

**Message of Greeting by the Minister of Labour, Health and Social
Affairs of Northrhine-Westphalia, Hermann Heinemann, Düsseldorf,
presented by Dr. Erdmann, Leitender Ministerialrat**

It is an honour and pleasure for me to extend the warmest greetings to you from the government of NRW and particularly from the Minister of Health, Hermann Heinemann.

We are delighted that it has been possible to organize this important conference here in Münster. It is well timed, because the issue and the problems of medical education in the Federal Republic and elsewhere are presently focussed in the area of health and general education policies, leaving behind increasingly more academic discussion. Also, medical education has been linked to social policies, insofar as not only the quality of medical education is of importance, but also its relevance to the needs of a modern society.

The extremely rapid development of scientific progress in medicine has to be coped with increasingly by adequate learning and controlling strategies. The capacity and ability of the medical faculties have to cope with this and with the still too high numbers of medical students.

All these issues reflect a situation which we all have to face: The doctor - his/her actions and attitudes - in our societies has entered into a crisis. The amount of any biomedical knowledge has grown to be no longer contained in one medical education.

The demographic situation in our industrial world requires new priorities, both in the educational system, and also in the new definition of the role of a generalist doctor in our social security system.

A changing panorama of diseases requires a change in the role of a doctor and in preparation of this different education, now required. Active learning has to be introduced into the doctor's profession. Postgraduate training cannot any longer be regarded as merely voluntary activities in a doctor's professional life. We in the Federal

Republic still have a system in medical education which concentrates too much on aggregation of specific topics.

Integrated approaches which include social and economic as well as medical aspects of health and illness have been neglected in the past. The learning base should remain scientific, but coordination and integration are necessary. We have to achieve a 5-year medical education without loss of quality. Only a shortened medical education period justifies a compulsory postgraduate training period as a legal entry point in the social assurance system.

All these questions have been activated by the need to introduce the EC-guidelines into national legal regulations. The EC-guidelines stipulate a minimum of a 2 years training phase in general medicine, before entry in the social system is permitted.

We regarded it as necessary that this period should be extended to a 3-year period. But again, this can only be justified if basic medical training is limited to 5 years. So we have started preliminary work to bring about this change, though I am sceptical whether students will pass their examinations in such a changed arrangement before the year 2000.

I have to add that such changes can only be achieved if we succeed in a reduction of the numbers of students admitted. I should not forget at this point to thank the medical faculties for having coped so far with the overcrowding of students in our universities.

Ladies and Gentlemen, the results of your working programme are regarded as very important for decision-makers. On behalf of the Government of NRW I wish you successful personal work and relaxing conditions in order to achieve these results. Good luck.