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6 – Developing National Curricula for the Education and Training of Family Doctors

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As a GP trainee, I sometimes feel like an endangered species. Many of my peers from medical school have chosen hospital specialties, and non-medical friends find it hard to understand that I have chosen to be *'just a GP'*. Across Europe the proportion of doctors who train as specialists is rising (1). In the press General Practitioners face regular denigration, even from some specialist colleagues in hospital who have warned that *'GPs are part of the NHS's problem, not the solution'* (2). Yet the evidence suggests the opposite, that countries with strong primary care infrastructures have healthier populations, reduced health inequalities and greater cost-effectiveness (Starfield et al 2005). As a result, in 2008 Iona Health called for *'A GP for every person in the world'* (3, 4). Yet before this can be achieved we need high quality general practice training schemes for every country in the world.

Currently, even in Europe, general practice training varies considerably, and not all countries require a qualification in family medicine to work as a family doctor (4). In order to achieve improved training in family medicine for all, we should be looking at what already works, in countries with well-established training, using an evidence-based approach.

WONCA provides an ideal forum for sharing innovation, knowledge and experience and at the annual Vasco da Gama preconference for new and future GPs, the topic of training is regularly discussed. Enthusiasts debate the relative merits and disadvantages of their countries' training systems, highlighting areas for improvement. How can this shared learning and communal knowledge be captured, drawn out and used to benefit training throughout and beyond Europe?

Various initiatives to compare training schemes in Europe have grown already from WONCA conferences. One initiative from EURACT was to develop a dynamic interactive database with information enabling comparisons between training schemes throughout Europe (2). Another approach which grew from the grassroots enthusiasm of trainees themselves was to create a motivation and satisfaction questionnaire, with the aim of exploring differences in motivation, satisfaction and workload across these very different vocational training schemes of Europe (5). Results showed high levels of satisfaction amongst family medicine trainees, and demonstrated that 'positive' motivators such as 'challenging medically broad discipline' are the main reasons for a career choice in family medicine. 'Negative' motivators such as 'it remained after I ruled out other options', 'non availability of another specialty training' and 'did not get specialty training because of my grades' were chosen by a minority, challenging some negative preconceptions of family medicine.

Other more formal work arising from WONCA Europe has been highly influential in the development of family medicine training, such as the European Definition of Family Medicine (5), which describes the core competencies of family doctors. This has been used in negotiations with policymakers, educators, media and physicians, and formed the basis of national family practice curricula such as the UK Royal College of General Practitioners GP curriculum. Following on from this, more recently the WONCA Working Party on Education has produced WONCA global standards for postgraduate family medicine education (6), which will provide further thrust to drive quality improvement, new program development and recognition of family medicine training globally.

However there is a balance and equipoise to be reached in the efforts to develop global standards and curricula, which need to be comprehensive enough to be relevant to all family doctors, without producing overly burdensome bureaucracy, which may hinder rather than help learning.

So what about Alternative Blue Sky Thinking, to Help the Development of Family Medicine Training?

A thought experiment by Bernard Lietaer, a professor of economics, might suggest an option (8). The slogan would then be *“to master your topic, you should teach it”*. This means that everybody becomes a student as well as a teacher, an apprenticeship model running right through from graduation to retirement. At entry to family medicine specialty training (after 6+ years of basic medical education) every doctor would be given a sum of 1000 Sabers. For 1 Saber you can buy one hour of teaching or coaching by an elder colleague. The elder colleague can only get Sabers by teaching or coaching. After 3 years, the time of getting a Master degree, there is an appraisal by a senior assessor. If you can pass this appraisal and demonstrate that you have earned 1000 Saber, you are rewarded with time and money. You get a sabbatical leave of 3 months and the money you would normally get in those 3 months. An extra free month a year. Every year.

If it seems hard to imagine how this could be implemented in countries with well established training then imagine how this sort of cascade effect might be beneficial in countries without well established family medicine training in place. In these countries an educational voucher system could set in motion a ‘learning multiplier’, providing educational opportunities despite a lack of available funds for formal teaching. The incentive of extra money and sabbaticals could help recruit and retain doctors in countries where family medicine can be seen as ‘low prestige’ and where there is often a significant ‘brain drain’ of qualified medical staff to other countries.

Perhaps another way of thinking of it is that this is just a modified version of the cascade of learning which already happens each time a group of family doctors is brought together. As Margaret Mead famously said:

*Never underestimate the power of a few committed people to change the world.
Indeed it is the only thing that ever has.*

This cascade of learning is hard to quantify but is something which is felt by family doctors each time they attend a WONCA or Vasco da Gama conference and meet with a group of committed and inspired family doctors who share their visions and goals. The ripples from this learning cascade back as ideas and innovations which are applied in the home countries of doctors all over Europe and beyond.

Take Home Messages

- In order to achieve a ‘GP for every person in the world’, we need family medicine training in every country in the world.
- WONCA initiatives and collaborations can help drive development of national curricula.
- Thought experiments can help us think outside the box.
- Never underestimate the power of a few committed people.

Thank You

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