

write the complaints of the patient, the medical and psycho-social data and the reason of referral. The specialists are also critical about the actions of the GP. The information in the referral letter is incomplete or the specialists are critical about the technical care, undertaken by the GP.

Research design. In the prospective study, in which the GP and the medical specialist are involved, the unit of analysis is the referral process. The referrals that had been investigated are new, non-acute referrals to internal medicine, cardiology, lung diseases, gastroenterology, dermatology and neurology. We collected data at two moments, T1: the moment of the referral and T2: the moment the patient was discharged from specialist care or three months after T1. The GP and the specialist had to fill in a questionnaire at these two moments and after T2 we asked them to provide us with a copy of the referral letter and the specialist letter(s).

Sampling. The research area consists of the service area of eight hospitals in the north of the Netherlands. The GPs were selected by taking a random sample of the GPs, working in the research area. Sixty-three GPs were willing to participate in this study (response 79%). These GPs referred 309 patients to 100 different specialists. The response of the specialists was 93%.

Results. At this moment not all the results of the study are available. In general the results show that there is disagreement between the specialist care provided and the intention of the GP. In particular concerning the therapeutic activities undertaken by the specialist. The specialist keeps the patient under control, while the GP reports that he could manage the care by himself. In a lot of cases the intention of the GP in the referral letter is not clear, e.g. multi interpretal.

15 Task profiles of general practitioners; is there a north/south gradient?

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Introduction. There is a paradox in international communication between general practitioners. On the one hand the existence of the European workshop forms a proof of a successful communication. On the other hand it is very clear that place, position and profile of GPs differ enormously even in neighbouring European countries. International collaborative studies could be hampered by these differences if they cannot be accounted for beforehand. This study was designed to provide a first and preliminary description of position and task profiles of general practitioners in Europe. The aim of the study was to provide a base for further research and to be used as background for future collaborative studies.

Method. Partly by using secondary sources (e.g. OECD = data base of health care studies) and by interviewing key persons in the various health care systems by means of a structured questionnaire information was obtained about position, worksetting, practice characteristics and task profiles of general practitioners in 15 European countries. The results of the various sections were fed back to second opinions to test the validity of the information.

Results. There seems to be a North/South gradient in task profiles and activity range of general practitioners. Formal elements of the health care system (independent professional versus salaried employees—direct access of secondary care of access by GP referral) do not seem to be important determinants of differences in task profile and activity range.

Discussion. A weakness of this (pilot-)study is the limitation to one or two key-persons per health care system. A small additional study in the UK showed as much variability *within* the UK than *between* the European countries in reported task profiles. A New study—based on larger samples—is proposed in order to increase the validity and reliability of the results.

16 A simultaneous collaborative study in general and pediatric practice

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In 1987 the Department of General Practice and Pediatrics of the Erasmus University started a research programme funded by the Ministry of Education and Sciences focusing on child health care. The initial study of this programme was designed to investigate the possibilities to improve cooperation between primary and secondary health care services in order to enhance the quality and the continuity of care. Our first objective was to document to what extent general practitioners and paediatricians contribute to health care for children and to assess problems not only at the time of referral but also regarding children that are under pediatric surveillance for an extended period. In order to carry out this study, we needed a setting which met the following criteria:

- a well defined population, in which all providers of primary health care would participate;
- a long standing routine to refer children to a limited number of paediatric departments.

The survey was performed in an urban community near Rotterdam with 27 700 inhabitants amongst which were 5700 children under the age of 15. The 14 general practitioners responsible for primary health care are all working in the same health centre. Referrals for