EURACT Statement on Family Medicine Undergraduate Teaching in all European Universities

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This statement was drawn up by the Basic Medical Education Committee of EURACT and approved by the EURACT Executive Board according to Council approval. The following members of the Basic Medical Education Committee were involved in the preparation of the document: Francesco Carelli, Valentina Madjov Janko Kersnik, Natalia Zarbailov, Givi Javashvili, Mira Kis, Howard Tandeter, on behalf of EURACT Basic Medical Committee.

Taking into account Council Directive 93/16/EEC to facilitate the free movement of doctors, the European Credit Transfer System, UEMO Policy Paper on Specific Training in GP/FM, Framework for Professional and Administrative Development of GP/FM in Europe, considering Bologna declaration, bill of patient rights and other documents on education and training in higher education as WHO-WONCA Framework published in 1998, and confirmed in series of documents from EU Commissions, Colleges, Academies, remembering Alma Ata declaration on the role of primary care, EU orientation in strengthening primary care, EURACT states that each University medical School educating future medical doctors must offer all students adequate level of knowledge, practice and exposure to family practice care to gain knowledge, skills, attitudes and scope of primary care approach. To achieve these goals this statement intends to provide guidance how to tailor existing or how to introduce teaching and training in General Practice/Family Medicine (GP/FM) in all European Universities. It is not intended to be a detailed and exhaustive description of the content of teaching curricula as these should be, of necessity, context specific and will depend on the tasks that GP/FM doctors are expected to undertake in different countries. Nevertheless a core European content as coming from the WONCA European Definition, as well as it cannot forget content as detailed in EURACT Educational Agenda, which are applicable universally.

EURACT is the network organization for education of WONCA Europe, the European Society of General Practice/Family Medicine. This document has been produced by a working party of EURACT Council.

Introduction

As indicated in WHO-WONCA Framework published in 1998, and confirmed in series of documents from EU Commissions, Colleges, Academies (not to say EURACT) every Faculty of Medicine must create a Department of Family Medicine managed by qualified and selected general practitioners/family doctors. At the same time there must be a training to take place in the GP/FM setting, where the student encounters patients who are representative of GP/FM
practice populations. This teaching and training are recognized as a “must“ in all modern societies: medical students cannot become future good doctors without knowing family medicine context; family medicine is the keystone for economic welfare, quality and costs.

Teachers in GP/FM practice must be qualified general practitioners / family doctors, selected according to clear and open criteria as described in the EURACT Statement for Selection of Teachers and Practice in GP/FM.

Medical Students also need to acquire specific competencies that are most easily obtained in a general practice setting. These competencies have been clearly outlined by Wonca (World Organization of Family Doctors) in the “Checklist for Family Medicine/General Practice Experiences” and could be grouped in two categories:

- management of patients and conditions that are frequently seen in GP/FM, essential for competence with regard to diagnosis, prognosis and appropriate treatment;
- development of skills and attitudes specific and necessary as future GP/FM practitioners.

Based on the European society development, it is urgent and not avoidable necessity to set down principles that ensure these teaching and training would be finalized and with the required quality and relevance for future family doctors for the best of the European population.

Key Principles

Considering EURACT Mapping of Undergraduate Teaching of Family Medicine in Europe (showing in detail, who is in delay or worse), considering EURACT BME Committee’s work and publication on an European Minimal Core Curriculum for teaching Family Medicine¹ (indicating the line to be followed to get an essential and key homogeneity, so to help, avoid resistances, avoid confusion) these are the key principles.

1. Each University Medical School should have fully integrated and operational a Department of Family Medicine / General Practice, starting with undergraduate training as a part of the process of obtaining a level of clinical competence sufficient for independent practice
2. Family Medicine / General Practice Curriculum for undergraduate education should be developed in collaboration with Family Medicine / General Practice departments and Medical Professional Organizations in the country. International collaboration among Departments which present a success story in the development of the discipline could be sought.
3. Family Medicine / General Practice Curriculum should be based on European Definition of General Practice and Educational Agenda. National specifics on organisation and delivery of health care on primary care level and collaboration across the interface between primary and secondary care should be appropriately included.
4. Based on UEMO policy statement on specific training, a minimum of 50% of training should be in general practice, starting with undergraduate training as a part of the process of obtaining a level of clinical competence sufficient for independent practice
5. All students should be able to learn primary care management of patients through a student

clerkship in general practice, lasting several weeks during the later years of medical school.

6. What about this? There should be a minimal curriculum with minimum of credits across more than just one (last) semester. Lectures should be delivered by family physicians / general practitioners and limited to core themes proposed by EURACT and national associations of family physicians / general practitioners. The majority of programme should be in small group work and in one to one teaching in family physicians’ / general practitioners’ practices.

7. The chairs of the departments must be doctors with appropriate academic achievements as other department chairs in the particular University. A lack of academic achievements should be overcome by assigning a family physician/general practitioner to co-chair a department for a defined transition period.

**Conclusion**

Family Medicine teaching as well as training are fundamental resources for medicine today and for future generations as urged by all the International Organizations and Institutions of Medicine. University Ministries, Universities Deans and Departments Responsible are urged to organize at the best as outlined above or to open where this is incredibly not done till now.

**References**


2. European Credit Transfer and Accumulation System (ECTS) Available at: http://ec.europa.eu/education/lifelong-learning-policy/ects_en.htm


4. WHO. Framework for Professional and Administrative Development of General Practice / Family Medicine in Europe, Copenhagen, 1998

5. Proceedings UEMO Consensus Conference on Specific Training for General Practice. UEMO. Published by The Danish Medical Association. Copenhagen 1995


7. The Bologna Declaration on the European space for higher education, 1999. Available at: www.europedu.org


