



Esra Saatci, MD  
esra.saatci@gmail.com

## 47 – The EURACT Educational Agenda

*Esra Saatci, MD, Specialist in Family Medicine, Professor Cukurova University Faculty of Medicine, Dep of Family Medicine, Adana, Turkey*  
*Co-author*  
*Janko Kersnik, MD, MSc, PhD, Head of Family Medicine Dpt, Medical School University Maribor, Chair of Research Dep at Family Medicine Dep, Medical School University Ljubljana, Chair of Scientific Board at Slovenian Family Medicine Society*  
*President of EURACT*  
*Honorary Secretary WONCA Europe*

*“General practice is the easiest job in the world to do badly, but the most difficult to do well.”*  
*Professor Sir Denis Pereira Gray*

### **Introduction**

The discipline of general practice/family medicine (GP/FM) should move away from time- and institution-based curriculum set-up to competence- and outcome-based learning. A relevant education programme that is mainly competence driven should be produced. GP/FM is best learned in a GP-setting, although specific competences and skills can be learned in environments of other disciplines. It should also be remembered that learning is a lifelong issue.

Specifically the discipline needs to establish:

- How family medicine is learnt best?
- Where should it be taught?
- When should it be taught?
- What should be taught?
- What should GP/FM be teaching learners from other disciplines?

### **Harmonization in Europe at the level of competency aims and learning outcomes**

The European Union stresses harmonization of the content and level of the training in all areas. Since 1993 the European Directive on mutual recognition of medical qualifications (Directive, 1993) has been trying to complement the quality of GP/FM by harmonizing the length of specialist training, the setting where it takes place, and the national supervising authority. The Directive contains no descriptions of content or competence issues and is regarded as unsatisfactory in this regard.

EURACT Educational Agenda (EEA) (Heyrman, 2005) is a dynamic document, derived from the core competencies accepted by all European GP/FM academies during the WONCA Europe meeting in London 2002, (updated in 2005 and 2011) and presented at the WONCA Europe meeting in KOS-Greece 2005.

Its aim is to contribute to the harmonization of the learning outcomes of the different educational programmes all over Europe. It explores six core competencies and how the acquisition of these competencies can be converted into abilities to perform. In each of eight chapters the specific educational objectives, appropriate learning and assessment methods and the specific options for the setting and the time frame within the curriculum are identified. Six core competencies lead to the definition of 25 first level and 80 second level educational objectives. The implications of the EEA

on education and research in family medicine have been profound. In this document the complexity of the real practice was accepted as the main focus and complexity learning as the educational paradigm. Learning is seen as a process, highly dependent on pre-knowledge and on the learning context (Innes, 2004). Rather than the acquisition of a list of defined knowledge and skills, “Action in wisdom” (Harris, 1993) is the final aim.

The EEA involves the use of specialized knowledge, but central to this is judgement in specific situations with conflicting values regarding which problems need to be solved and how to solve them. It involves knowing-in-action, reflection-in-action, and reflection-about-action, using repertoires of examples, images, and understandings learned through experience. It involves using prototypes in memory of frequently encountered situations to construct interpretations of related situations. That is why “the tree of wisdom” became the final logo of the EEA.

## ***The legacy of EEA?***

EEA is a living document serving as a foundation for General Practice/Family Medicine teaching in general with a set of offspring documents necessary for the development of the discipline. For those involved in delivering general practice/family medicine education and in developing programmes of teaching in general practice, it is designed to provide a framework to teach the core competencies. Several countries have adopted the EEA framework and built it in their specialty training programmes. For those who learn the discipline, it aims to offer an educational framework for setting the learning aims, and monitoring their achievement. A Performance agenda developed on the foundations of EEA provides an opportunity for self-assessment on how the learning objectives have been used in everyday practice (Wilm, 2014). For those involved in curriculum building, it should be used to determine priorities in teaching and learning general practice/family medicine. A Framework for continuing educational development of trainers in general practice in Europe (CEDinGP) sets standards for teachers in general practice based on EEA (Alen et al., 2012). For healthcare developers, it is meant to contribute to national policy development.

With regard to the whole medical profession, it is conceived to define which specific competencies can be expected from the particular discipline called General Practice/Family Medicine as a crucial contribution to healthcare.

For the researchers, it defines the mile stones for the Research agenda related to these competencies (Hammers-Pradier, et al., 2009).

## ***The EEA and future generations***

What the future will bring to health care industry is almost impossible to foresee. The future of European General Practice/Family Medicine is set in stone in The European Definition of General Practice and supported by a series of documents based on it. Fortunately, the position of General Practice/Family Medicine and the level of incorporation of General Practice/Family Medicine in health care provision varied at the times when these documents were produced, meaning they are so generic that they will survive any turmoil of local health policy decisions. Through very well developed education and research in the majority of European countries, quality of General Practice/Family Medicine services has risen and can no longer be overlooked. A large number of recently qualified General Practice/Family Medicine physicians have been trained in the spirit of EEA and they are the best prophecy for future success. However, the leaders of the discipline at national and international level shall further strive for the implementation of the EEA in specialist as well undergraduate education. The General Practice/Family Medicine Agenda for undergraduate education is still one of the tasks remaining for future generations along with regular updating with regard to content and methods..

## ***Take Home Messages***

- The definition of the discipline of general practice/family medicine and of the specialist family doctor must lead directly to the core competencies of the general practitioner/family doctor.
- The interrelation of core competencies, and essential application features characterizes the discipline and underlines the complexity of the specialty.
- There is a need for harmony, equal quality standards and exchangeability in teaching general practice/family medicine.
- Rather than the acquisition of a list of defined knowledge and skills, “Action in wisdom” is the final aim.
- General practice/family medicine is best learned in a GP-setting, although specific competences and skills can be learned in environments of other disciplines.

