
EDITORIAL

Quality of Care

From 13 to 17 June 1993 the Hague in the Netherlands saw the first joint meeting of the WONCA European Region and the SIMG. The hosts, the Dutch College, joined in by having this as their annual congress at the same time.

WONCA, the World Organisation of Family Doctors was founded in 1972 and the regions hold congresses between the three yearly world congresses. The SIMG, the Societas Internationalis Medicinæ Generalis, started in 1959 and has 20 European family practice member organisations. The WONCA European Region and the SIMG have not only held their first joint meeting this year but are to have their second one in Portugal next year. They are also seriously considering a merger between the two organisations.

Although the theme of the Congress was Quality of Care in Family Medicine/General Practice, the whole issue of European unity was very high on the unpublished agenda. "We must standardize the training of family practitioners in Europe"; "we must develop standards for managing conditions in family practice applicable to Europe" and many more such statements made it very clear that much energy was going into the concept of cooperation, if not unification, in Europe. The French were conspicuous by their virtual absence at the congress. Perhaps they also had some thoughts about the possibility of a new kind of domination developing. Several times I thought about what could happen to poorer regions like Africa if such a big block of rich countries were to start exporting their "standards" together with their technology to those who can't afford it? Or, are they just going to draw a line around

themselves and let the rest of us get further and further behind? I have no doubt the architects of the present move to improve the quality of care in Europe have no sinister intentions towards other regions. I was just wondering what happens to the next generation of leaders.

The topic of Quality was addressed from a different angle every day. On Monday the papers, posters and discussions were on the development and nature of standards. Can they be imposed or must they be "authorised" by development and engagement with practitioners? On Tuesday, the Measurement of Quality was the concern. On Wednesday the activities that are likely to improve the quality of care was discussed. The last day's discussion centred on the structure and conditions necessary for quality care. The whole issue of certification and recertification, that is under consideration with the SAMDC presently, was extensively dealt with. One of the conclusions I come back with, is that it is fairly easy to get very involved in an extensive CME industry that will keep many busy but do little towards quality care for the patient. Fortunately we will be able to learn from the experience of others who have gone before us.

Sam Johnson