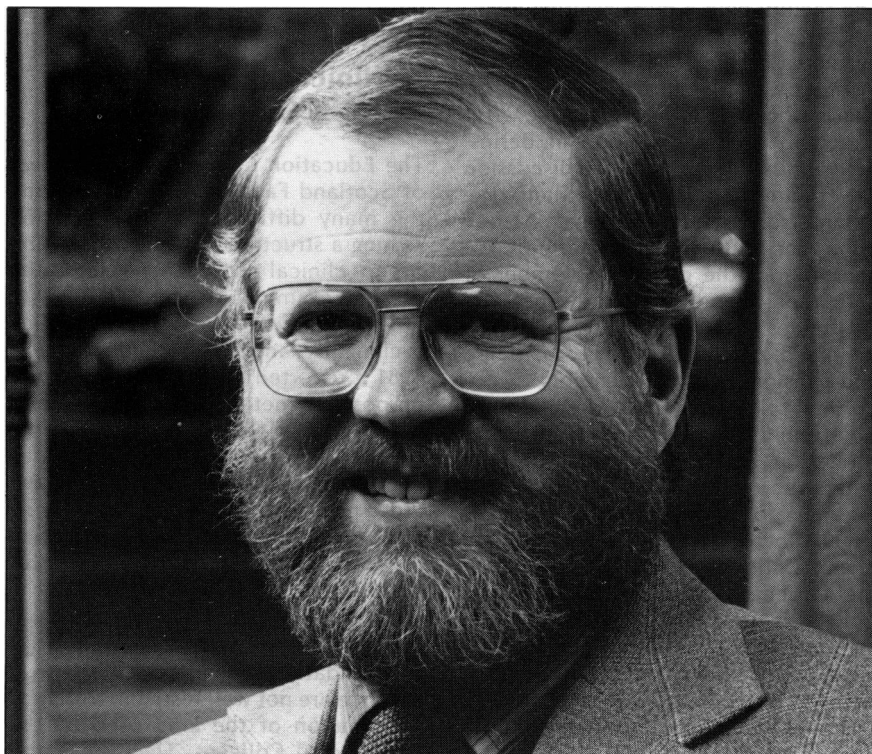


Furthering the aims of Alma Ata

What does Alma Ata mean to you? An obscure Russian town in Kazakhstan, somewhat to the north of the Hindu Kush? Or does it remind you of one of the most constructive policy statements of recent years—summarized as ‘Health for all by the year 2000’?



Dr John Bennison

IN 1977, the Thirtieth World Health Assembly decided that ‘the main social target of governments and the World Health Organization in the coming decade should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life’ (WHA 30.43). In 1978, 140 countries met at an international conference and stated that primary health care was the key to the attainment of health for all. They included as the basic principles of primary health care:

Health care should be related to the needs of the people.

Consumers should participate, individually and collectively, in the planning and implementation of health care.

The fullest use must be made of available resources.

Primary health care is not an isolated approach but the most local part of a comprehensive health system.

This conference took place in Alma Ata, and the declaration has therefore become known as the Declaration of Alma Ata.

The WHO Regional Committee for

Europe based in Copenhagen defined the encouragement of primary health care as the key element in planning its regional strategy. There is to be, therefore, a conference this year on primary health care in industrialized countries, principally to take stock of the developments in furthering this strategy. This will take place in Bordeaux in November, and each of the forty or so member countries in Europe will be invited to send a small delegation, with observers from further afield. The target audience is clearly the national governments and their servants who are responsible for the organization of, and payment for, health care in their respective countries.

To prepare for this, Hannu Vuori—the Finnish Professor of Community Medicine, currently seconded to WHO Europe as its Regional Director, invited a selection of representatives from the academic bodies in member countries to a planning conference in Rennes last March. Your correspondent became, in place of the President, a temporary adviser to WHO for this purpose.

For three days, two dozen of us from Greece and Turkey, Spain and Finland, Yugoslavia and Russia, with others from countries more usually known on the European scene, met round a table with our French hosts and the WHO team. We quickly became a working group, with Maurice Backett (lately of Nottingham) as a *rapporteur* of impressive clarity.

Have we made some further progress on the road towards our goal? We certainly identified the many obstacles, but we were also able to appreciate some success stories. Sadly, there did not seem to be too many of these from the UK. Everywhere the story was of promises—promises.

Perhaps our planning for Bordeaux will result in a more influential conference there—where those who have moved may shame some of those who have not.

As ever, the friendly communion between such disparate people as found themselves on this advisory committee, in the only school of public health in France, made one feel that there may be a future, and that we may yet reach AD 2000. There was no lack of conviviality in the evenings, either—with *ad hoc* multilingual dinners and a formal dinner, where the evening included impromptu musical entertainment by the delegates. A Spanish professor in a solo flamenco, and the Director himself straining his knee joints in a Russian dance were especially memorable.

WHO has commissioned a paperback—*Crisis 2000*—which is now on sale. It also publishes an occasional newsletter—called *2000*—which is available to interested parties. The College can put you in touch.

FROM THE FACULTIES

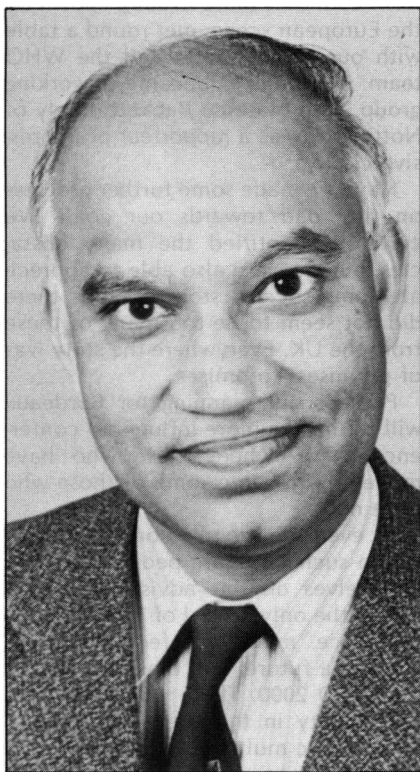
Study Day for Overseas Graduates

For the last six years the North and West London Faculty has organized an annual study day for overseas graduates who are preparing to sit the MRCCP examination. Responsibility

for the course has always rested with the Education Committee of the Faculty and for the last two years the course organizer has been Dr Bashir Qureshi.

The MRCCP pass rate for overseas graduates is lower than that for those who have qualified in the UK. Hence the need to study the special problems

of overseas graduates was identified by the Committee. The Study Day aims to familiarize potential candidates with the format and style of the MRCGP examination, and also provides a forum for sharing experiences and forming study groups. Moreover, it provides opportunities to look at problems in communication between patient and doctor as well as those between examiner and candidate, in order to encourage those with difficulties to work on them and improve their skills.



Dr Bashir Qureshi

The first Study Day was held in 1977 and each year it has been an outstanding success. This year there were 189 applicants but only 100 could be accepted. Study Day tutors included College examiners, faculty members and an English teacher. The format of the day varied from short talks by the examiners on various parts of the examination to work in small groups.

Learning has been two-way, for by having first-hand experience of the cultural difficulties of some of their candidates, the examiners themselves may become more understanding of them.

The replies of participants to evaluation questionnaires for the day have indicated that once again this event has been highly appreciated. Perhaps there is a need for other faculties to hold Study Days such as these for overseas graduates. The Education Committee of the North and West London Faculty plans another such day for 11 February 1984.

Patient Participation Groups

This account of a meeting of the North and West London Faculty was prepared by Dr Peter Ellis, Honorary Secretary of the Faculty.

The faculty held a most exciting meeting on 23 March 1983 about patient participation groups. The evening meeting was started by Dr Peter Pritchard who had initiated a successful patient participation group in Berinsfield about 10 years ago; the discussion was fuelled by Mrs Joan Mant, the Chairperson of the National Association for Patient Participation. We heard about the growth in number of patient participation groups, especially in the last few years, and we were reminded of the groups' uses, value and considerable achievements.

Then followed much lively discussion from the floor about patient group formation and membership. The debate followed on naturally to talk of the need for more communication between doctors and patients, and the recent College initiative in setting up the Patients' Liaison Group. Central College is obviously keen on developing more formal links between the College and patients' organizations or patients themselves; we wondered if our faculty should think along similar lines.

We also wondered if many patients would even contemplate that a group of general practitioners would sit down together in an evening and discuss the practical aspects of patient participation groups. Most patients, we felt, knew little about the College, and knew far, far less about its 'faculty' structure. Local community health council members who were present felt that some advertisement of faculty activity might be appropriate.

However, in trying to spread the knowledge of the College and its faculty structure, we must realize that we are chasing a distant ideal. Indeed a recent Study Day for trainees with our region (the North West Thames Region) on the work of the College showed that most had heard little about the College and knew even less about the faculty structure and other activities.

Our faculty is currently making efforts to improve our liaison with local trainees. Perhaps now we should think carefully about our links with patients and perhaps try to improve the liaison between the faculty and patients, or their representatives. The *Journal* recently published a success story from the South West Wales Faculty about the benefits to patients and doctors of an annual Faculty Public Meeting (March *Journal*, p. 176).

Perhaps our faculty and others should consider whether or not it would be helpful to publicize the College and our faculties. Surely we should try to make more positive use of the media and aim for greater involvement of the public.

A Clinical Component for the MRCGP Examination?

The Education Committee of the East of Scotland Faculty has been tackling the many difficulties inherent in designing a structure for the introduction of a clinical component into the MRCGP examination.

The committee suggested including a clinical examination in 1978, and in 1981 it reported to the faculty in detail on possible methods, content and protocol, and in particular on the problems of assessment of clinical skills and validation of the test. Since then thorough study of the possible structures has led to a clearer understanding of factors that affect the usefulness of such a test.

Using the consultation

A candidate's clinical skills in general practice are not well tested in a clinical examination of the kind used by the other Royal Colleges. They are better assessed in an actual consultation. Criteria for assessments of skills during a consultation have been defined, and various methods of carrying them out have been discussed.

Video-recording of the consultation was rejected as proving too expensive. Not only the cost of the equipment itself, but also the cost of ensuring uniformity of recording technique had to be counted. Audio-recording is now being investigated, although it is unable to give information to an examiner either about non-verbal communication between candidate and patient or about the candidate's physical examination of the patient.

It was soon discovered that it was essential to choose a new consultation to assess, rather than a repeat one. It turned out to be much easier to assess a trainee than an experienced principal.

The committee is still struggling with the difficulties, but hopes to overcome them to produce an objective and reliable scheme for assessment of consultations. Comments from others interested in this work would be valued, and should be sent to Dr John A. Kerr, Secretary, Education Committee, East of Scotland Faculty, The Cross Surgery, 15 High Street, Auchtermuchty, Fife KY14 7AW.