Community orientation in education

Higher education is already feeling the effects of funding reductions, and medical education is likely to be squeezed. It is crucial that medical educators demonstrate the quality and value of graduates and show that six years of expensive experience for young people in the highest academic bracket produces a workforce of considerable and unique value. P. John Rees writes (1) that there is a continuing move for more health care to be delivered in the community, requiring more qualified doctors working in the area, leading to an increase in the proportion of the graduates training for general practice.

The career aspirations of students change during training and after graduation and are affected by their experiences and by the role models they encounter. So, students need to experience these environments early and through their undergraduate training (2,3,4).

Also, the apprenticeship model of general practice teaching has its great advantages and must remain a key element of training. Environmental, social and economic crises put a great responsibility on medical educationalists to prepare young doctors and strengthen their resilience and resolve to face these challenges.

GMC with the latest version of “Tomorrow’s Doctors” (5) underlines a danger that undergraduate assessment would become more a record of competency than understanding and a broad education. The development and assessment of professionalism would allow wider thought on behaviour and reflection. In this context we must simply underline and reinforce what EURACT did and RCGP agreed.

In the European Definition and the EURACT Educational Agenda we found fully described the comprehensive aspects, the community orientation aspects, the holistic aspects (6).

We have these documents, we must use them to clearly define the actual and future Family Doctor in the community and related problems and to clearly be guided and helped for teaching these topics, and assess the level of learning by students, next family doctors in the community.
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REFERENCES


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