New competences ignored: GP is in danger

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As EURACT indicates, GP trainees have to learn and be trained in the specific core competencies this profession requires. These competencies have been defined on the grounds of the traditional expectations of GPs and general practice and these competencies are in need of evaluation, revision and directed evolution in view of these changes which are imminently upon general practice.

1 According to Nigel de Kare Silver A variety of new competencies are facing the arena: advocacy of general practice within the medical profession. Leadership, representation in the society, academic and journalistic writing, teaching and training student, trainees, doctors from other specialties, advising professional bodies including governmental and scientific and research. Currently, in Italy very few account is taken in a new oriented skill set when recruiting (national MCQs texts ...) or training, not to say at undergraduate level where we are at first step to create courses with core curriculum just in few cities like Milan and Rome.

Some big and underfunded changes are on the horizon as reorganisation of delivery of health care. These would strongly impact onto the role of the GP in the society. Established GPs are dramatically frustrated and pulled and pushed by politicians' and thenecologists' big and unrealistic decisions in formats of diktat. New doctors are not prepared for that and this is not considered at all.

In Italy there is an danger that GPs, so nationally divided and not existing as lobby, would be “changed” into a new breed of clinician just more a bureaucracy's officer or clerk into a new organisation where the holistic relational core competences will be lost without having learned and used the new ones. In fact, in Italy, no flexible scheme is provided for contract, no protected space for teaching and research and leadership. Consequently, low consideration in the society, only low level duties, Sudditance to local health politicians, and finally a progressive escape from family medicine as established doctors with young retirement and falling the numbers of GP trainees.

REFERENCES

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