

EUROPEAN ACADEMIC FAMILY MEDICINE: PROSPECTS FOR THE FUTURE

DRUŽINSKA MEDICINA KOT EVROPSKA AKADEMSKA STROKA: OBETI ZA PRIHODNOST

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Letter to the editor

Teaching and research developments all over Europe have contributed to the recognition of general practice/family medicine as an academic discipline. Yet, as it has not been fully recognized in all European countries, better support is needed (1).

The countries involved in EURACT (European Academy of Teachers in GP) drew up a Europe's New Definition, signed by the main European Societies, and ratified at the 2002 WONCA Congress. It outlines the principles of the profession, and defines its own role and specialist specificity. It describes its core competencies, and opens roads for the elaboration of a specific research method, and of a teaching method based on the adopted principles and objectives (2).

EURACT originally started with 15 member countries. With the publication of the Definition, this number rose to 27 and has now reached 31. It is expected to increase to 34 by the next EURACT meeting.

This enlargement should increasingly strengthen the GPs' position on the European scene, and encourage all GPs in Europe to strive for a strong and homogenous structure of general practice teaching and research.

This process will definitely keep up with the political expansion of the European Union. A greater number of member countries, as well as improved integration and greater homogeneity will lead to a free professional exchange and to mutual recognition of professional qualifications in many domains, including general practice. For general practice in Italy to become a recognized specialty in Europe, the general practice training course should be expanded from two to three years. If not, European GPs will be allowed to work in Italy, while the professional qualification of their Italian colleagues will not be recognized in other European countries.

This process was first promoted by some northern European countries, the so-called "first class" GP countries, which boast a long-standing and consolidated academic and departmental structure, but whose supremacy and domination, almost a monopoly, in publishing, teaching and research is not looked upon with favour.

This promotion of high-level general practice in Europe enhanced the development of this discipline in the ex-Warsaw Pact countries, in line with the established model and almost at the same level. This birth of general practice "out of nothing" has been made possible thanks to local governments' foresight and Central Bank intervention, as well as with help from experts from northern European countries.

Furthermore, it fostered debate in the intermediately developed countries where there is a great number of GPs, but where family medicine is not recognized as an independent specialist discipline. National debates, often incited by the EURACT, EGPRN, EQuIP (WONCA networks) reports, opened many possibilities. National development levels varied largely, and many members submitting periodic reports to the EURACT Council reported varying degrees of progress, sometimes very small, and sometimes significant or even impressive. Even in Italy, where family medicine has not yet been fully recognized as an independent academic specialty, the first undergraduate courses have been developed; training at a national level has been consolidated and became visible, as shown by my reports for the past four years. Relevant European documents on family medicine have been placed on the agendas of political and educational debates (3).

As concerns the countries that have recently joined the EU, they have reached an enviably high level of family medicine development and could therefore share their views and experience with other member countries, thereby enhancing the development and recognition of pan-European family medicine specialty.

There are still considerable differences between European countries as concerns the recognition of family medicine as an academic discipline. The situation is particularly unfavourable in the Mediterranean setting (4), mostly because of political reasons and reluctance to recognize family medicine as an independent specialty: there is a delay in discussing and adopting

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the documents related to this issue, and shortage of funding of primary care.

The position of family medicine in some countries is unfavourable, as characterized by underfunding, finance cutting, and attempts to assign to GPs tasks and competencies outside their scope of practice, as, for example, in Italy (one should only read EURACT core competencies to get the true picture). Career flexibility, participation in scientific congresses and international projects, obtaining sponsorships and refunds of expenses are forbidden by laws and contracts, but just for GPs!

This policy constitutes an overt violation of the European law on free movement of doctors and mutual recognition of professional qualifications, and of the law on flexible work patterns considering one's needs, age, work progression and competencies. Neither is it in line with the European directive stating that every medical university should have a family medicine department headed by a GP (5). GPs are prevented from engaging in real research and serene teaching in protected time. In fact, many Italian studies are conducted by a few enthusiastic "night and weekend" researchers.

In Europe, there is still a strong dichotomy between groups of countries performing quality analyses and rewarding quality in practice, i.e. by work contracts (6), and between groups of countries where contracts are based on quantity, e.g. on the number of patients on lists, number of patients or procedures per time unit, which is the case in Spain, Italy, Romania and Bulgaria. It is not by coincidence that in a European research project on burn-out effects in GPs, Bulgaria performed the worst, and that many lawsuits in the country involve medical errors caused by excessive workload, lack of motivation, and depression (7).

The domain of family medicine, however, is apparently making a rapid progress in some European countries. These include: Malta, a country with a small group of GPs with a homogenous, European mentality; Turkey which boasts 23 university family medicine departments, and Slovenia, a small country with national representatives at the highest levels in European GP organizations.

In order to promote the academic development of general practice, and to achieve and maintain high quality standards in this discipline, it is necessary to put pressure on governments and to insist on the application of the published directives in practice. It is also necessary to make the discipline more attractive for medical students and young physicians, to develop and spread teaching and research methods, and to put forward new ideas and proposals to increase the effectiveness of clinical care and specific services in general practice (8).

The most important recent contribution of academic general practice has been the definition of an educational

agenda, meeting the needs of physicians, future GPs, health services, patients and other specialists (9).

General practice as an independent academic discipline should also strive for equity in health and health care, an important topic for a general practice/family medicine research agenda. Increasing the available research capacities, and developing practice-based research networks should become a key priority for any country (10). At the same time, cooperation processes should be proposed within the European networks, aiming to further enhance and integrate their productivity.

Various and more senior GP posts are required to fulfill the tasks and aims of academic leadership in the countries where it is still lacking. Appointments to these posts should always be made according to real objectives and transparent criteria of professional quality. In those countries where GPs still perceive themselves as being at the bottom of the academic scale, measures should be taken towards the establishment of a national career structure for academic general practice (11, 12). These activities, together with the implementation of the educational and research agendas, will really promote a wider and more homogeneous development of general practice/family medicine as a specific academic discipline in Europe.

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