

GP as a specialist

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Specialty and GP setting

- 1. GP/FM-training should not be ended by a diploma (if other training programmes end as a speciality-recognition) – but by the title "Specialist in GP/FM" - as "Specialist in Orthopedic Surgery"
- 2. Training in GP/FM should for at least 50 % of the time take place, where you meet GP-patients - (that is in a GP-setting) - that doesn't mean that hospital training is completely irrelevant - but it cannot stand alone. "You cannot become a specialist in XX-speciality in a training programme in YY-speciality"!

Gaining status

- 3. Gaining status is a very long process for a medical speciality - many small steps give the status:
- - giving GP/FM a place in the undergraduate curriculum that is comparable to the other "big specialities"
- - creating a VT-programme that is equal (in length and complexity) to VT-programmes for other specialities
- - making GP/FM an academic discipline with its own research and educational agenda
- - creating equal working conditions for GP's as for specialists in other specialities in relation to workload and income
- - giving GP a coordinating role in the health care system in a country
 - this will by time give status in the medical society - and later also in the general public

GP/FM SPECIALIST TRAINING SCHEMES IN EUROPE 2004

Countries	BME					Specialist Training						
	Total BME	Preclinical (in years)	Clinical (in years)	Internship*** (in years)	Comment	Total Specialist Training	GP setting: min(max)avg	Hospital: min(max)avg	Public Health: min(max)avg	Compulsory: Y/N	Fixed rotation: Y/N	Comment
Albania	6	3	3	0		2	0,2	1,6	0,2	Y	Y	
Austria	6	2,5	3,5			3	0,5	2,5	0	Y	Y	
Belgium	7	3	3	1 included		3(1+2)*	1(3)2	0.5(1.5)0.5		Y	N	*1yr included in pregraduate
Bosnia/Herzegovina	6	combined	combined	1	practice & seminars combined	3	3			Y	Y	
Croatia	6	3	3	1		3	12 month	14 month	7 months postgraduate	Y	Y	
Czech Republic	6	2	4	1		3	0,5	1,3	0	Y	Y	
Denmark	6	3	3	1,5		3,5	1(1)1	2.5(2.5)2.5		Y	Y	*From 2004 5 year scheme instead of 3½ years
Estonia	6	2,5	3,5	included		3	1,5	1,5	2 weeks seminar	Y	Y	
Finland	6	2,5	3,5	included		6	2.5/4/4	2/3.5/2	GPs have responsibility of public health, training during GP training	Y***	self directed rotation, not fixed	
France	6	2	4			3	0.5(1)0.5	2(2.5)2.5		Y	N	

What is this educational agenda

- Education in what is core in the profession
 - Only focus on 6 competences
 - Not yet research reflection and educational models,
 - Not yet « priority » developments
- A procedure for European harmonization
- It leads to recommendations

Core education

6 Core Competencies

- 1. Primary Care Management*
- 2. Person Centred Care*
- 3. Specific Problem Solving*
- 4. Comprehensive approach*
- 5. Community Orientation*
- 6. Holistic Modelling*

11 Characteristics

- a. First contact / all health probl*
- b. Care co-ordinator + advocacy*
- c. Person centred approach*
- d. Doctor-patient relationship*
- e. Longitudinal continuity*
- f. Decision making f.o prevalence*
- g. Acute & Chronic management*
- h. Early undifferentiated stages*
- i. Health & Wellbeing*
- j. Health in the community*
- k. Bio-Psycho-Social + culture and existential*

Core education

17 ICPC chapters + 6 components

Performance = DOES

Competence = SHOWS
HOW

Skills = KNOWS HOW

Knowledge = KNOWS

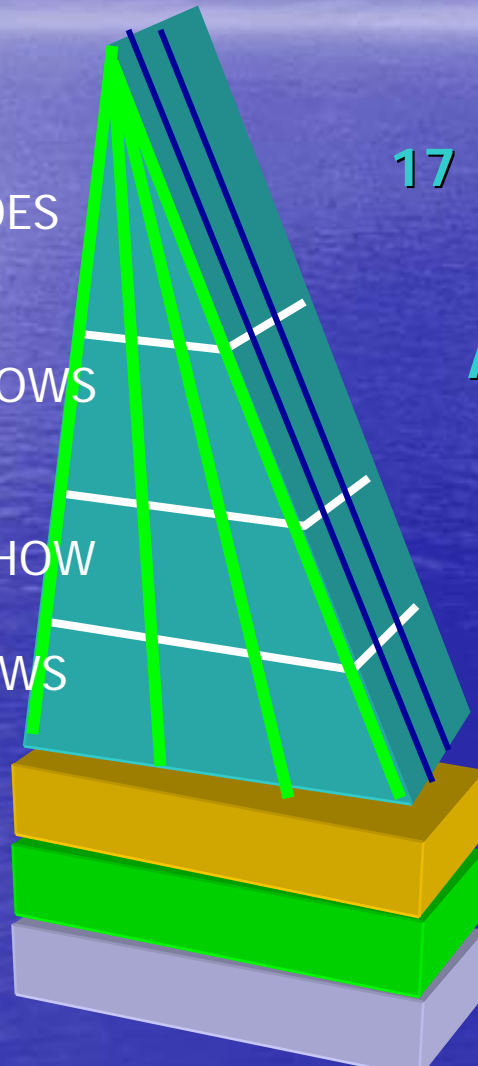
All patients at all age groups

From Health promotion,
prevention, cure & care,
to palliation

Contextual basis

Attitudinal basis

Scientific basis



Core education

- How do you educate the elements that are considered to be core
- Which elements should be included to make an education a GP/FM education
- What are the objectifs, the specific methods for teaching and assessment

LEADING TO WHICH LEARNING OUTCOME ?

From time/setting to content agreement

Academic

- 23/29 countries
- Eur. Harmonisation
 - Bologna 1999: creation of European Higher Education Area 2010
 - European Credit Transfer system 1988

Profession

- 14/29 countries
- Eur. Harmonisation
 - Free movement of doctors 1993
 - Titel III or titel IV

Harmonisation, or just « tuning up » *(Socrates project 2002)*
= finding points of convergence and common understanding
+ definition of set of « competencies & desired learning outcomes »

Chapter 1: teaching primary care management

- Objectives
 - PC epidemiology / communication / pt partnership
 - Prevention + unselected + chronic + palliative
 - Organization of primary care clinic + healthcare
- Educational Methods
 - Teachers should be excellent GP/FD
 - Learn during GP attachment
- Assessment
 - Attitudes / performance in practice

Chapter 2: teaching patient centeredness

- Objectives

- From Pt centred consultation model to Pt centred clinical method : Always as a « person » in « context »
- 3 types of continuity: personal / episodic / discipline
- Also the doctor as a person in his/her context

- Educational Methods

- New place for narratives and pt stories
- Negotiation training, goal oriented care models

- Assessment

- Direct observation + indirect methods
- Reflective portfolio

Chapter 3: teaching Specific Problem Solving Skills

- Objectives
 - Hypothetico deductive / Learning scripts
 - Use of time, incremental investigation, coping with uncertainty , communication strategies
- Educational Methods
 - Role modelling / case reflection & supervision
 - Simulation / case discussions
- Assessment
 - Checklists / global rating scales
 - Developing case- based orals

Chapter 4: teaching Comprehensive Approach

- Objectives
 - Multiple complaints and co-morbidity
 - Aim on health promotion and well being
- Educational Methods
 - Assignments in healthcare settings
 - Case descriptions and small group discussions
- Assessment
 - Patient should be the starting point
 - Individual consultation review

Chapter 5: teaching Community Orientation

- Objectives
 - Understand health needs of the communities
 - Understand impact of poverty, ethnicity, inequality
 - Reconcile health needs of individual with community
- Educational Methods
 - Structured reflection on work-based experience
 - Conventional classroom methods
 - Practice audit / practice studies
- Assessment
 - Report / discussion with work based teacher

Chapter 6: teaching Holistic Modelling

- Objectives
 - Whole person in the context of values, beliefs, culture
 - Biopsychosocial model as the basis for cure and care
 - from holistic understanding into practical measures
- Educational Methods
 - Patient-case studies, single case descriptions
 - Video analysis of clinical encounters
- Assessment
 - Written reports, essays on specific aspects