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Tomorrow’s doctors in the making

Most medical schools still pay too little attention to primary health care, partly because of a failing in communication between governments and medical education systems. The World Federation for Medical Education has embarked on a major programme aimed at helping to improve this situation.

Doctors are largely unaware of the concept and content of primary health care. The members of the medical profession with the greatest involvement in its provision are general practitioners. Yet medical schools do not accord general practice the status of a leading specialty. Among medical educators the hospital-based specialties are given pride of place.

Medical schools cannot be arraigned for failing to orientate themselves sufficiently towards primary care when the need for this has not been brought to the attention of medical educators. It has also been found that the extent of government influence on medical education varies among the countries of Europe. Consequently, a government’s commitment to a particular approach does not necessarily lead to its acceptance in medical schools.

A general view is that present medical curricula neglect health promotion, the focus being on disease. Health promotion is hardly ever mentioned, and the responsibility of people for their own health is largely unrecognized in medical teaching. An effort should be made to ensure that health promotion becomes understood and practised by the doctors of the future.

Poor communication

A survey of those most responsible for teaching primary health care in the United Kingdom revealed that the importance attached to the subject and the resources made available for it varied widely (1). Almost half the respondents were unaware of the emphasis given to primary health care in the Alma-Ata Declaration. A subsequent survey (2) covering all European countries showed that, at least in some, there was a growing awareness of the need for medical education to concentrate more on primary care. However, communication between ministries and medical education systems on this subject was often poor.

Global effort

Further progress requires a major reorientation of medical education. This will not happen without better communication between ministries and medical schools. Clarification is needed of the extent to which and the means whereby ministries and medical schools can cooperate, of the scope for improving relations between

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different ministries, and of the possibilities of reorientation and redirection of medical faculties in ways consistent with academic responsibility and freedom. Such issues are among those now being explored by the World Federation for Medical Education (3). The Federation’s global inquiry begins at national level, six main themes having been specified for investigation:

— educational priorities for medical schools;
— educational strategies for medical schools;
— admissions — numbers entering and admission procedures;
— supporting resources for the education of doctors;
— educational linkages — continuity between basic, postgraduate and continuing medical education;
— integration of medical education with the health service.

The Federation’s regional associations are processing material from national conferences and receiving further documents from its planning commission. Thematic reports are being sent to the regional associations so as to assist them in their preparations, and regional conferences have been or will be held in Africa, the Americas, Europe, the Middle East, south-east Asia and the western Pacific.

A world conference in Edinburgh during August 1988 will have the theme of “Medical education for the future”, and the final report and recommendations will be published. An undertaking to support this programme has been obtained from the World Health Organization, which will be a co-sponsor of the world conference; the United Nations Development Programme is also a sponsor.

The central office responsible for planning the world conference will continue as the

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base for the implementation phase, with the task of planning follow-up strategies to ascertain how the recommendations are being effectuated. This phase is a crucial component of the programme, and the regional associations will be fully involved in it. It should contribute vitally to the promotion of programmes for training the doctors of the future and thus to the improvement of health care.

References