General practitioners for primary health care in Russia
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General practice is being introduced into the Russian health system to bolster primary care. The main features of this undertaking are outlined below.

Special attention is being given to primary care in the restructuring of Russia’s health system. It is considered that the main objectives should be equal access to primary care for all, high standards of care, and the best possible use of financial resources. General practitioners, with a broad knowledge of medicine, are a new breed of doctors in Russia, tackling most problems at the level of first contact between patients and the health system. They are expected to be involved in treatment, the prevention of the commonest diseases, and the coordination of the activities of specialists, nurses, midwives, social workers and community members.

In 1992 the Ministry of Health issued an Order dealing with the organization of primary care on the basis of general practice. Regulations were drawn up governing the work of both general practitioners and general nurses, with reference to qualifications, curricula, training, facilities, equipment and other matters. It was recommended that regional programmes of transfer to general practice should be designed, and that each general practitioner should serve between 1200 and 1500 people. The right to choose one’s doctor was given, and the procedures for referring patients to hospital were addressed. The rights and duties of general practitioners and general nurses were indicated. Thus, for instance, general practitioners were expected to provide primary care, to help with preventive measures, to work within the community, to give emergency treatment, and to carry out certification procedures.

Training and functions

A curriculum for general practice was presented, consisting of approximately 1400 hours of training in each of two successive years in
internal medicine, surgery, obstetrics and gynaecology, paediatrics, communicable diseases, tuberculosis, neurology, psychiatry, accidents and emergency care, ophthalmology, dermatology, oncology and other fields. For general nurses a curriculum occupying 33 months was drawn up.

Of course, organizational and psychological difficulties arise when the role of general practice in primary care is being established. Attention is being given to staff development, the organization of the work of general practitioners, the provision of resources, computerized information services, training at all levels for practitioners and nurses, the particular needs of general practitioners in different regions of the country, and so on.

The vocational preparation of general practitioners may take place over a period of two to three years in connection with a degree course. Alternatively, postgraduate training and the requalification of specialists may be required, for which purpose it may be possible to take advantage of courses available in medical academies, universities, postgraduate training centres, hospitals and other institutions.

Clearly, in a country with such a wide range of conditions impinging on health it would be counterproductive to have a single curriculum for general practitioners. The 1992 Order opens the way for the design of regional programmes, notably to meet the requirements for postgraduate training. The initial indication is that the best results are obtained with a mixture of distance learning for a year and a half and full-time training for up to six months. For highly experienced persons, individual programmes supervised by tutors are preferable.

Only physicians who successfully complete a full course of vocational training are allowed to be general practitioners. They usually work in teams with nurses, midwives, social workers and others. An effort is made to regulate the numbers of general practitioners so as to maintain a balance between supply and demand. A practice may include one or more doctors, who may have contracts with insurance companies or local health authorities and may carry out their duties in various settings, e.g., polyclinics and health centres. Whether a general practice is financed by the state, privately, or both, it is compulsorily subject to state accreditation.

The income of a general practitioner may come from various sources: a basic salary, fees for services, payment for student training, allowances from the social welfare system, and so on. The basic salary is agreed between the medical association and the local authority, insurance company or other financing body. Agreements lasting one or two years may be made at national level between doctors’ representatives, health care managers and insurance companies. Basic salaries vary according to such factors as the number of people served, the distance to the nearest hospital, and conditions of transport. Fee-for-service payments are determined in accordance with agreements with health care authorities or insurance companies. Patients may be required to make contributions up to a certain level.
General practitioners have a particularly important function in the care of the elderly, the disabled, pregnant women and large families. They plan their work in conjunction with the social services, covering social programmes, funding, the availability of personnel, and related matters. Agreements governing general practice should indicate the amount of health promotion work that doctors are expected to undertake. In addition to such tasks as monitoring patients affected by alcohol and drug abuse, obesity or high blood pressure, doctors are involved in immunization programmes, special courses for high-risk groups, and anti-cancer measures.

General practice may offer an opportunity for doctors to provide vocational training under the guidance of medical colleges, faculties of advanced education or nursing schools. Special payments are made to doctors engaged in this sphere of activity. The length of the general practitioner’s working day and payment rates for overtime are among the matters covered by contractual agreement.

**Support and advisory systems**

Adequate information support is essential if physicians are to work effectively and efficiently. The attention of general practitioners should be directed especially towards personal health problems, including the psychosocial disorders specifically affecting elderly people, and towards the early detection of the most widespread noncommunicable diseases. Health promotion is increasingly important in drawing attention to the relationship between lifestyle and the health status of the individual. Record-keeping and patient management should be at the core of information support for general practitioners, facilitating billing and communication with consultants and others in the external environment.

Advisory systems for general practitioners are vital if correct diagnoses and treatments are to be achieved. Doctors should be informed about preferred treatment schemes so that both the cost and quality of care are taken into account. Local people should be involved in the planning and organization of primary care. Physicians should encourage the formation of community councils capable of helping the elderly and disabled and of performing other useful functions in the health field, perhaps through contacts with pharmacists and others. The best features of primary care as it has been organized up to the present should, of course, be retained.