

hat die wissenschaftliche Grundlage der Allgemeinmedizin zu legen.

Es gibt mehr, aber gerade die epidemiologische Denkungsart und die epidemiologische Methode haben der Allgemeinmedizin tatsächlich viel zu bieten. Die Epidemiologie ist eine Grundlage für eine wissenschaftliche Allgemeinmedizin und dadurch eine Voraussetzung für die Vertiefung allgemeinmedizinischer Kenntnis, die Planung der primären Gesundheitsversorgung und die Ausbildung und Weiterbildung von künftigen Allgemeinärzten.

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Scientific Research within the Netherlands Institute of GP's

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The Netherlands Institute of General Practitioners (NHI)* is a foundation largely subsidized by the Ministry for Public Health and Environmental Hygiene. The NHI also receives external funding on a project basis.

The NHI is concerned with the development and support of general medical practice, both in relation to primary care and also to other sectors of medical health care. Over the past few years there has been an observable tendency

towards the development of an institute concerned with primary care as a whole.

The activities of the Netherlands Institute of General Practitioners can be divided into research activities and services.

The service activities that are primarily aimed at the general practitioners (GP's) and other members of the primary health care team in their working situation are of three kinds:

- postgraduate education and training;

development of postgraduate training programs or refresher courses on the treatment and guidance of chronic patients, for example those suffering from hypertension or diabetes mellitus, and organization of training courses for general practitioners, for example on working methodically. New are the plans for developing joint postgraduate education programs for GP's, social workers, district nurses and other workers in primary care;

- guidance and advice: answering questions about establishment

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in practice, construction or renovation of accommodations for solo practices, associations of general practitioners, group practices and health centers, guidance to ensure the proper functioning of service teams under the same roof;

- information and documentation: running a library, preparation of information leaflets and reports for general practitioners and preparation of written instructions for the patients (to be handed out by the general practitioner).

The activities in the Research Department lie primarily in the spheres of interest of the Government, the Health Insurance Funds and other policy-making bodies (including the GP's professional associations), as a good deal of the research projects is of a policy-preparing and policy-substantiating nature. Therefore, the NHI has at its disposal a large staff of behavior scientists (sociologists and psychologists). Research focuses primarily on the structure and organization of health care at the lower, middle and higher levels and on its influence on the functioning of general practitioners (and other workers in primary care). The research program embraces five topics:

Recording (morbidity and interventions) in general practice

Since 1970 the NHI has kept an on-going record of the morbidity rate called "sentinel stations". These stations are to be found in 60 general practices distributed nationwide throughout the Netherlands and chosen in such a way that they represent approximately 1%

of the Dutch population. They keep an on-going record of a number of complaints, diseases or events frequently encountered in general practice. Some cases occur regularly in the records for years (abortion, influenza), others (accidents occurring while participating in sports, alcoholism) only appear on the weekly recordsheet every year or two. The project is thus able to give continuous feedback on the changing requirements for information on the occurrence of particular cases in general practice. In this the "sentinel stations" project certainly meets a need. The project has received praise both nationally and internationally and the data it produces are often used in the formulation of official policy. The limitation of the "sentinel stations" project arises from the fact only a small number of illnesses can be recorded simultaneously. There is also in most cases no record of the care provided by the physician. It is however extremely important to have records of all the requests for care that the GP receives and it is equally important to know what care is provided in general practice. Knowledge of requests for care and care provided in general practice is an indispensable part of good planning in the Health Care System. It is a need that increases in importance as the resources of the Health Service become more scarce. Developments in the fields of automatization and other scientific developments enhance the practicability of this sort of large scale recordkeeping. Nevertheless a great deal of preparatory work remains to be done. With this in view, the NHI has, on the instruction of the Ministry of Public Health and Environmental Hygiene, designed two projects.

- a) Automatization in general practicability of the use of mi-

crocomputers in General Practice.

- b) Classification of requests for care:

a study of the question as to how a recording systems that relates to policy, care and research can be developed with the assistance of the existing systems of classification. Only when these projects have been completed, will it be of any value to take a decision as to the realization of a project recording supply and demand of primary medical care on a national basis.

Manpower and facilities in primary medical care

Knowledge of the demand for primary care is important for successful planning in the Health Service. However, information on the number of potentially available health care variation in numbers) is an essential prerequisite for planned policy in Medical Health Care. Realizing this, the NHI set up a system of registration for all practising GP's, by means of which it is possible to give an accurate description of the active GP-population of the Netherlands at any given moment. In order to predict fluctuations (important in connection with manpower-planning), a record of aspiring GP's has recently been added to the system. This list contains the names of physicians who have completed medical school and are embarking on the one year professional training program for GP's. Other professional groups are beginning to show an interest in the NHI registration system. At present discussions are being held with the possibilities of a similar system for them as members of the primary care team. The research plans and

on-going activities under the general heading of Manpower and Facilities are specified under the following rubrics:

- a) joining the profession;
- b) leaving the profession;
- c) composition of the profession;
- d) regional distribution of practices.

In scholarly terms, these activities are the province of occupational sociology. Their relevance to the formulation of policy derives from the Bill on Medical Care Facilities that is currently in preparation.

Cooperation in primary health care

In recent years there has been a growing realization in the Netherlands that Primary Health Care can only function well if cooperation exists between the various Health Care workers. The aim of Primary Health Care is to provide general (non-specialized) and integrated care. Cooperation is regarded as a means of achieving this goal. It is therefore important to know where and between whom cooperation exists in the Netherlands and furthermore, what the results of this cooperation are. In other words: how does the Health Care worker and the patient/client benefit from shared premises and/or proximity of location?

Research into cooperation also bears relevance to policy making. If for example, "regional planning" is being considered seriously it is important to know what is the relationship between the different Primary Health Care facilities (the individual Health Care worker being regarded as a facility), where gaps occur and where overlap exists. Again, a system of registration constitutes the central core of

work in this area. All Health Care Centres and Group General Practices in the Netherlands are periodically assessed. Each centre provides information on the tasks and numbers of its Health Care workers, the nature of their contracts with the centre, composition and size of the patient-population etc. In addition to this, a special project is carried out annually. Thus, a report on the various forms of consultation within Primary Health Care teams was published in 1979. For 1980 a report is planned on relations between the various centres and Specialist Health Care as well as Mental Health Care.

The registration system only covers team-care in shared premises. This is an important form of cooperation but neither the only one, nor, indeed, the one most frequently found. There is also a growing interest in other forms of team care, both mono-disciplinary (such as deputizing services) and multi-disciplinary (home-teams, etc.).

Apart from the provision of an inventory of these Primary Health Care teams, a comparative study of these forms of cooperation and of those in shared premises would certainly be of great value.

The relationship between primary and specialist medical care

A specific peculiarity of the Dutch health care system is that the patient in the Netherlands (in contrast to Belgium or the U.S. for example) can only consult a specialist on referral from his GP.

The patient is only allowed to contact the specialist directly in very few cases (ophthalmologist and in the course of emergence first aid treatment).

This situation makes the relationship between the GP as a primary care worker and the medical specialist at the next level an interesting subject of study. In any case the GP determines which patients (and how many) are referred to the higher echelons. The specialists or more generally the hospitals are motivated economically to bring a certain amount of pressure to bear on the primary care echelon. This introduces an interesting research topic: both from the viewpoint of the costs – care at the specialist level being more expensive than primary care –, from a regional planning viewpoint – where questions arise such as: what care is given, by whom, and who makes use of it? – and from the viewpoint of the social scientist concerned with defining the roles of the GP and specialist. The flow of patients between primary and specialist care echelons is pivotal in this research. We are therefore becoming increasingly more interested in the question of who exercises the consumer's choice in medicine: the patient, the GP, or the specialist, and what factors influence the choice: the patient consulting-rate norms, the division of tasks among members of the health care team, the system of remuneration and so forth. Research in this area is conducted on the borderline between sociology and economics.

Psycho-social care

The research-topics described so far are all of a structural nature; a choice that arises from the NHI's own decision to engage in policy development research. There is an inherent danger in structural research and that is that the research will be "empty" because too little attention has been paid to how the system works. For that

reason, we have one research sub-department which concerns itself principally with the functioning of members of the primary care team (i.e. the GP) and only addresses itself to structural questions indirectly. The common factor in the various research projects is in this case the patient with psycho-social complaints. Two areas of interest are differentiated: how do GP's behave towards patients with psycho-social complaints and, what are the possibilities for fruitful cooperation between physicians and other members of the primary

care team leading to better treatment of psycho-social complaints. In answering this question particular attention has to be paid to the "doctor factor" (This refers to the phenomenon whereby physicians differ considerably from one another in the manner in which they observe, diagnose and treat what are objectively the same complaints). Tracing this doctor-factor and the role that cooperation with others plays in it occupies a central position in research projects organized or planned in the topic of psycho-social care.

Besides other methods the researchers in this area make use of a large collection of video-tapes of GP's consultations (1500 consultations with some 30 different GP's). These are used for observation studies of the doctor-patient relationship.

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Forschung in der Allgemeinpraxis

Auf Veranlassung des Vorstandes der Schweizerischen Gesellschaft für Allgemeinmedizin (SGAM/SSMG) übernahm die Arbeitsgruppe Literatur, Dokumentation und Wissenschaft die Vorbereitung und Durchführung eines dreitägigen Arbeitsseminars. Ziel des Seminars sollte sein, die Entwicklung der Allgemeinmedizin, insbesondere unter Berücksichtigung der Forschung, in verschiedenen Ländern Europas kennenzulernen, die Notwendigkeit der interdisziplinären Zusammenarbeit darzulegen, aber auch zu zeigen, wie Forschungstätigkeit in der Praxis des einzelnen sowie in der größeren Gruppe strukturiert und durchgeführt werden kann.

Zwanzig Teilnehmer verfolgten interessiert die verschiedenen Referate und engagierten sich aktiv bei den Gruppenarbeiten.

Unter den Referenten fanden sich recht bekannte Vertreter der wissenschaftlichen Allgemeinmedizin wie E. v. KUENSSBERG aus Schottland, H. G. M. VAN DER VELDEN aus den Niederlanden sowie K. D. HAEHN und K. JORK aus der Bundesrepublik Deutschland. Aus der Schweiz stellten sich als Vortragende zur Verfügung Frau B. HOCHSTRASSER aus Bern sowie die Herren W. BLUMER, NETSTAL und PD R. BRUPPACHER aus Basel.

Unter den durchwegs sehr interessanten Ausführungen dürfen doch speziell erwähnt werden: „Forschung in der Einzelpraxis – Erfahrungen eines Allgemeinarztes“ (W. BLUMER), „Epidemiologie als Grundlage einer wissenschaftli-

chen Allgemeinmedizin“ (H. G. M. VAN DER VELDEN, siehe auch Seite 168 in diesem Heft) sowie „Forschung in der Allgemeinmedizin: Integration und interdisziplinäre Zusammenarbeit“ (K. JORK). Als krönender Abschluß konnte eine Arbeitsgruppe Forschung aktiviert werden. Sie umfaßt dreizehn Mitglieder und wird geleitet durch Hugo FLÖCKIGER, Langnau. Diese gesamtschweizerische Gruppe soll die Bildung kantonaler oder regionaler Gruppen anregen und unterstützen, soll koordinieren und informieren, sie soll den Kontakt zu den Fakultäten aufbauen und internationale Beziehungen ausbauen.

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