

# The Portuguese Association of General Practice 2004. A Report for the Royal College of General Practitioners.

JOHN HORDER\*

**I** was invited in March 2004 to the 20th anniversary Celebration of the Portuguese Association of General Practice – a three-day meeting attended by more than a thousand general practitioners (out of a total of the six thousand in the country, of whom half have joined the Association). I presented a letter of congratulation from our President on behalf of the College. The meeting included a visit from the Portuguese Minister of Health who spoke at length about health policy affecting primary care, and then answered questions from three well-informed journalists.

This was my fifth visit to Portugal. The first was in 1979 when, during my presidency of the Royal College, I was asked by our own government to attend a week's symposium at the National School of Public Health in

Lisbon about the state of general medical practice in Portugal. I led a strong team – Julian Tudor Hart, Marshall Marinker and John Walker.

The remit was to inform about our own health service, but I decided that we should concentrate mainly on the problems of primary care in Portugal.

The situation was bad. This was three years after the country first established a democratic government and just after a national health service («universal, comprehensive and free of charge») was established.

Much of the country, particularly rural districts, was bereft of general practitioners, because many had aged and retired. They were being replaced by young doctors, compelled against their own wishes to spend one-year in a form of national service, often in remote areas and adequately equipped. Most of them were encouraged by the government to hope to return to the three cities where there were university medical schools- and eventually to specialise.

In reality they were too numerous for that to come about. After a most interesting week, partly made difficult by problems of language on both sides, we agreed a report (which, it seems, is still remembered).

The most essential recommendation was about the introduction of vocational training after qualification.

This encountered the problem that there was no one immediately identifiable in Portugal who already had appropriate experience to start a process, which had not yet existed there. Each of us returned in the following years at least once. We knew -and welcomed the fact – that a Norwegian group was also visiting Portugal about the same time.

By 1979 «health centres» had already been created by the Portuguese government, primarily for public health purposes (for example, maternity and child health clinics).

They were well distributed across the country. Since there was an immediate need for doctors to provide primary health care, it was decided that a large number of doctors would start to work in the health centres directly after their general internship.

Training for their work would start later, through the programme: «Specific on the job training».

Between 1981 and 1983 three Institutes of General Practice were created (at Coimbra, Lisbon and Porto).

By 1986 all three were involved in organizing training and re-training for primary health care. They played some part in undergraduate teaching. A legal basis for general practice as a career and for its training had been established in 1982.

Training was to be carried out in the health centres, where patients were now able to join a doctor's list

\*General Practitioner in London (1951-81); professor of General Practice, founding member and former President of the Royal College of General Practitioners (1979-82).

and payment was basically by salary.

The first 3-Year «vocational training» courses, for doctors newly choosing this career, started in 1981 in Porto and Coimbra. 200 doctors had experienced them by 1983.

This was a time of great enthusiasm and activity. The Portuguese Association of General Practice was formed in 1983. Most of its members were young. Within a year, it organized an international conference at Évora, which I attended. It was one of the best meetings I have ever experienced.

### **The present situation**

After 20 years the Association is now the largest non-compulsory organized group within the medical profession in Portugal. Nevertheless at present only half of the general practitioners belong to it. Publishing both a Journal and a fortnightly newspaper, both of them successfully, it is paying much attention to public relations.

It has strong leadership. By comparison, specialist groups are fragmented. In this respect the balance of power within the medical profession has noticeably changed since our original visit.

In relation to the government the situation is less clear. Throughout the last twenty years general practitioners working in the four hundred health centres (each responsible for an average population of 28.000 people) have, as civil servants, felt constrained by rigid legal controls, allowing them minimal autonomy in management (human resources, finance, investment), but not in clinical decisions, concerning which they have almost complete freedom.

Hitherto paid by salary, they should, by law, each have a list of 1,500 patients, but in reality list si-

zes have reached 2,000, without additional remuneration after 1,500. There is intention to change to a capitation system.

Stalemate began to be broken four years ago when an experiment was accepted in 30 selected centres, by which the doctor's remuneration became related, through capitation instead of salary, to the actual number of patients on his/her list and to targets achieved. There are also some fees for services such as domiciliary visits. The doctors who work in this way are the only public servants not paid by salary. They form a group whose members communicate regularly with each other and which is forward-looking and in good morale.

There is training in teamwork with nurses and social workers. A number of smaller practice units related to health centres have been developed.

The present conservative government (with a Minister of Health, who had previously worked in the artificial fertilizer industry, but had no health service experience) accepts that an evaluation of this experiment has been positive and that it should continue, but still as an experiment, not for extension to the whole country.

This was an important issue in the public discussion with him, which I witnessed, but not as basic an issue as that of trust in the Minister's statements. They do not always seem to agree with his government's actions. Most importantly, there is uncertainty about the government's commitment to the development and financing of primary care, at least in its present form. It is putting some health centres under the administration of hospitals, as satellites used for the purpose of triage. The administration of some

other health centres may be given to groups of doctors and to other private interests under a new law.

Very few general practitioners practice entirely on their own outside the health centre system, but an increasing number work for other organizations, such as insurance companies.

Despite big improvements, general practice and public health are still said to be of relatively low status in the eyes of the population.

Undoubtedly large parts of the earning population continue to seek most of their health care, especially in urgent situations, through either private specialists or hospitals. The pharmaceutical lobby is very strong politically and has strong relationships with professional organisations, making it difficult for the government to reduce the number of proprietary drugs (at present 70,000) and to substitute generics.

There have, throughout the last twenty-five years, been frequent changes of government with constant changes of policy affecting health services.

The Chairman of the Association, Dr. Luis Pisco, had written for this meeting a careful critique of the present situation in Portuguese primary care. «The majority of the population now has access to primary care with a minimum of quality and dignity». Nevertheless, «the number of general practitioners – and of nurses – is insufficient for the needs of the population. Administrative staff is inadequately trained. Recruitment to general practice has been decreasing. There are large variations in quality.

The priority needs are for:

- Greater autonomy of management of the health centres and better organization to meet the needs of patients;

- Attracting more and better young doctors to family through career incentives information systems and sophisticated technology, at all levels;
- Improving the quality of vocational training;
- The formation of multi-professional teams, including training for teamwork.

Other sources suggest a need for:

- More primary care research;
- Better organization of continuing professional development;
- Rewarding quality and giving time to patients;
- Smaller practice units, nearer to patients;
- Better coverage in rural areas;
- Better information for policy makers;
- Essential home visiting.

Since the time of my visit the Portuguese government has published

a National Health Plan with defined targets in all health domains, together with a plan for regulating everything in the system. It could prove to be over-ambitious, given a shortage of finance. I lack further details.

In conclusion, I feel most grateful for the sequence of occasions when I have been invited to witness the progress of generalist primary care in Portugal – and for the exceptional generosity I have encountered. I have seen notable developments over twenty-five years and gained many friends.

I particularly want to thank Dr. Manuel Valente Alves, Dr. André Biscaia, Dr. Luís Pisco and Dr. Vitor Ramos for their help with information and for making this last visit so enjoyable for my wife and myself.

For this celebration the Associação produced two magnificent volumes, in both Portuguese and En-

glish.

One – «On Memory» – is about individuals who have played an important part in its work until now. Each writes briefly on a topic with which he or she has been particularly concerned, alongside their portraits made by the same photographer.

The second volume – «On Will» is more reflective, surveying current and future problems of medical care, organization and education in Portugal and the world more widely (I am grateful to have been invited to contribute to this book). In both books the relation between medicine and the arts is an obvious feature, both of the writings included and of the way in which they have been produced. A generous number of copies have arrived at the College.

*Originally published in: Rev Port Clin Geral 2005;21:325-7*



Revista Portuguesa de Clínica Geral / The Portuguese Journal of General Practice  
The Official Journal of the Portuguese Association of General Practitioners  
(APMCG) [www.apmcp.pt](http://www.apmcp.pt)

Original articles in Portuguese, English or Spanish