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UEMO 2003 Statement on specific training in

general practice /family medicine in Europe

PREAMBLE

General practice / family medicine (GP/FM) is being recognised as an increasingly important element of modern health-care systems, being popular with patients able to retain a personal relationship with their doctor in the increasingly impersonal world of health-care delivery, and with politicians because of its inherent cost effectiveness.

General Practice has developed with the breath taking progress in the medical sciences, the health care system expectations growing accordingly.

The social conditions under which GP/FM takes place have changed in last decades very much: main tasks of GPs are nowadays the care for the elderly and chronic patients and the problems of modern society.

In 2002, WONCA Europe published the new European definition of family medicine. This work had come about as a result of revisiting previous definitions, as it had been felt that these were outdated and needed revising for the 21st century. At the outset it was recognised that the essential elements of the discipline of general practice/family medicine needed to be defined first, and only when this had been done could the role definition of the family doctor be derived from them.

The definition contains the eleven characteristics which are fundamental to the discipline and are, or should be, generalisable to all health-care systems regardless of contextual differences. These were then combined into a role description of the family doctor.

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The specific training in general practice/family medicine is an inevitable prerequisite for the maintenance and development of good quality of GP/FM in Europe.

Specific training in European countries differs very much in schedule and in content (Annex 1). That was the main reason why European Union of General Practitioners (UEMO) decided to issue new statement on content of specific training in GP/FM in member countries, oriented more to the aims of this kind of postgraduate education than to the actual content and subject schedule. When local documents have to be determined by time, secondary care service requirements and equivalence to other specialist disciplines, European paper should aim to determine:

- the needs of learners
- the competencies to be learnt and
- complexities of the task of family medicine.

UEMO Specific training working group, together with European Academy of Teachers in general practice (EURACT) and with Permanent Working Group of Young Doctors (PWG), who prepared this statement, anticipate that all UEMO member countries can on this basis prepare their own explicit documents on specific training in GP/FM, according to local needs, experiences and possibilities.

DEFINITION

The term specific training in GP/FM in this document is used to describe the postgraduate vocational training in GP/FM, aimed at development of the professional competence of the individual general practitioner/family physician.

ST should be understood as the activity by which the individual doctor builds the knowledge and skills, attitude for the quality oriented, available evidence based, and responsible practice of medicine in general practice.

PRINCIPLE

- Educational programme, based on key features of learner centred, is representing the adult professional education with flexibility in terms of content and length.
- Programme is focusing on the provision by appropriately trained general practitioners, working with other health care disciplines in a general practice setting.
- Programme is based in general practice, planned and supervised throughout by trainers, peers in general practice, with carefully planned attachments in secondary and community care.

AIMS

This postgraduate education is trainee (learner) centred. Therefore should the national documents on specific training in GP/FM stress on the programmes of education, on aims that

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should be achieved and the topics that should be addressed, instead of just listing the clinical posts, where educational courses are performed.

Programmes should be flexible in terms of content, duration and working patterns to meet the needs of learners, designed to ensure that the learner attains explicit competencies and skills. Trainee's performance should be formally assessed; the design and the form of assessment should be scheduled according to local needs and possibilities. Local (national) peers in general practice/family medicine should be the ones to assess the trainee's knowledge, skills and attitude.

The aim of this adult education program is to produce a reflective self -educating practitioner. It should be based in an environment relevant and comparable to the final professional destination of the learner, demanding personal mentor (trainer) and also flexible length of training dependant on needs and already achieved educational level of individual trainee.

CONTENT

General Practice has developed with the breath taking progress in the medical sciences and with the function the statutory health care systems expect of General Practitioners.

General Practitioners are especially asked to counsel and guide continuously patients with chronic diseases such as diabetes, cancer, asthma, respiratory and cardiac disorders and others. They are expected to guarantee the basic care of psychosomatic disorders. And last but not least, they need to know how to care for multi-morbid and dying patients.

General Practitioners should know all frequently occurring illnesses and preventable dangerous conditions. They General Practitioners must well know the therapeutic principles of pharmaceutical products, their side effects and interactions, since they prescribe most of the medicaments in ambulatory care. They must also overlook the treatment possibilities in other medical fields in order to be able to give adequate guidance to their patients with special disorders. Besides, they need special communication skills to inform patients about their diseases and treatment options in a language which is understood by them.

To that end, General Practitioners need a thorough and broad qualification in medicine. They have to gain experiences in all specialized clinical fields relevant to primary care and they have to qualify in their own specific discipline.

The content of specific training in GP/FM is becoming more and more important, because of the increasing needs of the patients, hospitals and politicians in all European countries. Therefore it should be not only meet professional demands, but also patients', public and political expectations.

Eleven central characteristics that define the discipline are the abilities that every specialist in GP/FM should master, implementing them in clinical tasks, when communicating with patients and in practice management.

They can be clustered into six core competencies:

1. Primary care management

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- a) the ability to manage primary contact with patients;
- b) to co-ordinate care with other professionals in primary care and with other specialists leading to effective and appropriate care provision, advocating the patient when needed.

2. Person-centred care

- c) the ability to adopt a person-centred approach in dealing with patients and problems;
- d) to develop and apply the general practice consultation to bring about an effective doctor-patient relationship;
- e) to provide longitudinal continuity of care as determined by the needs of the patient.

3. Specific problem solving skills

- f) to utilise the specific decision making process determined by the prevalence and incidence of illness in the community;
- g) to manage conditions which may present early and in an undifferentiated way, and to intervene urgently when necessary.

4. Comprehensive approach

- h) to manage simultaneously both acute and chronic health problems in the individual;
- i) to promote health and well being by applying health promotion and disease prevention strategies appropriately.

5. Community orientation

- j) to reconcile the health needs of individual patients and the health needs of the community in which they live, in balance with available resources.

6. Holistic modelling

- k) the ability to use a bio-psycho-social model taking into account cultural and existential dimensions.

There are three fundamental background features of GP as scientific discipline:

- Contextual: using the context of the person, the family, the community and their culture
- Attitudinal: based on the doctor's professional capabilities, values and ethics
- Scientific: adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement.

National colleges should therefore first develop a curriculum and then determine the educational methodology to deliver the curriculum, based on Core content document.

DURATION

Agreed minimum duration is specified by European legislation: from minimum of 3 years to 5 years, at least half of the training spent in the general practice setting.

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In 2002 UEMO General Assembly unanimously adopted statement, that **ST in GP/FM in Europe should be of the same length as other specific trainings, that is 5 years.** There are several reasons for that goal, mostly based on complexity of the subject (Table 1). National documents depend of course on national requirements but particularly educational needs of individual doctor; include periods of skill acquisition in secondary and community care, centred on the needs of the individual GP registrar, on regular formative assessments.

Table 1. Prevailing subjects in GP/FM part of training in UEMO countries:

- Family
- Practice management
- Communication
- QA
- Diagnostic procedures
- Prescribing
- Preventive activities
- Chronic patient
- Addictions
- Physical medicine & rehabilitation
- Health care of children and youngsters
- Health care of workers
- Health care of elderly
- Terminal patient
- Pre-hospital emergency level
- Home visits
- Ethical problems
- Mental health, Balint groups
- Emergency medicine cases
- Cooperation with specialist doctors
- EBM
- Burn out syndrome in GP/FM
- Public health
- Medical error
- Personal & professional development
- Practice Management
- Prenatal care
- Forensic questions in FM
- Organisation of team work
- Diagnostic procedures at Primary Health Care (laboratory skills, ECG, X ray, blood pressure measurement, proctoscopy, rectoscopy, spirometry, Doppler ultrasound examinations, etc.)
- Identification of health problems and needs –Clinical Epidemiology
- Health education
- Minor surgery and other procedures and techniques in PHC
- Health care of immigrants
- Statistical-computer processing of Primary Care activities

- Vaccinations
- Duties of the GP in public health: declaration of some diseases, statistics of mortality, addictions, and official activity.

In some countries trainees select most appropriate to their educational needs, not formally enshrined in regulation; postgraduate medicine undergoing a radical process of change, to move to a system whereby an individual educational programme is derived for each trainee and that this individual programme be determined by an assessment of each trainee's educational needs.

The European Union of General Practitioners (UEMO) is therefore convinced

- that the three-years specific training in General Practice has to be brought to a length of five years (the average time needed for other medical specialties) in all EU countries,
- and that the field of General Practice should be recognized as specialty like all other specialties in medicine.

COMPETENCES

Demands of patients, clinical medicine and politicians are increasing in all European countries. Factual medical knowledge should suffice to enable the practitioner to perform the duties of a general practitioner/family physician.

Future GP should be able to apply factual medical knowledge to the management of problems presented by patients in general practice, using effective communication both orally and in writing and ability to consult satisfactorily with general practice patients, to review and critically analyse his own working practice and manage any necessary changes appropriately. Important part of educational programmes is clinical skills and above all the ability to synthesise all the above competencies and apply them appropriately in the general practice setting.

RESPONSIBILITY

It is the responsibility of the individual general practitioner to make optimal use of resources (time, finance, the profession's taking care of), which in the given national system are set-aside for ST. This is achieved by enabling the GPs themselves to get involved in postgraduate educational process, identifying their personal learning needs with the help of their trainers. Evaluation of the success of this process is performed according to national specific training scheme.

It is the responsibility of the professional organizations to cooperate in securing and developing an effective framework for the individual physician's specific training. This includes the network of trainers, training practices (in GP/FM), hospitals and training programs.

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National responsibility is to guarantee the financing of specific training and training posts, both economically and professionally.

INDEPENDENCE

The choice of the individual GP of specific training must be independent of influence from the financing and regulating authorities - that is, the public authorities, the various insurance systems and the pharmaceutical industry.

Attendance at ST activities must be allowed during regular office hours. Financing of training provision must be guaranteed by (local) authorities and cannot be the responsibility of general practice.

QUALITY

The assurance of high quality must build upon criteria established by the profession in close cooperation with the academic organizations and universities. The establishment of quality requirements must furthermore involve the other interested parties - patients, public authorities, insurance systems, etc.

A broad array of activities both with regard to form and content is a prerequisite for high quality training. Explicit definitions of the content, high teaching standards and the use of recognized educational methods, all help to maximize the quality of the individual training activities. Both hospital and general practice setting part of the training should be planned and audited by peers in GP/FM.

Final evaluation in accordance with established criteria of the specific training can be a method for securing quality.

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UEMO 2003 DECLARATION ON SPECIFIC TRAINING IN GP/FM in EUROPE

General practitioners/family physicians are in principle the first point of contact for a unselected group of patients. Health education, preventive activities, early detection, problem oriented care, terminal care and palliation are the tasks GP should be able to address and perform, as well as coordination the specialists' treatment and knowledge on all existing services within the local health care system.

General practitioners are the ones to counsel and guide patients with chronic diseases such as diabetes, cancer, asthma, respiratory and cardiac disorders, as well as the basic care of psychosomatic disorders. At last but not at least they must be able to treat and follow up polymorbid and terminal patients.

General practitioners should be familiar with all common diseases in the community and with all preventable conditions. They must be familiar with the therapeutic principles of pharmaceutical products, their side effects and interactions, since they prescribe most of the medicaments in ambulatory care. They must also consider the treatment possibilities in other medical fields in order to be able to advocate their patients.

To achieve all that, GP/FF should have special communication skills, since he/she has to inform patients on their diseases and treatment options in a way, adapted to the individual patient.

1. With this document the UEMO wishes to establish goals and proposals with special relevance for the specific training of general practitioners.
2. UEMO endorses the content of the Policy paper on ST, adopted in 1997.
3. Specific training is a prerequisite for the good practice and must take its starting point as soon as possible in general practice. It must be conducted on both a theoretical and a practical level and ought to be of direct use in the practitioner's daily work. General practitioner organisations should strive to place general practitioners in charge of all aspects of specific general practice training, no matter if it is undertaken in general practice setting or at clinical posts.
4. All doctors should be exposed to training in general practice both in their undergraduate training and as part of the postgraduate training before entering specific training.
5. Specific general practice training must be orientated towards general practice throughout the entire training period. The content of training is the responsibility of the national professional and academic organisations in GP/FM, as well as the organization and standards of training. The frameworks within which the training takes place must necessarily include cooperation with the health and the financing authorities.
6. Specific training for general practice must be of the same duration (5 years) as other specific trainings, including a practical and theoretical part. The reasons:
 - a. general practice has developed with the breath taking progress in the medical sciences
 - b. health care systems expect of GP/FM more and more

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- c. social conditions had changed: areas of primary care which GPs have to deal with are the care for the elderly and chronic patients and with the problems of society (loss of tolerance and values, loss of family bounds, addictions and abuses, migration).

Minimum of 50% of clinical training time must be spent in the general practice environment.

UEMO supports the migration process in Europe- guaranteed the quality of care for both, migrating patients and migrating GPs.

7. The purpose of specific training is to produce a general practitioner who has obtained a level of clinical competence sufficient for independent practice;
8. The quality of the scientific and educational posts in general practice must be delivered through explicit contracts specifying the educational content and mechanisms for evaluation, establishing precise goals and appropriate criteria, promoting the methodology and implementation of research and quality assurance in general practice.
9. Common core content of GP/FM throughout Europe was defined to prepare general practitioners for independent practice in all European countries.
10. The minimum time commitment from those in the part-time training for general practice should be 50% of full-time training in line with the requirement for other specialties subject to the requirement that the length of such part-time training should be equivalent to full-time training and of equivalent quality.
11. An attempt to develop methods for assessment and follow up process and results of ST must be supported. Methods of evaluation must be integrated into the educational programmes. General practice organisations must decide on and take responsibility for the evaluative procedures
12. Sufficient and substantial resources must be provided for specific training to produce skilful and competent independent general practitioners.
Specifically allocated resources (time, money, programs and trainers) are a prerequisite for the quality assurance of structured ST in GP/FM. Each member state needs to plan to meet its own workforce needs and access to general practice.
13. Since general practitioners are a specific target group for the pharmaceutical industry's marketing activities, an acceptable ethical standard must be established, through agreement between the profession and the industry, which guarantees that education will not be influenced or undermined by commercial imperatives. National health care systems and individual physicians should expect to pay a realistic amount for high quality educational activities and should not be dependent on financial subsidy from the pharmaceutical industry.
14. It is high time to finally allocate the new position of general practice/family medicine in Europe, admitting that the GP/FM as a speciality equal to all others.