

General Practice Teaching at the Undergraduate Level in Europe

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Europe is a continent of differences. Because of them we have so many poets, writers, painters, sculptors and playwrights, each contributing to what we know as the European culture. In the European Union and the countries wishing to join it, there is a powerful movement towards integration. There has been some success in achieving a common European standard regarding vocational training of general practice, but the influence of the European legislation on basic medical education is not as strong. Nevertheless, general practice has changed from a low status discipline to one which is claiming an equal and sometimes leading position within the universities in Europe. An overview of key statements and recommendations been produced since 1970 provides the story of the development of an academic discipline called general practice/family medicine.

1970's: THE PIONEERS

The 1970's were an era of technical medicine, which became highly specialised. The role of the physician was to fight the disease in order to cure the patient, and general practice was seriously challenged. The first department of general practice had been created in the UK in Edinburgh in 1963, and a second important event was the creation of a new university in Maastricht in 1974 introducing a problem-based programme.

The third key event was the first meeting of the Leeuwenhorst group, a group of enthusiasts and thinkers, who decided to challenge the stereotype that general practice should not be taught at universities. They identified the key characteristics of the work of a general practitioner in their statement "The General Practitioner in Europe", produced in 1974, which became a key element in many curricula of general practice/family medicine throughout Europe.

The 1970s were a time of very moderate changes in basic medical education. There were a few general practice departments in Europe, and some exposure to general practice was possible.

1980's: DISSATISFACTION AND DEVELOPMENT

The 1980's are marked with a growing dissatisfaction with medicine as well as with medical teaching. This is the time when people found out that they needed someone to interpret the confusing and sometimes contradictory statements of different specialists. Although it was clear that changes in the universities were necessary, resistance within the universities was still sufficient to obstruct them.

In 1981 The New Leeuwenhorst group was created, which in 1986 produced a statement on the importance of general practice in basic medical education. It not only claimed that general practice should be taught at the undergraduate level, but demanded that general practice should have a central position. The key recommendations were:-

- there should be independent university departments of general practice

- there should be a close link between practice and teaching.
- hospital and general practice based teaching should be appropriately distributed
- the department should be centrally involved in curriculum planning..
- teaching methods should be modern.
- assessment methods needed changing, and general practitioners should be involved in the process.

Only two years later, the Edinburgh Declaration was accepted by the World Federation for Medical Education. This stressed the need for reforms in medical education, including the fact that education should not take place in hospitals alone, and should reflect the needs of the population. Education methods needed to be modernised, and that there a need for strong departments of general practice in every medical school.

The 1980s were a period of a rapid growth of departments of general practice in Europe, mainly in its western part, but a lot of European countries were still without departments of general practice. The only general practice department in Central and Eastern Europe in existence was in Zagreb, while in other countries, where primary care was based on the Russian model general practice as we know it practically did not exist.

1990's: ACTION AND ALLIANCES

The number of teachers of general practice increased considerably and general practitioners were increasingly involved in education. In 1992 European Academy of Teachers in General Practice (EURACT) was launched, to promote the exchange of views through international cooperation.

At the end of 1980's the communist block collapsed and left a group of new countries with the freedom to choose and change. Health care reforms were introduced throughout the countries of central and Eastern Europe and one of the key features was the new role of general practice within the health care system. General practice was rediscovered after decades. There was a need for the creation of university departments of family medicine. Some of the new countries have very boldly taken the path like Estonia and Hungary, while the development in some others is still slow. The universities in the West have grown and have continued to develop their curricula.

The findings of the London Ontario conference in 1994 organised by WONCA and WHO included some devastating criticisms of medical education. It focused on the fact that medical education does not reflect the needs of the population it serves and general practice was identified as a key area which could solve a lot of problems in modern medical education.

WHO Europe went on to produce its statement - "Framework for the administrative development of general practice/family medicine in Europe", which is surprisingly concrete.

It also stated that the first requirement for education in general practice is an adequate basic medical training. General practice should already be an integrated part of undergraduate programmes and that all medical students should be exposed to general practice.

Of the 10 specific targets for European general practice produced by the European Society mandatory undergraduate education in family medicine/general practice at all medical schools in Europe is the first.

All this thinking was perhaps best expressed in the lecture given by prof. Jan Heyrman at the inauguration ceremony of the European Society of General Practice in Strassbourg in 1995. He said: "General Practice needs to be an accepted part of basic medical education in every medical faculty. Only at that moment, we will have achieved our mission. If we do not succeed in bringing the low prevalence, polyvalent, clinical and human application of medicine, called general practice, within the university walls, we will have failed to build general practice as a real medical discipline. If we do not achieve the goal, we will not grow towards an applied science, accepted by everyone to be a branch of medicine."

THE PRESENT

These statements have moved from defining the importance and role of general practitioners to the methods to achieve them. The voice of general practice is getting stronger and more active. Students of medicine in Europe in the 1990's would normally expect general practice as a part their curriculum. The curriculum is usually well planned and. But this does not happen at every university and only in few occasions the department of general practice plays a central role in curriculum planning. GPs still have problems in achieving the academic status.

EURACT in 1997 made enquiries and managed to get the information about 297 medical faculties, in all the 26 countries represented. There is undergraduate teaching of family medicine in all countries, but only 191 faculties. The proportion of the medical faculties with undergraduate general practice teaching varies from 3,8 % to 100%. General practice is taught at every medical school in 18 countries. The extent and methods of education are very different. In some countries general practice is an obligatory subject, in others is not. The duration may be from a few days to several weeks, it may take place during the entire curriculum) or just in one part, usually in the end. Final examinations have been introduced in 14 countries (just above half of them).

THE FUTURE

The world which enables people access to a lot of information is getting increasingly confusing and although information is readily available, common sense is not. In the age of informatics people will still need a general practitioner, a person able to adequately assess the information that is readily available, and able to communicate with them in a humane way.

General practice has survived because it has managed to keep its focus on the people. Students will still need role models and they will still need to be taught practical skills. They will still need to know how it feels when you are ill and what resources you can use when you are alone with the patient. They will still need to know how to talk to a patient who is ill and suffering. These are the key elements of general practice, produced by the old Leeuwenhorst group thirty years ago and they are still valid.

The future is brighter than we might seem: general practice will be taught in all the years of the curriculum in Europe which will become the European standard of teaching medicine at the undergraduate level.