educational instructions eliminating certain defects of the current system; the aim of surveys and the report is not to specify instructions for the change of the system itself.

Assuming that the system cannot be changed, it is possible to try to reduce current difficulties reported by GPs (in pt 3.1). However, we should bear in mind that in this case we try to improve the comfort of the patient's life without removing the disease.

As regards educational recommendations improving GPs' competences, we can recommend:

- Support groups for GPs (-> GPs speak of their "isolation in fighting for health")
- Teaching GPs to manage a small team (-> occupying GPs' time with administrative actions and the lack of time for health promotion)
- The actions that seem to be particularly useful are those helping to improve current functioning within the current system framework. These actions include: delegation, use of bases of power in relations with persons working in GP's room, non-financial motivation of personnel, situational leadership – with emphasis on supportive style and delegation.
- Launching of the portal where a GP can refer the patient – the portal contains the link from the doctor's page and:
- Educational information for patients (in the form of simple leaflets to be printed or e-learning lessons not exceeding 3 slides)
- Educational games for children, promoting health-improving behaviours
- Ready materials for GPs (e.g. 1-page materials that a GP can print out in his room in the presence of the patient, affix a stamp and recommend the use of the given remedy)
- Educational programs addressed to patients – if they start to express their expectations and ask questions, GPs will start to deliver service in the form of broader information about prevention.

- Information for GPs about the possibilities of co-financing of training courses for family medicine specialists (if there are such possibilities e.g. within the scope of actions co-financed by EU). GPs complain about expensive training – perhaps they have no information about the possibilities of reducing costs.

#### **4. Recommendations for the educational area**

GPs regard their knowledge acquired on the level of specialisation as sufficient. They think that if the system framework allows them to do so, the area of Disease Prevention is implemented by them. GPs recognise the need of development with regard to Health Promotion (Educational competences), at the same time pointing out system limitations – number of patients necessary for the functioning of GP's practice – that hinder the use of acquired knowledge.

The weakest area is Service Provision (Organisational competences); a multi-stage intervention is required in this respect.

Considering the existing situation, the following recommendations for the educational area must be stressed:

General strategy in GP education where a GP is indicated as the person whose task is to maintain the patient's health. Respondents combine the areas of Health Promotion (educational competences) and Disease Prevention (clinical competences) as interactive and suggest the education combining those two areas which begins from prevention on the level of the specialisation course. This means the presentation of educational contents in the sequence: prevention, prophylaxis, health promotion, treatment of disease units.

- Setting the decrease of competence gaps in the area of Service Provision (Organizational competences) as a priority.
- The second important area with regard to elimination of competence gaps of GPs is Health Promotion (Educational competences). However, GPs need not necessarily knowledge (which seems to be secured properly within the current education formula), but the development of communication skills (method of holding a conversation and written communication) and attitude-changing skills. This means the increase of the number of workshop classes.
- With regard to Health Promotion, it seems necessary to supplement knowledge concerning the systemic description of family functioning (e.g. through a lecture on family psychology) and to build the skill of modification of the family's lifestyle through a

change of behaviours of one of the family members (e.g. through workshops in the field of attitude modification techniques and the impact of change on the entire family system).

- Initiation of system elements allowing for a transfer of knowledge. Practicing GPs have many good solutions in the field of Health Promotion (Educational competences); perhaps it is worth organising workshops or a case study with a practical expert. Such solutions are highly popular, e.g. in the education of specialists in Human Resource Management.
- Education addressed not only to persons on the level of the specialisation course, but also to specialists. The need of improvement of competences of a practicing GP is obvious; however, respondents pointed out difficulties in access to training courses “after specialisation”. It also seems that there is no such definite system proposal for family medicine specialists (structure, scope, stages) as for persons trying to obtain the specialisation degree.
- With regard to structuring of education of family medicine specialists, systems of improvement of specialistic competences in the financial branch can become an interesting inspiration. The similarity of attitudes to the professional development of specialists in both branches can help to adapt good practices on the level of system solutions <sup>2</sup>.
- Reasons for particular recommendations and broader information can be found in pt 2.2 of the report.

## **5. Summary**

The report was prepared on the basis of quality data acquired from GPs and family medicine specialists.

The diagnosis of educational needs covered 3 areas: Health promotion (educational competences), Disease prevention (clinical competences), Service provision (organizational competences). Educational needs in aforementioned areas were divided into competence gaps related to education on the level of specialisation and development areas of practicing family medicine specialists.

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<sup>2</sup> In Poland the system of development of specialists’ competences adopted by NBP is a good practice – it is a standard solution for a number of other central banks of EU. There are academic publications on this subject in Polish; their authors are Jerzy Rosiński and Agata Filipkowska.

According to the respondents, Service Provision (organizational competences) is the area of largest competence gaps. In this area, a 3-level model of reduction of competence gaps was formulated. The second important area with regard to the elimination of GP's competence gaps is Health Promotion (Educational competences).

Respondents combine the areas of Health Promotion (Educational competences) and Disease Prevention (Clinical competences) as interactive and suggest the education combining those two areas which begins from prevention on the level of the specialisation course.

Respondents evaluate positively the scope of education (on the level of GP specialisation) with regard to diagnosis and keeping of disease units in GP's practice. Development areas concern rather communication skills: relations with the patient and impact on the change of patients' attitudes, as well as improvement of GP's skills of communication with the practice personnel (from the perspective of GP as the managing person and other persons /nurses, residents, other doctors/ working in the practice area).

The factor which has often been indicated as an impediment to the increase of the level of GPs' competences are systemic and organisational rather than educational circumstances – GPs are overburdened with administrative tasks and cannot undertake educational actions. The report contains proposals of actions (pts 3 and 4) that can improve the functioning of GPs in areas of gaps defined as systemic and educational gaps.

### **III. Report on expert's interview**

#### **1. Methodology and goals**

The role of the Family Physician (FP) in Health Promotion and Disease Prevention (HP & DP) in Europe has recently been growing. The GAP Project was created to analyse some specific issues related to preventive medicine. The methodology applied to examine these topics utilized interviews conducted with Family Practice experts from the four European countries: Poland, Lithuania, Greece, and UK. The goal of this project was to collect information related to Family Physician/General Practitioner (FP/GP) competences that are necessary in the area of HP & DP. The interviews were conducted in spring of 2009. Average time of each interview was 20-30 minutes. The interviewers asked open type of questions that were focused on the following issues:

1. the role of FP/GP in the field of HP & DP
2. the most important skills of the FP/GP in the area of HP & DP, including:
  - educational competences with relation to patient, family, and local community education,
  - clinical competences linked with preventive activities, and
  - organizational competences connected to the provision of health care services and different aspects of primary care practice.

#### **2. Results**

In **Greece**, the HP & DP are considered to be the essential pillars of Family/General Practice. It is believed that morbidity can be significantly reduced by promoting disease prevention in the community. Maintaining a trustworthy profile and establishing a good communication in the community are of great importance. The consultation competences are relevant to the patients' awareness and risk assessment and management. This approach can help both physicians and patients in their rational decision-making. Physician's competences in the patient's behaviour modification are also important, especially when they are targeting certain unhealthy habits. Educational competences should be combined with excellent communicational skills in order to convince the community members to adopt healthy

lifestyle. The FP/GPs should represent respectable role models, being friendly health-oriented instructors. Clinical competences combine professional training, continuous medical education, searching the medical literature and applying prophylactic guidelines to a daily practice. These actions can possibly improve the patient's compliance with recommendations for disease prevention. The most important organizational competence is an ability to collaborate with everyone who can be useful in the area of HP & DP. The FP/GPs need to be able to coordinate their local community services, in order to achieve their objectives for the patient's population. In addition, keeping well organized patient medical records can facilitate performing of the further preventive tasks. Also, networking with appropriate specialistic services, where patients can be referred for consultations, diagnostic tests or therapies is valuable.

In **Lithuania**, the survey of FP experts was slightly modified, by adding two additional questions to the standard set of five questions, recommended for the GAP project. These questions were related to the experts' opinion about practical implementation of the preventive actions by FP/GPs, and whether or not the level of clinical, educational and organizational competencies is high enough among the Lithuanian FP/GPs. The FP experts' responses have been summarized as follows:

#### A. Conclusions

- Prevention of chronic diseases and the FP/GPs' clinical competences are considered to be the most important function of primary care physicians. Preventive programs have been successfully implemented in the area of CVD, cervical, breast and prostate cancer, dental health, and diabetes. In contrast, preventive screening (with no additional financing) has not been successful.
- Educational and organizational competences are the two weakest areas in HP & DP, and therefore, the need of their development should be emphasized. The FP/GPs should participate in health-promoting actions in their communities.
- There is a gap between relatively good training programs in the HP & DP and the practical implementation of prevention.
- Obstacles to providing more extensive HP & DP by the FP/GPs include lack of financial promotion, work overload, and loss of patients' follow-up.

#### B. Recommendations

- Opportunities for evidence based, community oriented training, focused on educational, clinical and organizational skills should be offered during undergraduate, postgraduate and specialty training courses for the FP/GPs.

- Team work approach should be expanded at the Primary Health Care centers. Nurses, psychologists and social workers should be involved in HP & DP educational activities together with the FP/GPs.
- Strategy of financial motivation for the FP/GPs, who provide both preventive and educational work, should be developed.

In **Poland**, the role of FP/GP in HP & DP is related to "population prevention", including taking care of the assigned group of patients, and "high risk strategy", focusing on the specific medical problems, for which, certain interventions are being implemented. Continuity of the FP/GP's care and its versatility are considered to be crucial in assuring efficient HP&DP actions. The FP/GPs provide the first 'contact' with the medical system, and care for their patients throughout their lifecycle. This unique position, in which the FP/GP is familiar with the patient's family, work, and home situation, allows the primary care provider to influence the patient's attitudes towards medical services, available in the area of HP & DP, both at the individual and community level. This includes diverse activities - such as supporting of the patient's self care, monitoring therapy, and cooperating with specialists. The most important FP/GP's competences in the area of HP & DP are linked with the risk of specific disease, like e.g.: cardiovascular diseases (CVD) (in which FP/GPs can influence the patient's lifestyle), cancers (for which appropriate screening tests can be recommended), and infectious diseases (for which vaccinations can be applied). Clinical competences are referred to early identification of the specific medical problems, with implementation of adequate preventive procedures (e.g.: screening or vaccinating) and necessary therapies. Educational competences include conveying to patients the principles of healthy diet, physical activity, and warnings of the health risks related to tobacco smoking, alcohol abuse, and other harmful habits. An ability to establish a good professional doctor-patient relationship is necessary for an effective health education, focused on the specific patient's needs. In addition, making the patient aware of his/her personal responsibility for health care decisions and actions is crucial. The FP/GPs should also be able to initiate, develop and implement HP&DP programmes for their local communities. Clinical competences linked with prevention of the particular diseases are related to early diagnosis and treatment of CVD (e.g.: arteriosclerosis, arterial hypertension, coronary artery disease, and dyslipidemia). Screening for common cancers and providing appropriate perinatal, maternal, and paediatric care are equally important. The emphasis should be put on diseases that represent the greatest burden to society (e.g.: CVD, cancers, diabetes, COPD, depression, and obesity). Clinical competences related to vaccinations and Evidence Based Medicine (EBM), applied to

the preventive interventions are important and require a continuous update of the FP/GP's knowledge. Organizational competences necessary to operate medical practice include good team-work skills as well as open relations and communication with co-workers and employees. An ability to cooperate with other practices, specialistic services, local health care institutions, and research programs is also crucial. Capability to use resources of the local health care system is essential. In addition, an ability to convey important 'messages' and to conduct a constructive dialogue with policy and decision makers is invaluable. Cooperation with non-medical professionals (e.g.: school teachers, church representatives or local government officials) is mandatory. GPs should also serve as the patient 'advocates' in the health care system, striving to provide the highest quality of medical care.

In the **United Kingdom**, the role of GP in the HP & DP is considered as a broad responsibility for the maintenance of wellness of the treated population. Incorporating of the preventive measures of injuries and diseases, as well as rehabilitation of patients with chronic diseases should reduce the burden of illness in the community. This involves lifestyle counselling, including a healthy nutrition, physical activity, maternal health, as well as warnings about risks of alcohol and tobacco abuse or sexual practices. Preventive interventions are mainly focused on cancer and CVD, and consist of: mammography, screening and treating the patients at risk for hypertension and dyslipidemia. In addition, prevention of mental disorders includes screening for depression. The most important FP/GP's competences in the field of HP & DP are directly related to prevention and treatment of preventable chronic conditions. In this aspect, the FP/GPs should identify high risk populations and apply appropriate procedures for them. At the same time, they should ensure that the low risk groups will receive appropriate preventive services (e.g.: immunisations) in order to remain in good health. Modification of common diseases' risk factors by the FP/GP is essential, in combination with the use of EBM and effective interventions, helping the patients to improve their behaviour. Another high priority of the FP/GP's performance is integrated teamwork - that means efficient managing and sharing workload with the team members. A holistic, patient-centred and problem-oriented approach is recommended. Under these circumstances, the most appropriate, continuous, longitudinal care can be provided, according to the patient's needs. Raising awareness with regard to the healthy lifestyle includes providing information to both individuals and groups, on healthy diet and physical activity. Engaging families and the community in preventive interventions as well as a collaborating with some agencies working the area of HP & DP can be a useful strategy. Clinical competences involve the FP/GPs' ability to establish an early diagnosis that

would allow to recommend the preventive interventions, rather than more expensive treatments of the later disease's stages. Identification of the patient's needs requires a skilful physical examination, followed by efficient using of diagnostic and therapeutic interventions. An early detection of the asymptomatic disease's stages can improve its outcome. Organisational competences of the FP/GPs include their ability to manage and implement necessary changes in collaboration with other professionals and agencies. Also, an effective way of managing the primary contact with patients, reconciling their health needs, balancing them with available community resources, and handling a comprehensive spectrum of health conditions represent invaluable components of the FP/GP's performance.

### **3. Conclusions and recommendations**

The FP experts have emphasized that the most important FP/GP's competences with regard to education, clinical skills, and organization of the primary care practice should include:

- motivation to self-learning and professional development,
- ability to search literature and apply evidence based medicine in a daily practice,
- understanding the main issues of patient and community education and strategies of health promotion, including a healthy lifestyle counselling,
- ability to create adequate medical records, to recognize early signs of diseases, and to implement appropriate screening, preventive, diagnostic or therapeutic procedures,
- interpretation of clinical indicators of preventable and chronic diseases (e.g.: CVD, diabetes, cancer, obesity) and their risk factors at an individual and community level,
- ability to efficiently communicate with patients, families, co-workers, team-members, and community leaders, in order to elaborate an efficient, shared decision model,
- coordination of the team-work, and delegation of some activities to co-workers.

#### **4. Abstract**

The role of the Family Physician (FP) in Health Promotion and Disease Prevention (HP & DP), according to experts' interviews from the four European countries: Poland, Lithuania, Greece, and UK has been analysed in the GAP Project. This summary report presents the FP experts' opinions related to the FP/GP's competences with regard to education, clinical skills, and organization of the primary care practice. The international FP experts emphasize that the most important FP/GP's competences are related to:

- acquiring clinical skills, necessary for safe and efficient preventive practice, focused on appropriate screening tests, vaccinations, early diagnosis and treatment of diseases (e.g.: CVD, cancer, obesity, diabetes) and counselling, with regard to healthy nutrition, physical activity, and behaviour,
- initiating, coordinating and maintaining continuity of the patient care, in collaboration with professional team members and community resources,
- designing and implementing the HP & DP actions in the local community,
- conducting research projects, based on the principles of clinical epidemiology,
- communicating efficiently with patients, their families, other professionals and community members to achieve and maintain the highest quality of patient care.

The FP experts have also addressed some local differences and specific difficulties in "bridging the gap" that are related to the organization of health care systems in their respective countries. In general, the FP experts have agreed upon the fact that in order to improve their competences in the field of HP & DP, the FP/GPs should have an opportunity to participate in relevant educational and training courses, and should be financially compensated for this type of professional activity.

## **IV. Summary**

The aim of the Work Package number 2 of the GAP project was to gather information on family physicians competences in the field of health promotion and disease prevention. The specific objective was to identify the GP's competences which are needed in their daily practice (from GP's perspective) and should be achieved after the specialization (from the Family Medicine experts point of view). In order to standardize the research procedures, the health promotion and disease prevention framework was established and used. The framework divided all GPs competences into three main areas:

- educational competences (Health Promotion area)
- clinical competences (Disease Prevention area)
- organizational competences (Service Prevention area)

Two research methods were used: focus groups meetings with GPs and interviews with Family Medicine experts. The research was conducted in all Partners countries: Greece, Lithuania, Poland and United Kingdom in the period from March to July 2009.

According to Family Physicians participating in the focus groups research Service Provision (organizational competences) is the area of largest competence gaps. The second important area with regard to the elimination of GP's competence gaps is Health Promotion (Educational competences). However, GPs combine the areas of Health Promotion and Disease Prevention as interactive and suggest the education combining those two areas. Respondents evaluate positively the scope of education with regard to diagnosis and disease management. Development areas concern rather communication skills: doctor – patient relationship, impact on the change of patients' attitudes, as well as improvement of GP's skills related to management of the practice.

The international FM experts emphasized that the most important GP's competences, which should be achieved after the specialization are related to:

- acquiring clinical skills, necessary for safe and efficient preventive practice, focused on appropriate screening tests, vaccinations, early diagnosis and treatment of diseases
- initiating, coordinating and maintaining continuity of the patient care, in collaboration with professional team members and community resources,
- designing and implementing the HP & DP actions in the local community,
- conducting research projects, based on the principles of clinical epidemiology,

- communicating efficiently with patients, their families, other professionals and community members to achieve and maintain the highest quality of patient care.

In general, the FP experts have agreed upon the fact that in order to improve their competences in the field of HP & DP, the GPs should have an opportunity to participate in relevant educational and training courses, and should be financially compensated for this type of professional activity.

Generally, both GPs and Family Medicine experts emphasize the need of developing organizational competences as well as those related to effective communication with patient and others health care professionals.

## **1. Summary in Greek**

Ο σκοπός του δεύτερου Πακέτου Ενεργειών του προγράμματος GAP ήταν να συλλέξει πληροφορίες για τις ικανότητες των γενικών/οικογενειακών ιατρών στο πεδίο της προαγωγής της υγείας και της πρόληψης των νόσων. Ο ειδικός λόγος ήταν να αναδείξει τις ικανότητες των γενικών ιατρών που απαιτούνται για αυτό το σκοπό, στην καθημερινή κλινική πράξη και που πρέπει να επιτευχθούν κατά την εκπαίδευση στην ειδικότητα. Έτσι, δημιουργήθηκε και εφαρμόστηκε ένα πλαίσιο εργασίας για την προαγωγή της υγείας και την πρόληψη της νόσου. Το πλαίσιο εργασίας χώρισε όλες τις ικανότητες του γενικού ιατρού σε τρεις κύριες κατηγορίες :

- εκπαιδευτικές ικανότητες ( προαγωγή της υγείας)
- κλινικές ικανότητες ( πρόληψη της νόσου)
- οργανωτικές ικανότητες ( παροχή υπηρεσιών πρόληψης)

Χρησιμοποιήθηκαν δύο ερευνητικές μέθοδοι : συναντήσεις με ομάδες επιλεγμένων γενικών ιατρών και συνεντεύξεις με έμπειρους γενικούς / οικογενειακούς ιατρούς. Η έρευνα πραγματοποιήθηκε σε όλες τις χώρες που συμμετέχουν : Ελλάδα, Λιθουανία, Πολωνία και Ηνωμένο Βασίλειο στο διάστημα Μάρτιος με Ιούλιος 2009.

Σύμφωνα με τους Γενικούς Ιατρούς που συμμετείχαν στην έρευνα στην επιλεγμένη ομάδα , η Παροχή Υπηρεσιών Πρόληψης (οργανωτικές ικανότητες) είναι η κατηγορία με τα μεγαλύτερα κενά στις ικανότητες. Η δεύτερη σε σημασία κατηγορία, όσον αφορά τα κενά στις ικανότητες των γενικών ιατρών, είναι αυτή της Προαγωγής της Υγείας (εκπαιδευτικές ικανότητες). Οι

συμμετέχοντες αξιολογούν θετικά τον σκοπό της εκπαίδευσης αναφορικά με την διάγνωση και την διαχείριση της νόσου.

Επίσης αναφέρουν ως πεδίο ανάπτυξης αυτό των επικοινωνιακών δεξιοτήτων : σχέση γιατρού – ασθενούς, συνέπειες από την αλλαγή των στάσεων – συμπεριφορών του ασθενούς, καθώς και η βελτίωση των δεξιοτήτων του γενικού ιατρού που σχετίζονται με την διαχείριση του ιατρείου.

Οι έμπειροι γενικοί / οικεγενειακοί ιατροί τόνισαν ότι οι πιο σημαντικές ικανότητες των γενικών ιατρών, που θα πρέπει να επιτευχθούν μετά την εκπαίδευση στην ειδικότητα έχουν σχέση με:

- την απόκτηση κλινικών δεξιοτήτων, απαραίτητων για ασφαλή και αποδοτική παροχή υπηρεσιών πρόληψης, επικεντρωμένων στα κατάλληλα screening τεστ, τους εμβολιασμούς, στην πρώιμη διάγνωση και θεραπεία των νόσων
- την ανάληψη, τον συντονισμό και την διατήρηση της συνέχειας της φροντίδας του ασθενούς, σε συνεργασία με άλλους επαγγελματίες υγείας
- την εκπόνηση ερευνητικών προγραμμάτων, βασισμένων στις αρχές της κλινικής επιδημιολογίας,
- την αποδοτική επικοινωνία με τους ασθενείς, τις οικογένειές τους, άλλους επαγγελματίες και μέλη της κοινότητας ώστε να επιτευχθεί και διατηρηθεί η υψηλότερη ποιότητα της φροντίδας του ασθενούς.

Γενικά, οι έμπειροι Γενικοί Ιατροί συμφώνησαν στο ότι για να βελτιώσουν τις ικανότητές τους στα πεδία της Προαγωγής της Υγείας και της Πρόληψης της Νόσου, οι Γενικοί Ιατροί θα πρέπει να έχουν την δυνατότητα να συμμετέχουν σε αντίστοιχα σεμινάρια και καταρτίσεις, και θα πρέπει να υπάρχει μέριμνα ώστε να αποζημιώνονται οικονομικά για αυτού του τύπου την επαγγελματική δραστηριότητα.

Γενικά, τόσο η ομάδα των επιλεγμένων όσο και οι έμπειροι Γενικοί Ιατροί, τονίζουν την ανάγκη να αναπτυχθούν οι οργανωτικές ικανότητες καθώς επίσης και εκείνες που αφορούν την αποδοτική επικοινωνία με τον ασθενή και τους άλλους επαγγελματίες υγείας.

## **2. Summary in Lithuanian**

Pagrindinis GAP projekto darbo užduoties WP2 tikslas buvo surinkti informaciją apie šeimos gydytojų sveikatos stiprinimo ir ligų profilaktikos kompetencijas. Vienas iš uždavinių buvo nustatyti kompetencijas, kurios būtinos jų kasdieniniame darbe (šeimos gydytojų pareigybių kontekste) ir kurios turi būti įsisavinamos jų specializacijos mokymo kursuose metu (ekspertų rekomenduojamos kompetencijos). Tam kad formalizuoti ir standartizuoti tyrimą buvo sukurta preliminari sveikatos stiprinimo ir ligų prevencijos kompetencijų schema. Šioje schemoje buvo išskirtos trys pagrindinės sritys:

- edukacinės kompetencijos (sveikatos stiprinimo sritis);
- klinikinės kompetencijos ( ligų profilaktikos sritis);
- organizacinės kompetencijos (prevencinės tarnybos sritis).

Panaudojome du tyrimo metodus – tikslinių grupių diskusiją (gydytojų ir ekspertų grupė) bei ekspertų apklausą-interviu (ekspertų grupė). Analogiški tyrimai buvo atlikti visose projekte dalyvaujančiose šalyse – Graikijoje, Lietuvoje, Lenkijoje ir Jungtinėje Karalystėje 2009 m. kovo-liepos mėnesį.

Tikslinių grupių apklausa parodė, kad organizacinės kompetencijos sudaro didžiausią kompetencijų spragą. Antroje vietoje pagal spragos apimtį yra sveikatos edukacinių kompetencijų sritis. Tačiau šeimos gydytojai laiko sveikatos stiprinimo ir ligų profilaktikos sritis tarpusavyje sąveikaujančiomis ir siūlo abiejų kompetencijų įsisavinimo mokytį vienu metu. Respondentai pozityviai įvertino kompetencijų mokymą diagnozavimo ir ligų gydymo srityse. Buvo nurodytos sritys kuriose reikėtų sustiprinti gydytojų rengimą. Tai bendravimo įgūdžiai, pacientų gyvenamosios koregavimas, šeimos gydytojų veiklos organizavimas ir vadyba. Apklausti įvairių šalių ekspertai nurodė tokias svarbiausias šeimos gydytojų tobulintinių kompetencijų sritis:

- įgijimas klinikinių įgūdžių, kurie reikalingi saugiai ir efektyviai profilaktinei praktikai (prevencinės patikros, vakcinacija, ankstyva ligų diagnostika ir gydymas);
- pacientų priežiūros tęstinumo užtikrinimas įtraukiant komandos narius, kitus specialistus ir bendruomenės institucijas;
- sveikatos stiprinimo ir ligų profilaktikos programų kūrimas bei įdiegimas bendruomenėse;
- epidemiologija paremtų mokslinių tyrimų vykdymas;
- efektyvus bendradarbiavimas su pacientais, jų šeimomis, kitais specialistais siekiant aukštesnio paslaugų lygio.

Šeimoms medicinos srities ekspertai pabrėžė, kad siekiant pagerinti sveikatos stiprinimo ir ligų profilaktikos kompetencijas, gydytojams turi būti sudarytos geresnės galimybės dalyvauti mokymo kursuose ir kad tokie podiplominiai mokymai turėtų būti nemokamai rengiami.

### **3. Summary in Polish**

Celem Pakietu Roboczego nr 2 projektu GAP było zebranie informacji na temat kompetencji lekarzy rodzinnych w dziedzinie promocji zdrowia i prewencji chorób. Przeprowadzone badania posłużyły zidentyfikowaniu kompetencji które są niezbędne lekarzom rodzinnym w ich codziennej praktyce (badanie fokusowe) i powinny być zdobyte na etapie specjalizacji (wywiady z ekspertami Medycyny Rodzinnej). W celu standaryzacji metod badawczych w krajach partnerskich, skonstruowano matrycę kompetencji z zakresu promocji zdrowia i prewencji chorób, która to matryca obejmowała 3 główne obszary:

- kompetencje edukacyjne (dziedzina promocji zdrowia)
- kompetencje kliniczne (dziedzina prewencji chorób)
- kompetencje organizacyjne (dziedzina dostarczania usług).

Zastosowano dwie metody badawcze: badania w grupach fokusowych z praktykującymi lekarzami oraz wywiady pogłębione z ekspertami z zakresu Medycyny Rodzinnej.

W opinii lekarzy rodzinnych biorących udział w badaniu fokusowym obszarem największych luk kompetencyjnych jest dziedzina dostarczania usług - kompetencje organizacyjne. Drugim co do ważności obszarem w zakresie niwelowania luk kompetencyjnych LR jest promocja zdrowia (kompetencje edukacyjne). Respondenci łączą jednakże obszary promocji zdrowia (kompetencje edukacyjne) i prewencji chorób (kompetencje kliniczne) jako wzajemnie oddziałujące na siebie i wskazują na potrzebę edukacji łączącej obydwie dziedziny. Obszary rozwojowe związane są raczej ze stroną umiejętności komunikacyjnych: relacji z pacjentem i oddziaływania na zmianę postaw pacjentów oraz z doskonaleniem umiejętności LR w zakresie komunikacji z personelem praktyki.

Eksperci z zakresu Medycyny Rodzinnej podkreślali, iż najważniejsze kompetencje, które lekarze rodzinni powinni nabyć w trakcie specjalizacji obejmują:

- kompetencje kliniczne, niezbędne do świadczenia bezpiecznych i efektywnych usług prewencyjnych i leczniczych

- inicjowanie, koordynowanie i zapewnienie ciągłej opieki nad pacjentem we współpracy z innymi profesjonalistami i z wykorzystaniem lokalnych zasobów
- projektowanie i implementowanie programów z zakresu promocji zdrowia i prewencji chorób
- prowadzenie projektów badawczych opartych na zasadach epidemiologii klinicznej
- efektywne komunikowanie się z pacjentem, jego rodziną, innymi specjalistami oraz członkami społeczności lokalnej w celu zapewnienia i utrzymania najwyższej jakości opieki nad pacjentem

Eksperti byli zgodni co do potrzeby zapewnienia lekarzom rodzinnym możliwości uczestnictwa we właściwych kursach, szkoleniach edukacyjnych oraz zapewnienia odpowiedniej kompensacji finansowej za wykonywaną pracę.

Zarówno praktykujący lekarze, jak i eksperci Medycyny Rodzinnej podkreślali potrzebę rozwijania kompetencji organizacyjnych, jak również tych związanych z efektywnym komunikowaniem się z pacjentem, jego otoczeniem oraz innymi profesjonalistami.

## V. Attachments

### 1. Report on expert's interview conducted in Greece

#### WP 2 - Experts' interview – Greek Association of General Practitioners

**Description of the activity:** conduction of interviews with experts to collect information about needed GPs' competences in the field of diseases prevention and health promotion

**Number of experts:** 5

#### Experts' profile:

Date	Name	Profile	Interviewer	Place
8/7	Stella Argyriadou	Teacher of FM, Regional Consultant in FM, Vice President of ELEGEIA, Director of HC of Chrysoupoli	D. Karanasios	Health Centre Chrysoupoli
10/7	Tassos Filalithis	Teacher of FM, Regional Consultant in FM, Representative of Medical University	A.Symeonidis	Medical Faculty Crete
10/7	Christos Lionis	Teacher of FM, Representative of Medical University, Chairman of Specialty Final Examination Board	A.Symeonidis	Medical Faculty Crete
14/7	George Spatharakis	Teacher of FM, Regional Consultant in FM, National Representative in EURACT, Director of HC of Itea.	D. Karanasios	ELEGEIA offices
15/7	Nikolaos Dobros	Rector of Medical Faculty, Representative of Ministry of Health, Representative of Medical University	A.Symeonidis	Medical Faculty Thessaloniki

**Time of the interview:** 20-30 minutes

**Type of questions:** open

## Brief report from each interview

### Stella Argyriadou

1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?.

*Health promotion and disease prevention are two of the essential pillars of General Practice. Morbidity can significantly be reduced in the community by teaching and enabling GPs to promote and prevent diseases.*

2. What are the most important for GPs, competences' areas in the field of health promotion and disease prevention?

*Apart from educational and clinical competencies in promoting health and preventing diseases, GPs should maintain a trustworthy profile towards the community and establish good communication with citizens of his area. It is of great importance to persuade the local society about the skills, professionalism and genuine interest of their GPs.*

3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)

*It is essential for GPs to have communicational skills in order to convince the inhabitants of their community to adopt healthy life styles. Therefore GPs should be respectable as instructors/teachers and at the same time friendly and open.*

4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)

*Important elements for GPs including training and continuous education, researching international literature and applying guidelines in everyday practice can enhance the trust of patients concerning the quality of skills of their GP. This can largely contribute to improve the patient compliance regarding instructions and guides for preventing a disease.*

5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)

*The most important organizational competence is to be able to collaborate with everyone who is useful in health provision. GPs have to be competent to coordinate all the local services in order to achieve their objective (advocacy). Ergo organizational competences should be extended in two levels: the backend (including cooperation, seeking for assistance from local authorities) and the frontend, which refers to the citizens who will be trained by the GPs and will constitute a resource for support from the local society (with volunteers, massive health promotion etc.).*

### **Tassos Filalithis**

1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?

*The Family Physician has a very important role, stemming from the fact that he/she has a long term relationship with his/her patients. Continuity can be used as a tool in prevention, in conjunction with a full medical record: e.g. asking a smoker repeatedly if he/she has considered giving up smoking (or losing weight, or taking regular exercise, etc.) and advising on how to do it. Also, making sure that children and persons at risk are immunized according to standard guidelines, that screening tests for cervical, breast or prostate cancer are carried out at the right time and are repeated at regular intervals.*

2. What are the most important for GPs, competences' areas in the field of health promotion and disease prevention?

*Communicating with the patients in a friendly and efficient manner, keeping in mind personal and cultural sensibilities and preferences. Also, organizing the patients' records and data.*

3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)

*Acquiring the competences already mentioned under item 2.*

4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)

*These are rather "simple": carrying out immunizations, ordering the right diagnostic and screening tests, etc. Sometimes and doing the test may be required, e.g. Mantoux test, Pap smear.*

5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)

*Organising the patient record and one's own practice in a way that performing tasks related to prevention are carried out regularly. Also, networking with the appropriate services where patients may need to be referred for further consultation, e.g. smoking clinic, lab tests, physiotherapy department, etc.*

### **Christos Lionis**

1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?

*Health promotion and disease prevention is a fundamental component in the field of general practice/family medicine since it links this discipline to the social, psychological and cultural Sciences. It is also a substantial mean that brings all those disciplines together when integrated primary care is approached. It consists of a key component in the new definition of Family Medicine / General Practice that gives to GPs/family physicians a specific identity in theory and in practice.*

2. What are the most important for GPs, competences' areas in the field of health promotion and disease prevention?

*Health promotion/disease prevention competences cannot be distinguished from other clinical competences in Family Medicine. We can say that the most important competences in health promotion/ disease prevention are patient consultation and communication skills as well as skills in patient's behavior modification. The consultation and communication competences are relevant to the patients' awareness and patients' risk assessment and management. Both are essential and assist the physician and the patient in effective and rational decision-making. Physician's competences in behavior modification treatments are also very important especially, when they are targeting patient's unhealthy habits and they involve skills for behavior's assessment, interception and redirection.*

3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)

*Educational competences are mainly related to those targeting behavior modification treatments. They are mainly linked with the acquaintance of consulting skills for counseling and teaching. GPs needed to be competent in consulting and experienced in using experts' models with supporting knowledge and theories from social and psychological sciences. It is more evident when GPs approach families and groups in rural communities.*

4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)

*Clinical competences, to my view, include all those of consulting, problem solving and behavior modification areas. They are requested when the physicians treat individual patients and their families and it is clearly not easy to separate them from the common clinical skills that the physicians need to have to treat symptoms and clinical conditions.*

5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)

*Organizational competences are closely related to the context where a family physician is practicing and also relevant to the resources and facilities available at practice, assisting the physician in implementing health promotion/disease prevention activities. This includes a combination of effective use of high technology and diagnostic algorithms. In such a way, the proper software could provide the physician with the opportunity to assess the patient's health risk, while organizational competences include also record keeping and information management.*

## George Spatharakis

1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?

*It is a very crucial role, as he has a special and close relationship with his clients and / or the population, so he can assess their needs. He also disposes of a unique opportunity for counselling on asymptomatic screening, risk factors' control and patient / individual education and training. In some countries and cases he can also act by forming, participating or executing campaigns of information for the general public or for certain target groups. With the exception of the Social Medicine doctor or of the specialist of public health his is the unique doctor that can implement such complex activities. Moreover while the aforementioned specialists focus on a population basis, the Family Physician can move between the individual, family, population group and general population bases of approach. The General Practitioner should also deal simultaneously with primary, secondary and tertiary prevention.*

2. What are the most important for GPs, competences' areas in the field of health promotion and disease prevention?

- *Knowledge and motivation for conducting primary health care based research projects*
- *Knows and Understands the principles and theory of education of adults, and uses teaching methods appropriate to the educational objectives*
- *Ability to create a complete medical file*
- *Competence of a thorough medical history taking and physical examination*
- *Correct communication to the patients of the aforementioned information and Competence of using a shared decision model*
- *Good public relations with community leaders and stake-holders*

3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)

- *Has and shows a sincere and profound personal motivation to teaching and learning as well to continuing medical education / continuing professional development*

- *Knows and knows how to implement the principles and rules of health promotion activities*
- *Knowledge and motivation for conducting primary health care based research projects*
- *Knows and Understands the principles and theory of education of adults, and uses teaching methods appropriate to the educational objectives*
- *Use of pre-formative and formative assessment for the construction of educational plans*

4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)

- *Ability to create a complete medical file*
- *Knowledge of the prevalence of risk factors and certain preventable diseases and of the physical, psychological and social problems related to them*
- *Competence of a thorough medical history taking and physical examination*
- *Ability of recognizing early signs of diseases*
- *Appropriate use and interpretation of clinical, paraclinical and biological indicators of preventable diseases and risk factors for individual or family or group assessment*
- *Correct communication to the patients of the aforementioned information*
- *Competence of using a shared decision model*
- *Ability to form and propose a specific management plan including referral and patient facilitation throughout the health system*
- *Stimulation of attitudinal change (supportive and cognitive psychotherapy elements)*
- *Re-evaluation at specific time intervals*

5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)

- *Ability to create and use a complete medical file, including genogram and calling list management*
- *For private sector Family Physicians, financial management of the consultation*
- *Knowledge about the impact of overall workload given to the patient / individual and staff / facilities for a given task*

- *Being able to have access, read and assess medical literature critically*
- *Installation and maintenance of quality control procedures*
- *Continuing medical education*

## **Nikolaos Dobros**

1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?.

*Both health promotion and disease prevention interventions are feasible and effective when applied in a population centred perspective. Thereafter Family Physicians have a key role in their implementation determined by their unique relationship with the population of their catchment areas.*

2. What are the most important for GPs, competences' areas in the field of health promotion and disease prevention?

*Besides their traditional medical - curative role, GPs are expected to understand thoroughly the population perspectives, i.e. to have sound understanding of epidemiology. Furthermore GPs are expected to know clearly the differences between the levels of prevention and the main principles of clinical epidemiology regarding validity and prognostic values of the screening tests. GPs are also expected to understand the main characteristics of the health promotion strategy. As for any activity, the basic skills of evidence based medicine are providing a necessary and important background for General Practice.*

3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)

*Crucially important GPs competencies are communication skills needed both for personal counselling and group addressing sessions. Furthermore community empowerment and mobilisation skills are needed for the implementation of health promoting activities.*

4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)

*Screening methodology is crucially important, but also the ability to use opportunistic screening as a procedure inbuilt in the every day routine. Communication skills are also very important in the process of disease prevention activities*

5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)

- *To understand the importance of the health needs assessment of the population of the catchment area*
- *To design and implement services responding to these needs.*
- *To understand the importance of the teamwork in Primary Care, to have the abilities of effective delegation of activities to other professionals, to inspire and coordinate the team.*
- *To communicate properly and effectively with other services for any reason (compose reports, reference letters, etc).*
- *To understand the importance of the implementation of health information systems in every day work.*
- *To understand and develop audit procedures aiming the sustainable improvement of the services provided.*

## **2. Report on expert's interview conducted in Lithuania**

### **REPORT ON INTERVIEWS OF EXPERTS: OPINIONS ABOUT THE NEEDED COMPETENCIES OF FAMILY PHYSICIANS IN THE AREA OF DISEASE PREVENTION AND HEALTH PROMOTION IN LITHUANIA**

authors: Linas Šumskas\*, Leonas Valius\*\*

\*Department of Preventive Medicine, Kaunas University of Medicine, Lithuania

\*\* Clinic of Family Medicine, Kaunas University of Medicine, Lithuania

**Number of experts interviewed: 7**

**Names and position of experts:**

**Respondent No.1. Abdonas Tamošius**, MD, PhD, Professor, Head of Research Unit for Population-Based Research, Institute of Cardiology, Kaunas, Lithuania

**Respondent No.2. Kornelijus Andrijauskas**, MD, PhD; Head of Primary Health Centre, Kaltinėnai, Lithuania

**Respondent No.3. Eglė Savulienė**, Senior Specialist, Dept. of Personal Health, Ministry of Health, Vilnius, Lithuania

**Respondent No.4. Leonas Valius**, Head of Clinic of Family Medicine, Kaunas University of Medicine, Kaunas, Lithuania

**Respondent No.5. Genovaite Paulauskiene**, Senior Specialist, Ministry of Health, Vilnius, Lithuania

**Respondent No.6. Linas Šumskas**, Associate Professor, Department of Preventive Medicine, Kaunas University of Medicine, Kaunas, Lithuania

**Respondent No.7. Vytautas Kasiulevičius**, MD, PhD, Director of Clinic of Family Medicine, Vilnius University Hospital Santoriškių Klinikos, Vilnius, Lithuania

**Questions, which were addressed to the respondents:**

Lithuanian interview survey of experts was slightly modified. We have added 2 additional questions (Q 6 and 7) to the set standard questions Q 1 to 5), which were recommended as a core questions in the GAP project.

1. What is in your opinion the role of family physician in the field of health promotion and disease prevention?
2. What are the most important for family physician, competences' areas in the field of health promotion and disease prevention?
3. What are the most important for family physician, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)
4. What are the most important for family physician, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)
5. What are the most important for family physician, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)
6. What is your opinion about the implementation of preventive work by family physicians in Lithuania (what is the situation)?
7. Do you think the level of clinical competencies (disease prevention), educational competencies and organizational competencies is high enough among Lithuanian family physicians?

## **Brief reports on the interviews**

### **Respondent No. 1.**

**Place and time.** Interview was carried out at the Unit for Population-Based Research, Institute of Cardiology, Kaunas on June 23, 2009. Length of interview – 25 minutes, interviewer – Linas Šumskas.

**Answer to Question 1.** Family physician is a key specialist in the health care, who has the best opportunities to in the field of disease prevention and health promotion. However, family physicians must collaborate closely and share the preventive and promotion responsibilities with the community nurses, as well as with non-governmental organization in the community.

**Answer to Question 2.** All three groups of competencies are important. Therefore, I should emphasize the importance and need of development of educational and organizational competencies. These competencies should be provided to family physicians not only during undergraduate studies but also during the postgraduate studies and through community based training. Material resources, equipment and rooms for preventive work should be established at the health centers. Sufficient time in schedule of family doctor should be allocated together with payment for these services.

**Answer to Question 3.** Preventive programs and screening is the most important tool in preventive medicine. These means are the most important in coping with non-communicable diseases and decreasing the morbidity and mortality at the population level.

**Answer to Question 4.** Promotion of healthy lifestyle is the most important component of health promotion. Childhood and adolescence period should be targeted first of all.

**Answer to Question 5.** The instructions given to every patient and health education provided to these patients are the most important task. Instructions, which are addressed to the patient, should be not formal – family physician should get deeper insight into family, work and general life domains of the patient and only after to provide the recommendations. Educational work should not be restricted by the first visit, but should be continued in the special courses for patients with special or chronic conditions.

**Answer to Question 6.** Implementation of the disease prevention and health promotion in the family physician's office is not satisfactory in Lithuania. Physicians are overloaded by the work on the documentation. High number of visits and long waiting lists do not allow providing more scope for the area of disease prevention and for patients' education.

**Answer to Question 7.** I expect higher competencies of family physicians in the domains of disease prevention, health promotion and organizational work. Opportunity to be introduced with the best practices of their colleges abroad should be provided to Lithuanian physicians.

**Respondent No. 2.**

**Place and time.** Interview was carried out at the Primary Health Care Centre in Kaltinėnai on June 22, 2009. Length of interview – 30 minutes, interviewer – Leonas Valius

**Answers:**

**Answer to Question 1.** Family physician is a key specialist in the health care, who has the optimal opportunities for intervention in the field of disease prevention and health promotion working together with community nurses and non-governmental structures in the community.

**Answer to Question 2.** All three groups of competencies are important. Therefore, I should emphasize the importance and need of development of educational and organizational competencies. These competencies should be provided to family physicians not only during undergraduate studies but also during the postgraduate studies and through community based training. In other hand, here is not enough time the clinical practice to provide these services.

**Answer to Question 3.** Screening programs are most important tool in PHC

**Answer to Question 4.** Promotion of healthy lifestyle is the most important component of health promotion. Childhood and adolescence period should be targeted first of all.

**Answer to Question 5.** Information given to every patient and group health education provided to the target groups are the most important task.

**Answer to Question 6.** Implementation of the disease prevention and health promotion in the family physician's office is not satisfactory in Lithuania. Physicians are overloaded by the work on the documentation. Team approach is still not a system.

**Answer to Question 7.** Theoretically competencies of family physicians in the domains of disease prevention, health promotion are sufficient. Implementation into the practice – not, because lack of time and motivation.

**Respondent No. 3.**

**Place and time.** Interview was conducted by the phone communication on June 26, 2009.

Length of interview – 25 minutes, interviewer – Linas Šumskas

**Answer to Question 1.** Family physician's role in prevention is very important. One of the main functions of family physician and his team should be as more as possible attention for health education, disease prevention but not only treatment which dominates now. In such way health indicators should be enhanced and opinion of population about the services improved. By my opinion, whose physicians who were working previously as pediatricians and adult population doctors pay not sufficient attention to the prevention.

**Answer to Question 2.** Clinical (preventive) competencies are at the first place – screenings and prevention programs. Cervical cancer and Colon cancer are very important programs in addition to other. Educational competences and especially in the area of family planning and childrens' health are also important to develop. By my opinion, the nurse is a person, which should assist for family physician in health education.

**Answer to Question 3.** The main clinical competencies are preventive screening in the area of chronic non-communicable diseases.

**Answer to Question 4.** Health of mother and child are the most important areas of health promotion. This should include family planning, health promotion of children, teaching about healthy lifestyle.

**Answer to Question 5.** Family physician should take part in providing information for population (consultations, skills to present health information in mass media, participations in health actions in the community). Health education is also important as skill for family physician. Therefore this function could be performed first of all by community nurses and by public health specialists.

**Answer to Question 6.** I suppose that family physicians do not perform enough disease prevention and health promotion. The reason for this is still existing primary and secondary health case services in the big cities (major policlinics). It leads to the situation when many services which traditionally belong to family physicians are provided by secondary and tertiary care specialists. In such situation family physicians are losing their competencies and are not motivated to provide preventive services.

**Answer to Question 7.** I consider that quality of training for family physicians is high enough. They obtain enough competencies in the area of prevention, health promotion and also organizational. At the same time re-training of previous pediatricians and adult

population doctors does not result in the final result we expect. Problem is that these “mature” doctors with the experience of previous health service model are not motivated enough to conduct more preventive activities and educational duties. Instead they concentrate more focus on treatment of diseases and more often send their patients to the specialists of secondary or tertiary care.

**Respondent No. 4.**

**Place and time.** Interview was carried out at the department of Family Medicine, Kaunas University of Medicine on June 21, 2009. Length of interview – 20 minutes, interviewer – Linas Šumskas.

**Answers:**

**Answer to Question 1.** Very important. Family physician is a key specialist in the health care, who has the optimal opportunities for intervention in the field of disease prevention and health promotion.

**Answer to Question 2.** I should emphasize the importance and need of development of educational competencies.

**Answer to Question 3.** Communication skills and patient engagement.

**Answer to Question 4.** Promotion of healthy lifestyle is the most important component.

**Answer to Question 5.** Group health education provided to the target groups are the most important tasks.

**Answer to Question 6.** Implementation of the disease prevention and health promotion in the family physician’s office is not satisfactory in Lithuania. Physicians are overloaded by the work on the documentation. Team approach is still not a system. Insufficient stimulation leads to a lack of motivation.

**Answer to Question 7.** Yes, quality of training is good enough, but practical implementation is problematic due to the lack of time and motivation.

**Respondent No. 5.**

**Place and time.** Interview was conducted by the phone communication on July 1, 2009.

Length of interview – 25 minutes, interviewer – Linas Šumskas

**Answer to Question 1.** The role is very important. Family physician should work in team with community nurse and conduct screenings for the risk factors also work in the following areas: unhealthy nutrition, alcohol, tobacco, drugs, low physical activity, environmental health. Family physician should be ready to make advice, provide education on different health issues.

**Answer to Question 2.** Preventive screenings are the key tool in the disease prevention. Also, advice on lifestyle modification and healthy life style promotion should be a part of competencies. The advice and personal example of the physician play an important role too. Physician should know that concluding the medical investigation data and providing information, advise, short education are simple but effective strategy.

**Answer to Question 3.** Physician must clarify the reasons of complaints, but also should take into account the possibility to conduct preventive work with the patient. Family physician has possibility to offer questionnaire survey methods to the patient if he or she is at risk for some conditions. Physician has opportunity to develop a plan of nutrition change or risk factor modification. Both infectious disease and chronic disease prevention could be a part of the prevention competencies.

**Answer to Question 4.** Collaboration with other institutions and social services providers, NGOs, self-help groups is important. Such areas as breastfeeding, evaluation of development of child as well as solving the issues of sexuality, reproductive health, addictive behaviours, socialization are important to cover by educational work with children and youth.

**Answer to Question 5.** I should emphasize the importance of inter-sectoral collaboration. Second point, capability to work in the team with other members together is important. Also, medical sector should make close collaboration with educational and other institutions like Public Health Centers.

**Answer to Question 6.** At the moment those programs which are additionally financed are the most successfully managed by family physicians: Cardiovascular disease prevention program, Cervical cancer, Breast cancer, Prostate cancer, Sealants in dental health, Diabetes control). Preventive screenings, with no additional financing (Order of Minister Nr. 47-1365 of 2000-05-31) are not so successful.

**Answer to Question 7.** The level of competencies of our physicians should be higher. Additional efforts should be focused on such special training of nurses. Also functions of nurses should include more educational and preventive work.

**Respondent No. 6.**

**Place and time.** Interview was carried out at the Department of Preventive Medicine, Kaunas University of Medicine on July 1, 2009. Length of interview – 30 minutes, interviewer – Rima Kregždytė.

**Answer to Question 1.** The role of family physician in prevention and healthy promotion is important, however far away not all potential is utilized.

**Answer to Question 2.** The main area of their work should be prevention of diseases equally with the secondary and tertiary prevention responsibilities. No doubts, that family physician should have a commitment to participate actively in health promotion. Organizational competencies are important at the level of rural settings, where family physician is almost single “player” in health care.

**Answer to Question 3.** Preventive screenings and health programs for chronic noncommunicable diseases should be at the main focus, because this field of work has biggest impact for the health of the whole population.

**Answer to Question 4.** Family physician should have competencies in individual instructing of the patient and should know other health education methods. Also family physician should be more involved in tackling problems of mental health, addictions (together with psychiatrist and psychologist).

**Answer to Question 5.** Family physician should have deeper insight on his/her potential in organizing health promotion and disease prevention activities at the community level.

**Answer to Question 6.** As a rule, the health programs, which are financed complimentary (screenings, medication, follow up, work reimbursement) are running well. Family doctors participate actively in management of arterial hypertension. For sure such activity (this is positive trend) are supported actively also by pharmaceutical companies, which provide trainings, give possibility for physicians to be introduced with best practices abroad. However, in such areas as overweight, nutrition control issues the role of family doctors should be expanded.

**Answer to Question 7.** Training programs for family doctors, which were developed and updated in parallel with health care reforms starting from 1990 are quite modern and based on the best practices of other countries. However, the obtained competencies are not always implemented in the field and especially in health education, organizational area at the level of whole community. Facilitating conditions for such work should be expanded (less work on documentation, team work approach implementation, financial reimbursement for doctor for the preventive and educational work).

### **Respondent No. 7**

**Place and time.** Interview was conducted by the phone communication on June 26, 2009. Length of interview – 20 minutes, interviewer – Leonas Valius.

**Answer to Question 1.** Very important. Family physician is a key specialist in the health care, who has the optimal opportunities for intervention in the field of disease prevention and health promotion.

**Answer to Question 2.** I should emphasize the importance and need of development of educational competencies.

**Answer to Question 3.** Communication skills and patient engagement.

**Answer to Question 4.** Promotion of healthy lifestyle and child and mother health issues are the most important components.

**Answer to Question 5.** Patient information and group health education provided to the target groups are the most important tasks. The lack of collaboration with public health structures gives unclearness on responsibilities and functions among family physicians and public health structures.

**Answer to Question 6.** Implementation of the disease prevention and health promotion in the family physician's office is at satisfactory level in Lithuania. Physicians are overloaded by the work on the documentation. Team approach is still not a system. Insufficient stimulation (reimbursement) leads to a lack of motivation.

**Answer to Question 7.** Training provides quite many opportunities for such competencies, but not enough.

## CONCLUSIONS

1. Prevention of chronic diseases and clinical competencies in prevention is considered as the most important function of family physicians. Such disease prevention programs are successfully provided in Lithuania.

**-Respondent No 5, Genovaitė Paulauskienė:** *"Those programs, which are additionally financed, are the most successfully managed by family physicians: Cardiovascular disease prevention program, Cervical cancer, Breast cancer, Prostate cancer, Sealants in dental health, Diabetes control). Preventive screenings, with no additional financing (Order of Minister Nr. 47-1365 of 2000-05-31) are not so successful."*

**- Respondent No. 3, Eglė Savulienė:** *"Clinical (preventive) competencies are at the first place (screenings and prevention programs)."*

**- Respondent No. 6, Linas Šumskas:** *"Preventive screenings and health programs for chronic noncommunicable diseases should be at the main focus, because this field of work has biggest impact for the health of the whole population."*

**- Respondent No. 2, Kornelijus Andrijauskas:** *"Screening programs are most important tool in PHC"*

2. Educational and organizational competencies are two of weakest areas in health promotion, disease prevention work which is carried out by family physicians in Lithuania.

**-Respondent No. 1, Abdonas Tamošiūnas:** *"All three groups of competencies are important. Therefore, I should emphasize the importance and need of development of educational and organizational competencies."*

**- Respondent 6, Linas Šumskas:** *"Family physician should have deeper insight on his/her potential in organizing health promotion and disease prevention activities at the community level."*

**-Respondent No 7, Vytautas Kasiulevičius:** *"I should emphasize the importance and need of development of educational competencies."*

**-Respondent No 3, Eglė Savulienė:** *"Health education is also important as skill for family physician. Therefore this function could be performed first of all by community nurses and by public health specialists. Family physician should take part in providing*

*information for population (consultations, skills to present health information in mass media, participations in health actions in the community)."*

**3.** There is a gap between relatively good training programs (competencies acquired during training) and between practical implementation of preventive work in practices of family physicians.

- **Respondent No. 2, Kornelijus Andrijauskas:** *"Theoretically competencies of family physicians in the domains of disease prevention, health promotion are sufficient. Implementation into the practice – not."*

- **Respondent No. 4, Leonas Valius:** *"Yes, quality of training is good enough, but practical implementation is problematic."*

**Respondent No. 6, Linas Šumskas:** *"Training programs for family doctors, which were developed and updated in parallel with health care reforms starting from 1990 are quite modern and based on the best practices of other countries."*

**4.** Several obstacles, which does not allow to provide more extensive implementation of disease prevention and health promotion by family doctors were mentioned: the lack of financial promotion for the doctors, work overload with documentation, lack of support from the team members, competition with secondary and tertiary health care doctors in the urban settings, loss of control of the patients community in the urban settings etc.

- **Respondent No. 7, Vytautas Kasiulevičius:** *"Implementation of the disease prevention and health promotion in the family physician's office is at satisfactory level in Lithuania. Physicians are overloaded by the work on the documentation. Team approach is still not a system. Insufficient stimulation (reimbursement) leads to a lack of motivation".*

- **Respondent No. 6, Linas Šumskas:** *"As a rule, the health programs, which are financed complimentary (screenings, medication, follow up, work reimbursement) are running well."*

-**Respondent No. 4, Leonas Valius:** *"Physicians are overloaded by the work on the documentation. Team approach is still not a system. Insufficient stimulation leads to a lack of motivation."*

## **RECOMMENDATIONS**

1. Emphasis on the chronic non communicable diseases should be focused and strengthened in development of disease prevention and health promotion competencies for family physicians in Lithuania.
2. More opportunities for evidence and practice based, community oriented training of educational, clinical and organizational competencies should be offered in undergraduate, postgraduate and specialty courses for family physicians.
3. Models of quality evaluation of work of family physicians should include components and indicators on efficiency in disease prevention and health promotion.
4. Team work approach should be expanded at the Primary Health Care centers. Nurses, psychologists and social workers should be involved in health promotion activities (educational activities) together with family physicians.
5. It is necessary to develop strategy of financial motivation for family doctors, who provide a preventive and educational work.

### 3. Report on expert's interview conducted in Poland

#### WP 2 - Polish experts' interview – report

**Description of the activity:** conduction of interviews with experts to collect information about needed GPs' competences in the field of diseases prevention and health promotion

**Date of the research:** the interviews were conducted, depending on the experts' availability, in the period May – June 2009, majority of them during the IX Congress of Family Medicine (4-7 June 2009)

**Number of experts:** 7

<b>Expert's profile:</b>	<b>Name of the expert:</b>
Chief of specialization	Tomasz Tomasik
Teacher of FM	Janusz Krzysztoń
Regional consultant in FM	Adam Windak
Representative of health care providers	Artur Karol Jakubiak
Representative of Ministry of Health	Zbigniew J. Król
Representative of Medical University	Sławomir Chlabicz
Teacher of FM, Regional consultant in FM	Maciej Godycki- Ćwirko

**Time of the interview:** 20-30 minutes

**Type of questions:** open

**Name of the interviewers:** Kinga Stanach-Pajerska, Katarzyna Dubas

**Questions and summaries of the most common answers:**

**1. What is in your opinion the role of Family Physician in the field of health promotion and disease prevention?**

- *Primary health care provides the foundation for the whole health care system and as a consequence, Family Physicians plays a crucial/basic role in the system and the*

*field of HP&DP. GPs work in these areas is indispensable and still continues to grow in importance.*

- *The role of GP in HP&DP areas could be described by two kind of activities: "population prevention" and "high risk strategy". The first one refers to GP's care over all his patients, in which he should be supported by other elements of the system (media, schools, local institutions). The "high risk strategy" on the other hand, focuses on the specific patients and their problems, where GP needs to introduce adequate interventions. Long-term and continuous character of GP's work as well as its versatility are important assets in achieving efficiency of HP&DP activities.*
- *GP 'accompany' patient through the all course of his life, have an influence on the patient attitudes and represents his first 'contact' with the health care system.*
- *GP's services in the field of HP&DP are directed not only to the individual patient, but also to his family and even more broadly, to the whole local community. GP's role in these areas could be realized on different levels and through diverse activities: supporting the patient's self care; initiating, developing and monitoring primary health care services; cooperating with the level of specialists' and inpatient type of care.*
- *For majority of patients the first connotation of the word 'physician' is their family physician. GP knows the patient's social and housing conditions and is interested in his work and family situation. As a consequence, GP could have real and lasting influence on the patient, in the field of HP&DP.*

## **2. What are the most important for GPs competences areas in the field of health promotion and disease prevention?**

- *There are many important areas of GP's competences in the field of HP&DP – all of them connected with some specific health hazard. The most important refer to most common health problems i.a.: cardiovascular diseases (GP's influence on the patient's lifestyle), cancers (screening), infectious diseases (vaccinations).*
- *The most important for GPs competences in the field of HP&DP refers to the clinical aspects – identification of the specific health problems and implementation of adequate promoting health or disease prevention procedures.*

- *The most important GP's competences in the field of health promotion are connected with healthy lifestyle factors, whilst in the field of disease prevention indispensable are competences which refer to the screening and vaccinations issues.*
- *GP conveys to the patient the principles of healthy lifestyle and monitors his condition from a long-term perspective. These activities as well as cooperation with other elements of the local health care system are the most important for GP in the field of HP&DP.*

**3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principles and rules of health promotion)**

- *GP should convey in an effective way the knowledge on the healthy lifestyle importance (diet, physical exercise, health hazard connected with tobacco and alcohol).*
- *The most important for GP educational competences refer to his ability to establish a good rapport with a patient. Appropriate doctor – patient relationship is a prerequisite for effective health education.*
- *GP should be able to clearly specify the patients needs in the field of HP&DP and implement adequate procedures. He should be also competent in making the patient aware of his own responsibility for the health.*
- *The most important for GP educational competences refer to continuous, long-term and persistent reminding the patient about harmful behaviours and basic principles of HP&DP.*
- *GP should be able to initiate, implement and develop HP&DP programmes for the local community.*

**4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to particular disease)**

- *Extremely important for GP clinical competences in the field of HP&DP are those related to early diagnostic and treatment of cardiovascular diseases, especially*

*arteriosclerosis, hypertension, lipid metabolism disorders. Equally important is cancers screening, as well as all competences related to child and maternal health.*

- *The most important for GP clinical competences refer to the most frequent health problems and diseases which pose the greatest burden for societies (CVD, cancers, diabetes, COAD, depression).*
- *GP should have excellent clinical competences in the field of vaccinations and other based on the Evidence Based Medicine principles preventive interventions. Great emphasis should be put on continuous bringing the clinical knowledge up to date.*
- *GP should be focused on the risk factors of the most common diseases (CVD, diabetes, COAD, depression, obesity) as well as screening procedures (cancers).*

**5. What are the most important for GPs, organizational competences related to health service provision? (Organizational competences related to different aspects of practice organization)**

- *The most important GP organizational competences relate to running the practice and having good team-work skills. GP should be able to organize the practice work in an effective way, and have good relations with others employees. Especially important is his communication with family nurses, who take care over the patients in their homes. Practice organization should guarantee availability of preventive programmes, screening and vaccinations for all patients.*
- *GP should in the first place. focuse on the quality of his practice's services, but very important aspects of his organizational competences is ability to cooperate with other practices and health care institutions from the local area (joint actions in the field of HP&DP: health programmes and research).*
- *GP should be able to use the local health care system resources in an effective way, and make the most of available possibilities. He should be competent in conveying his 'message' and able to conduct a constructive dialogue with diverse policy and decision makers. GP's cooperation with the non-medical professionals (school teachers, church representatives, local government officials) is of primary importance for effective realization of the tasks in the HP&DP areas.*
- *GP should be able to take the role of the patient's 'advocate' in the health care system and support him in numerous non-medical issues.*

#### **4. Report on expert's interview conducted in United Kingdom**

**United Kingdom  
Sheffield Hallam University**

**Work Package 2  
Katarzyna Machaczek, Bumarak Ismail & Professor Malcolm Whitfield**

##### **1. The role of family physician in the field of health promotion and disease prevention?**

- *General practitioners are broadly responsible for the maintenance of wellness in the city through incorporating the prevention of illness, injury and disease, rehabilitation of those with chronic illness and the reduction in the burden of illness in the community.*
- *The role of family physician (or General Practitioners) in Health promotion and disease prevention is health lifestyle counseling including nutrition, physical activity, maternal health, alcohol consumption, tobacco use, and sexual practices.*
- *Preventive interventions including cancer and CVDs: mammography, screening and treating patients for risk factors such as high blood pressure and raised serum cholesterol levels.*
- *Prevention and promotion in mental health: opportunistic screening for depression and mild mental health problems.*
- *Another key role of general practice is to recognize the causes of disease and the threats to the health of individuals and communities.*

##### **2. What are the most important for GPs competences areas in the field of health promotion and disease prevention?**

- *Preventable chronic conditions - directly related to preventing & treating diseases*

- *GPs should be able to identify high risk groups or individuals, thus, ensuring that those at low risk of disease remain at low risk through preventive practices such as immunization.*
- *GPs should know how to change risk factors. Through the use of evidence-based medicine and effective interventions, helping patients to modify behaviour whilst respecting their autonomy.*
- *INTEGRATED TEAMWORK - THE GPs team - managing and sharing work with other members of General Practitioners' Practices*
- *GPs place more emphasis on preventing disease, early diagnosis and integrated teamwork*
- *A holistic approach to work*
- *To adapt person centred approach in dealing with patients and problems in context of patients circumstances.*
- *To provide longitudinal continuity of care as determined by the needs of the patients, referring to continuing and coordinated care management*

**3. What are the most important for GPs, educational competences in the health promotion area? (Educational competences connected with teaching the patient, its family, and whole local communities principal and rules of health promotion?)**

- *GP work with both patients and family and ensure that the patient, family and users are aware of the risks associated with smoking; poor diet and obesity.*
- *Raising awareness regarding healthy lifestyle: GPs provide information to individuals and groups on healthy lifestyle such as healthy diet, physical activity. This can be achieved during one-to-one sessions or drop-in appointments in healthy clinics.*
- *An ability to work effectively in other agencies working the area of health promotion and disease prevention.*

- *Engaging families and the community in preventive interventions.*
- *Managing and coordinating health promotion and disease prevention activities and strategies according to the most recent standards and recommendations. Therefore the ability to continuously update GPs' knowledge is essential.*

**4. What are the most important for GPs, clinical competences in the field of disease prevention? (Clinical competences connected with preventive activities related to a particular disease)**

- *General Practitioners should be able to early identify the occurrence of disease as it allows them to recommend the preventive interventions rather than treatments of well-developed diseases. An early detection of an asymptomatic stage is likely to improve the outcome of the preventive intervention or treatment.*
- *General practitioners should be able to assess risk of chronic & fatal diseases (such as cancer) through consideration of evidence applied to a particular individual or group. The preventive interventions may include mammography screening, pap tests, faecal occult blood test for colon cancer.*
- *General Practitioners should be able to use the best practices in management of chronic diseases. For example, GPs should use warfarin in the presence of atrial fibrillation to reduce the incidence of stroke, lipid lowering agents to reduce the incidence of subsequent coronary events, tight control of patients suffering from diabetes and hypertension.*
- *GPs should regularly update and improve patient information supplied to secondary care at point of referral.*
- *GPs should be able to prescribe adequate medication and anticipatory drugs.*
- *GPs should be able to identify patients' needs and address them. They should be able to perform an examination and subsequently give the diagnosis & recommendations.*
- *GPs should make the effective & efficient use of diagnostic and therapeutic interventions.*

**5. What are the most important for GPs, organizational competencies related to health service provision? (Organisational competences related to different aspects of practice organisation)**

- *General practitioners should be able to manage and implement change and appreciate that health promotion and disease prevention depend on effective collaboration with many other professionals and agencies.*
- *General practitioners should be able to effectively manage the primary contact with patients.*
- *General Practitioners should be able to B handle a comprehensive range of health conditions.*
- *General Practitioners should be able to reconcile the health needs of individual's patients and the health needs of the community in which they live in balance with available resources.*