

THE CURRENT STATUS OF FAMILY MEDICINE IN EUROPE

Francesco Carelli
EURACT Council National Representative
Professor at University of Milan

Developments in primary care teaching and research in Europe over the last few decades have contributed to the recognition of Family Medicine as an academic discipline. Yet it is still not fully recognized in all European Countries ¹ .

A new definition of Family Medicine for Europe was drawn up by EURACT (European Academic Teachers of General Practice) which was ratified at the 2002 WONCA Congress.

This definition outlined the principles and role of the profession and describes its core competencies. It outlined a specific teaching method and research method based on the agreed principles and objectives ² .

EURACT originally started with fifteen country members. With the publication of the definition, this number rose to twenty seven and has now reached thirty nine ³ .

This increase should strengthen the European primary care practitioner, and encourage all GPs in Europe to strive for a similar standard of general practice teaching and research.

The political expansion of the European Union should further enhance the status of academic primary care in Europe, with greater integration, homogeneity and mutual recognition of General Practice qualifications.

There are still clear differences between different countries in Europe. Some northern European countries, have a longstanding and academic and departmental structure with a 'monopoly' on publishing, teaching and research– the so-called 'first tier' GP countries..

Some of the countries that have recently joined the EU also have well developed family medicine departments, and hence have much valuable experience to share with other member countries.

European countries which are rapidly developing their academic family medicine include as examples: Malta, a country with a small group of GPs with a homogenous European mentality; Turkey, that has already got 23 University Departments of Family Medicine; and Slovenia, a small country with national representatives at the highest levels in European GP's Organizations.

However Family Medicine is still not recognised as an academic discipline in some areas, particularly in the Mediterranean setting⁴, partly due to political reasons. This leads to a delay in discussing and adopting the documents related to primary care, and a shortage of funding of primary care.

In such countries, the position of family medicine is undermined by underfunding, finance cutting, and attempts to assign to GPs tasks and competencies outside their scope of practice.

Contracts prevent GPs from participating in scientific congresses and international projects, obtaining sponsorships and refunds of expenses, as well as having career flexibility.

This policy constitutes an overt violation of the European law on free movement of doctors and mutual recognition of professional qualifications, and of the law on flexible work patterns considering one's needs, age, work progression and competencies.

Neither is it in line with the European directive stating that every medical university should have a family medicine department headed by a GP⁵. GPs are prevented from engaging in real research and serene teaching in protected time, which forces them to work in their own time.

In Europe there is still a dichotomy between countries which reward the quality⁶ of a GP's practice, and between countries where contracts are based on quantity, e.g. on the number of patients on lists, number of patients or procedures per time unit, which is the case in Spain, Italy, Romania, and Bulgaria.

It is not a coincidence that a European study on burn-out in GPs, showed Bulgarian GPs to have the worst rates. Additionally many lawsuits against GPs in the country involve medical errors caused by excessive workload, lack of motivation, and depression⁷.

In order to counter these challenges against general practice, it is necessary to put pressure on governments and to insist on the application of the published directives in practice.^{8,9}

Increasing the available research funding, and developing practice based research networks should also become a key priority for all countries in Europe.¹⁰

Various and more senior GP posts are required in order to fulfil the tasks and aims of academic leadership in the countries where it is still lacking.

In those countries where GPs still perceive themselves as being at the bottom of the academic scale, measures should be taken towards the establishment of a national career structure for academic general practice.^{11,12} The discipline should be made more attractive for medical students and young physicians.

Only when this has been achieved will Family Medicine across European countries enjoy similarly high standards of clinical care, research and teaching.

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