Introduction

Over the last 40 years, there has been an accumulation of evidence on the importance of family medicine. There is more than enough evidence that the strength of a country’s primary care system is associated with improved population health outcomes, that health systems with a strong primary care orientation tend to be more equitable and accessible and that primary care delivered by family physicians reduces costs and increases patient satisfaction with no adverse effects on patient outcomes.

But although the key contribution of primary care in producing good public health outcomes is now obvious, there has been less success in achieving the recognition of primary care as an academic discipline. Academic recognition is one of the key elements of equal status with other, well established disciplines, which also enables specific approaches to teaching and research. Because of this, family medicine societies throughout Europe have invested substantial resources in achieving this goal.

Within this arena, family medicine had to find its unique position (1), and at the same time lead the way for a better alliance between academia and the field of patient care. This required a simultaneous paradigm shift in the worlds of health policy and research and development, which may explain the time and effort required.

One of the key steps in this process was the writing of the European definition of family medicine (2). The development of theoretical models was a great intellectual challenge and helped in creating teaching and research agendas and curricula for family medicine worldwide (3-4). The work of experts in the theory of family practice successfully demonstrated how family medicine differs conceptually from other medical and health care disciplines and provided a much needed conceptual framework for teaching and research agendas.

Challenges and Problems

There is often a feeling that nothing much has changed for family practitioners outside the ivory tower of academia, and it is probably safe to conclude that in most countries family medicine has still not received the recognition that it deserves.

One of the big challenges in recognition of family medicine is the primary care paradox (6) which looks at the belief that although family physicians provide poorer quality care of specific diseases than specialists, primary care is nonetheless associated with better health, greater equity, lower costs, and better quality of care. Unravelling the paradox depends on understanding the added value of primary care.

It needs to be recognised that there are limitations as to what family medicine academics can achieve. The opinion of the clinician and academic bodies is no longer regarded as sacrosanct and a new dialogue is emerging between health care
consumers and providers where academics are often excluded.

On the other hand, the benefit of this partnership is seen in the fact that countries which have achieved high standards in academic family medicine are characterized by equally high standards and esteem for family medicine. In these countries, professional organizations have understood that the benefit of academic bodies is often hard to measure directly, but is viewed with respect by policy-makers and the public.

Secondly, by joining the academic arena, family medicine is subject to the same criticisms as all the other academic disciplines about the detachment of academic medicine from reality and following agendas of its own that have nothing to do with the real problems. If family medicine academics do not maintain close links with their practising colleagues, this may become a real threat.

Key Success Factor

In the countries where family medicine has flourished academically, academic family medicine has managed to maintain and further develop good collaboration between practice and theory. Teaching practices and research networks are the natural environments for research and education in family medicine as much as laboratories and hospital departments are the environment for basic and clinical sciences and departments of family medicine are often a model for how collaboration between theory and practice can be achieved (5).

In order to maintain this link, a close cooperation between professional and academic organizations is necessary. This is not always easy, but is vital, and in particular in primary care and family medicine. This goes back to its central role in any healthcare system: to be effective, interventions should address the prevailing important health problems in the population under care. In other words, implementing and modifying innovations to meet local needs is an integral part of primary care development. This requires family practice with an academic connection in every community (7). This is the key factor of academic success in family medicine, where the discipline can fulfil its potential in contributing to the academic arena.

Conclusion

Regardless of obvious problems that still exist, the achievements in the academic development of family medicine in Europe have been remarkable. Family medicine has been successful in creating its theoretical background and in promoting itself as an academic discipline (8). Throughout Europe, many academic departments of family medicine have been established and it is now customary for every student at medical school to be taught about family medicine as part of the core curriculum. Specific training for family medicine is recognised as a standard for modern patient care and accepted as a rule in the EU, and is an aspiration for most of the countries that want to join it.

Family medicine is well placed to take over the responsibilities of a well established discipline. Theory has been useful in explaining why family medicine is unique, but new steps now need to be taken in order to prove its value to the public. They can be made only through partnership between the professional organizations and academic bodies. In order to maintain this link, a close cooperation between professional and academic organizations is necessary.

Take Home Messages

- Family medicine has achieved its goal of academic recognition in Europe.
- In order to do that, it has had to adapt.
- The need to maintain its specificities is now as important as it was decades ago.

Original Abstract

http://www.woncaeurope.org/content/es4-general-practitioners-career-towards-academic-level-why-and-how

References