

EURACT must and can save and defend core competences and values (Reflections from the Italian situation)

The Italian National Health System is getting a terrible period with dramatic cuttings, inquiries (also in Courts !), conflicts, problems. So, GPs are on the highest level of frustration and burn out and many are looking at retirement from NHS as soon as possible. Sponsorships are now totally not allowed for Family Medicine, companies involvement is disincentived, the companies themselves are ...closing.

CORE VALUES

As denounced to EURACT and to UEMO, the Government and the Health Authorities in Italy strongly push a weak and divided Family Medicine body to a new contract, considering deeper involvement and duties

on " patient records total summary " to be sent...daily..to Health Authority , already a Big Brother and a political guardian..

Reasons officially consider epidemiology etc. but where do core values of Family Medicine . and its unique patient doctor relationship go and with what level of danger on privacy etc ? Efficiency is the cover, really the points are greater and greater control and important political and market interests.

Can we " contract " on core values ? can we " sell " core values as in the European Definition, and spread data treated by us FOR patients with confidentiality and voices flow about what happens in the upper floors etc etc .?

The European Health Authorities and WONCA and the networks, EURACT in particular as the most active and productive, should give at least indications so that a general national referendum could be supported instead of political "agreements" between politicians , health administrative authorities (with a growing crazy power) and some politically oriented specific leaders of some in a series of trust doctors' associations.

COMPETENCIES AND DIKTAT

As EURACT specifies,, GP trainees have to be trained in the specific competencies this profession requires.

These competencies have been defined on the grounds of the traditional expectations of GPs but are in need of evaluation, revision and directed development for the immediate future of general practice.

A variety of new competencies is apparent which requires the advocacy of general practice within the medical profession: leadership, representation in society, academic and journalistic writing, teaching of students, trainees and doctors from other specialties, advising professional bodies, both governmental and scientific and research.

Currently in Italy very little account is taken of this new skill set when recruiting or training graduates, nor at the undergraduate level where we are only at the first step in the creation of courses with a core general practice curriculum in a few centers as in Milan and Rome.

Established GPs are extremely frustrated at being pulled and pushed by politicians and technologists with big and unrealistic decisions in format of diktat and punishments. The last one is a series of diktat by Minister of Public Administration, forcing all GPs to become just administrative clerks and spend main time in clinic practice just to send online sickness certifications for all patients also for one single day, otherwise the Minister cut their license to work in the NHS and send them out of the GMC also...and, crazy the GPs' weakness and not European style as profession, GPs are making weak resistance and the diktat have progressive points to obey, next on online daily prescriptions and online control for patients' license of free assistance because of low income (just against the Hippocrates jurymen).

CLERKS AND NO TRAINEES

In Italy there is a serious danger that GPs, so nationally divided with no effective lobby, would be “ changed “ into a new breed of clinician, little more than bureaucratic officers or clerks, becoming a new group in which the holistic relational core competencies will be lost before “ the new ones !! “ are learned and applied . In fact, in Italy there is no flexible scheme to provide protected time for teaching, research or leadership. As a consequence, social needs will receive little consideration and GPs will perform only low-level duties, be subservient to local health politicians, and eventually (really) progressively escape from family medicine, resulting in falling GP numbers from the loss of established doctors through retirement that will not be replaced due the falling number of GP trainees.

TEACHING A CORE CURRICULUM

Academic general practice has contributed significantly to the evolving understanding of the relationships between medicine and society.

I think that this understanding is a key political point to spread worldwide the importance of teaching in undergraduate academic general practice. National and International GPs' Organizations with fast tier should help politically developments in other more slow Countries, at least the European ones.

EURACT is really the most active network (and Academy with a legal body) in the WONCA context. During these years EURACT worked with national representatives from 40 different European Countries to write key basilar documents for Family Medicine.

They are: the European Definition, the EURACT Educational Agenda, the EURACT Performance Agenda, the Statement on Selection of Teachers and Practices, the Checklist for Course Organizer. EURACT Educational Agenda with its core competences describes the content and the way for teaching and learning in a general practice context in such a good way that it was used by the RCGP in its official documents and is used in the European Countries where GPs are a lobby and /or the government has clever ministers. This is not the same in all Countries and I think it is a duty for the strong national and international Academies and Organizations of Family

Medicine to spread academic general practice in each country with the obvious good consequences on family medicine and the population.

As EURACT Basic Medical Education Committee, we are now at the point for publishing a research,(submitted to EJGP) based on Delphi process, on minimal teaching core curriculum in general practice to be hopefully useful to introduce a minimal homogeneity in programmes but mainly to help the very slow tier countries to open general practice departments and courses for all the students in medicine.

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