

The European General Practice Research Workshop, 1971-1981

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Introduction

IN October 1971 an informal meeting of representatives of the academies and colleges of general practice of the countries bordering the North Sea was held at Leusden in the Netherlands. This meeting decided that an attempt should be made to develop some form of European academic co-operation. From this original idea two organizations grew to form the European Conference on the Teaching of General Practice (the Leeuwenhorst group) and a Research Workshop (EGPRW). The development of the two groups was initially slow, but by 1974 both the education and the research workshops were meeting regularly. By 1978 statutes of the EGPRW were agreed and stated that the aim of the workshop was to encourage research, to foster and co-ordinate multinational studies, to exchange experiences and to develop a validated international scientific base for general practice. These aims are pursued through:

1. Exchanging results and methods of research in Europe.
2. Organizing international meetings.
3. Encouraging research into:
 - a) establishing joint definitions.
 - b) developing relevant research methods.
 - c) developing, planning and executing multinational research projects.

Through joint membership, EGPRW maintains close ties with the Leeuwenhorst group and also with other international organizations such as the Union Européenne des Médecins Omnipraticiens (UEMO), the Societas Internationalis Medicinæ Generalis (SIMG), the World Organisation of National Colleges and Academies (WONCA), as well as the national colleges of the member countries.

Structure of the EGPRW

The structure of the workshop is necessarily rather loose

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because getting together a number of distinguished delegates is always difficult. The structure is onion-like. At the centre are the Chairman, Vice Chairman, and Secretary (see Appendix). The inner layer of the onion is made up of national representatives from Austria, Belgium, Denmark, Finland, France, Germany, Holland, Hungary, Norway, Sweden, Switzerland and the United Kingdom. The next layer consists of regular attenders and contributors to conferences. Yet another layer is formed by frequent observers from countries outside Europe such as Australia, Israel and the United States, who not only contribute to the debate at meetings, but also institute and co-operate with research projects. The outermost layer consists of large numbers of doctors who attend occasional meetings—usually those that occur in their own countries or which coincide with other international meetings such as those of WONCA or SIMG.

Achievements

The loose structure of the workshop has made research difficult. Indeed, some delegates have become depressed by the workshop, seeing it largely as a social club. Of course, it has a social side and a great number of international friendships have grown out of it. This itself is extremely important for, in the difficult task of stimulating and executing international research, the mutual understanding which comes from cross-fertilization and exchange of ideas and from discussing methodologies and the constraints of each other's health care system, is essential. Fellowship is essential, but without other achievements it would be insufficient to justify the existence of EGPRW.

Tangible research work

The sentinel project (Holland, Denmark, UK, Belgium)

This drew on the experiences of Holland and Britain, where sentinel practices report certain episodes of illness, thus allowing comparison of incidence. The value of this project lay in its demonstration of a research method which could be applied in other countries. The project led to the setting up of sentinel practices in Belgium and Denmark.

Diagnostic pathways (all countries)

Discussion about the national differences in diagnostic method led to exploration and rejection of many methods of comparison. Eventually it was decided to start from a single symptom and to compare doctors' behaviour starting from a common base. After a pre-pilot in the UK an international project was started examining the diagnosis of vaginal discharge. This project demonstrated areas of difficulty and difference and served as a pilot for future studies on sore throat and low back pain. These projects have led to the development of a research method which has increased international understanding of research into diagnostic method (Hull, 1978, 1980a, 1980b, 1981).

Self-evaluation programmes (Belgium, UK and Austria)

Using the practice activity analysis methods developed by the Birmingham Research Unit of the Royal College of General Practitioners, a comparative study was made of prescribing and referral habits among Belgian and British doctors (Fleming and Maes, 1980).

Basic practice information (Norway, France and all countries)

A questionnaire sent to all member countries allowed the compilation of information relating to the health care system and the organization of research in each country.

Ischaemic heart disease (Sweden, UK)

The marked difference in the incidence of ischaemic heart disease in Sweden and Scotland led to the proposal of an investigation. This highly complex subject led to debate over several meetings and to frequent communication between a practice in Stockholm and one in Edinburgh. The study threw up many international research difficulties; in particular it revealed the many pitfalls inherent in an international study which involves patient behaviour. Various spin-off effects included the development of more positive attitudes towards anti-smoking in the two practices and emphasis on the need to develop better methods for recording reasons for contact as well as diagnoses of patients.

The denominator problem (Denmark, Belgium, Germany, France, Austria, Sweden, Holland, UK)

One of the major needs in epidemiological research is accurate demographic information allowing precise rates to be calculated. In countries where a capitation payment is made to doctors this demographic information is available, but in Belgium and many other countries it is not. Some progress has been made towards solving this problem by using the yearly contact group (De Loof, 1980) or by estimating the total practice population (Krogh-Jensen, 1979). In fact it is probably the workshop's most important contribution to medical research (Krogh-Jensen, 1979, De Loof and Heyrman, 1979; De Loof, 1980).

Immunization programmes (Denmark, UK and all countries)

The workshop has carried out a comparison of vaccination programmes in the various countries, and discussion between the member countries is leading to the design of a protocol.

Dyspepsia study (Israel and all countries)

This study uses a questionnaire designed to discover the diagnostic facilities and their utilization by general practitioners in member countries.

The general practitioner's use of time (UK and all member and observer countries with New Zealand and Canada)

A questionnaire has been designed to show how general practitioners in different countries allocate time to various aspects of their work and relaxation.

Computers (Belgium, Holland, Denmark, UK, Norway)

A working party has been set up to study the application of computers to general practice research with a view to convening an international computer conference.

In addition to these major areas of work the workshop has discussed a host of research subjects, and has offered advice and assistance on many individual and national projects. A further valuable feature is the custom of the host country of inviting a distinguished general practitioner researcher to present a resumé of the host country's contribution in the researcher's field.

The official language of the workshop is English and an important development has been to set up a 'polishing' service, through which English- and German-speaking doctors offer linguistic help in the presentation of research papers.

Intangible benefits from EGPRW

Some countries where general practice has a secure foundation feel disappointed at the slow progress of the workshop. This disappointment has resulted from unrealistic initial hopes. Language difficulties and differences in customs and health care systems should not be minimized, and many countries where general practice is less securely based acknowledge that membership of the workshop has brought enormous benefits in prestige and understanding.

In addition to being research workers, most of the members of the workshop are teachers, involved either in medical schools or in postgraduate education; many are prominent in their national colleges. The intangible benefits of regular meetings of such people are enormous and have a widespread effect on medical education and the spread of research methods. The workshop also provides a vehicle for international student exchanges. Above all it exists as a unique means of exchanging ideas, sharpening criticism, and furthering

understanding about the challenge, range and need for general practice research.

The future

Experience has enabled us to see that the task the workshop has set itself is difficult, that multi-observer research work across national barriers must be simple and that its rate of progress is determined by the least experienced members. That does not undermine the value of the work, for often the simplest is the best and already there are signs that the ability of the least experienced countries is increasing fast. One of the major problems to be solved is the variation between doctors in a single country when international comparisons are being made. This is not easy, given the linguistic problems of international nosology and taxonomy, to say nothing of the difficulties inherent in establishing international standards of general practice.

It is hoped that national membership of the workshop will gradually increase and that research will come to be seen not only as an essential part of good general practice, but necessary if standards are to be defined and doctors everywhere are to be helped to meet them.

Appendix:

EGPRW Committee

Chairman: E. V. Kuenssberg, West Granton Medical Centre, 191 Crewe Road North, Edinburgh EH5 2NT, Scotland.

Vice Chairman: P. A. Pedersen, Vaeldegardsvej 19, 20 Gentofte, Denmark.

Secretary (Up to 1981): G. Dorrenboom, Maaskade 81, 3071 ND Rotterdam, Holland.

Secretary (after 1981): H. Tönies, Wendstattgasse 1/3/4, 1100 Wien, Austria.

National Representatives:

D. Bruusgaard, Inst. for Almenmedisin, Fredr. Stangst. 11-13, Oslo 2, Norway.

O. Gorbатов, Terveidenhoitostom 11 Linja 4, Helsinki 53, Finland.

P. Jacot, 5 Bis Bd Lesseps 78000, Versailles, France.

K. Jork, Rheinstrasse 42, D6070 Langen, Germany.

I. Krakau, Danaron 19, 182 36 Danderyd, Sweden.

R. Maes, 78 Terlinck Straat, 260 Berchem, Belgium.

R. L. Mayer, Backsitz 2, CH-4313, Möhlin, Switzerland.

M. Szatmari, 1136 Budapest, Balzac Utea 48/6, Hungary.

Recorder: F. M. Hull, General Practice Teaching and Research Unit, Medical School, University of Birmingham, Birmingham, England.

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Trichomonas vaginalis resistant to metronidazole

The case of a woman aged 23 is reported in a preliminary communication. Her general practitioner gave five courses of metronidazole because of vaginal discharge, and over the following two years she had repeated recurrences treated with increasing doses of oral, intravenous and finally intravaginal metronidazole. Laboratory culture confirmed the presence of *Trichomonas vaginalis* which was found to be resistant to metronidazole—the first confirmed case.

Source: Communicable Disease Report CDR 81/34.