

## **Minimal Undergraduate Teaching Curriculum in Europe**

Elisabeth Brown and colleagues, have pointed out significant differences across the European Union in GP training and in family medicine (FM) teaching.<sup>1</sup> GP training and the choice of general practice as a profession depend, to a large extent, on the level of FM teaching at the undergraduate level. Only if we teach FM at this stage for students, we introduce all of them at this discipline as framed by the European Definition. Only if we introduce students for a short clerkship in the practices, will we get new doctors really willing to train as a GP. Also, all doctors, whatever their final specialty, will understand the place of FM in the healthcare system.

As the EURACT Basic Medical Education Committee, we produced and presented research<sup>2,3</sup> on FM undergraduate teaching in Europe, using a Delphi study to determine a minimal curriculum.

The length of the FM/GP clerkships/ undergraduate programs ranges from one to 12 weeks in different countries, and among different universities in a single country. Inter-country and intra-country variations are seen not only in the length of the program but also in its content. Since there is no uniform curriculum for FM/GP across Europe, the aim of this study was to create/ suggest one.

The Delphi method was used among the National Representatives (n = 40) in the EURACT Council. A total of 25 responses were obtained on the first round (62.5% response rate). The 375 themes suggested were then reduced by the researchers to a list of 87. This list was sent again by email. On the second round 27 responses were obtained (67.5% response rate). A final list was generated after ranking. The third round closed the final 15-item list. “Final tuning” voting was performed during the council meeting to ensure maximal consensus.

This document, summarised in the box, could be used in the future for the development of a uniform undergraduate curriculum for FM/GP across Europe to promote its development in Countries at a lower academic level in FM and to achieve the reputed uniformity required for high levels of teaching and better free movement of future doctors in the labour market.

	Votes	Themes
1	26	<b>Introduction to FM/GP as a specific medical discipline. Principles of family medicine: continuity, comprehensiveness, coordination of care</b>
2	21	<b>Holistic approach / bio-psycho-social model</b>
3	20	<b>Management of diseases at early, undifferentiated stage / dealing with uncertainty.</b>
4	17	<b>Communication skills: with patient, with patient's relatives, and with "difficult" patients.</b>
5	17	<b>Management of multiple health problems, identifying priorities.</b>
6	17	<b>Decision making based on prevalence/incidence of target conditions/disease prevention.</b>
7	17	<b>Prevention and health promotion, patient education.</b>
8	16	<b>Patient-centeredness</b>
9	16	<b>Consulting skills – stages of a consultation</b>
10	15	<b>Chronic disease care/management of chronic diseases/ health problems /diabetes/ hypertension/ CHD/ Obesity</b>
11	14	<b>The family as a source of disease and resource of care/ genograms/ family life cycle</b>
12	13	<b>The specific of healthcare in FM: all ages, male and female, curative care, prophylactic care, emergencies.</b>
13	12	<b>Community orientation /community centered care/ community needs assessment</b>
14	12	<b>Most common presenting symptoms in family practice</b>
15	10	<b>Interface of primary and secondary care: referrals, gate keeping, advocacy</b>
16	10	<b>Top- 10/15 illnesses – diagnosis, treatment, follow-up.</b>
17	10	<b>Home visits</b>
18	9	<b>Practice organization: computerized files, record keeping, teamwork, nurse/secretary, economic issues.</b>
19	9	<b>Life threatening conditions / Recognition of "red flag" symptoms.</b>

20	9	Evidence based medicine (EBM) in FM
21	7	Limits of skills and competence: What is expected to be treated in GP and how does a GP decide when to refer?

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#### REFERENCES

1. Brown E. et al. Family medicine into the future: blending health and cultures. *Br.J.Gen.Pract.* 2011; 61 (583): 155.
2. EURACT BME Committee. *Family medicine/general practice undergraduate teaching in Europe: a Delphi study to determine a minimal curriculum. Oral presentation 499. WONCA Europe Conference in Malaga. October 2010.*
3. Tandeter H., Carelli F., Brekke M. et al. A 'minimal core curriculum' for Family Medicine in undergraduate medical education: a European Delphi survey among EURACT representatives – *Manuscript* Ref: EJGP-2010-0102.R4, accepted and in press for next EJGP issue as total research paper.

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