Government sets out vision for clinical governance

Linda Beecham, *BMJ*

The NHS Executive has set out its vision for the implementation of clinical governance in England for the next five years and highlighted the key tasks for the first year.

The introduction of clinical governance—"a framework through which local organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"—was one of the main recommendations of the consultation document, *A First Class Service: Quality in the new NHS*, which was published in 1998.

The latest guidance says that in the first year NHS trusts, health authorities, and primary care groups (PCGs) should, as a minimum, identify lead clini-

cians for clinical governance; agree with the relevant NHSE regional office or health authority a timetable for assessing their capability for implementing clinical governance; formulate an action plan; and report on the arrangements in the annual reports for 1999-2000.

Implementation of the process will be monitored by regional offices in NHS trusts and health authorities, and in PCGs and later primary care trusts by health authorities. Subject to the health bill now going through parliament, the Commission for Health Improvement will visit each local health system every three or four years.

The guidance says that for clinical guidance to be successful all health organisations must have an open culture in which education, research, and sharing of good practice are valued and expected; a commitment to quality that is shared by staff and managers; a tradition of active working with patients, users, carers, and the public; an ethos of multidisciplinary team working at all levels; and regular board level discussions of all major quality issues.

The Poppy Field, a picture of the human gut by Michela Schaeppi, of the Institute of Child Health, London, won first prize last week in a competition run by the ICH and University College, London, to find images of aesthetic as well as scientific appeal.

The secretary of the BMA, Dr Mac Armstrong, said that the government had set out a cautious but demanding timetable.

Clinical governance: quality in the new NHS, can be obtained from Department of Health, PO Box 410, Wetherby LS23 7LN. □

Germany: doctors' training to change

Déirdre Cooper-Mahkorn, *Bergisch Gladbach, Germany*

German medical education is to undergo reform after approval by the German Bundesrat (parliamentary upper house) of changes to regulations on medical registration. Several medical schools may change their curriculum along the lines being adopted at the Charite teaching hospital in Berlin (see story on right).

It has long been recognised within Germany, as well as internationally, that German medical training is inefficient, costly, and far lower in standard in comparison with medical training elsewhere in Europe.

Owing to changes in the requirements to obtain full registration it is now possible for German medical schools to alter their curriculum and to introduce teaching methods which are more focused on the clinical

rather than the theoretical aspects of medicine. The new registration regulations will allow medical training to be more geared towards the practical knowledge required for professional practice.

The aim is also to reduce the number of doctors being trained because there are an estimated 18 000 unemployed doctors in Germany.

The new guidelines for the undergraduate curriculum specify that during the two year pre-clinical stage students must spend at least 126 hours on clinical work. Other teaching classes are to include new topics such as medical ethics, preventive medicine, geriatrics, rehabilitation, and health economics; knowledge of these topics will be subject to examination.

Most importantly, the German final medical examination is to be clinically based. Until now, it has consisted mainly of multiple choice tests and the occasional oral examination. It has not, however, included a bedside clinical examination component, which is not part of specialist examinations either. □

New curriculum at the Charite/Virchow medical school in Berlin

Annette Tuffs, *Germany*

One of Germany's oldest and most traditional medical schools is introducing the country's first integrated medical curriculum. Sixty of the 400 students at Charite/Virchow in Berlin will embark this autumn on a newly designed course that abandons traditional style teaching in favour of a systems based approach.

The new course is designed to produce a generation of doctors who are not only scientifically competent but who also have practical and social skills. Traditional subjects such as anatomy and physiology are being replaced by systems based subjects such as "blood" and "the nervous system and coordination."

From the beginning of training, clinical questions will be linked to theoretical knowledge. There will be more emphasis on history taking and

clinical examination, and the hospital will use simulated patients to teach these skills to the students.

Regular teaching sessions with general practitioners as well as traditional bedside teaching in hospitals are planned. After two and a half years the students will begin clinical electives.

The students on the new curriculum will rejoin their colleagues on the traditional course in their sixth year, working as house doctors with limited responsibilities.

The introduction of the new curriculum follows nearly two decades of debate. The former health minister Horst Seehofer proposed the concept of intensified clinical and practical teaching for all medical students in 1998 with the approval of the health ministers of the German states. □