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What's New in the Updated European Definition of General Practice/ Family Medicine?

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Abstract

WONCA recently updated the European Definition of General Practice/Family Medicine [GP/FM]. Patient empowerment becomes one of the twelve characteristics of GP/FM, linked with person centered approach. This description of the characteristics of the discipline gives an explicit framework and describes the specific content of GP/FM.

GP/FM is the specialty dedicated to primary health care, in a quality improvement perspective. Clinical decisions take into consideration of ambulatory clinical context, patient's preferences in its living environment and current scientific data, in an EBM model.

This definition is worth to be implemented in the three components of a medical discipline: care, teaching and research. Primary health care have to be developed because of their effectiveness and efficiency, and their ability to reduce health inequalities. The core professional competencies of GP/FM are clearly identified and must be taught the University. Primary care research must been larged to allow investigating different areas of expertise.

Introduction

WONCA Europe [World Organization of Family Doctors] published in 2002 the European Definition of General Practice/ Family Medicine [1], which presented the different characteristics of the discipline. After little changes in 2005, an updated version [2] has been proposed to the medical community, focusing on the place of the patient in the process of care. A new feature was added highlighting the patient empowerment. These fundamental elements structuring General Practice/Family Medicine [GP/FM], jointly developed by the European countries in a consensual approach, are useful for all countries in the world.

The European Definition 2011

GP/FM is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care.

The characteristics of the discipline of GP/FM

There are twelve characteristics of the discipline. These are that it:

1. Is normally the point of first medical contact within the health care system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex, or any other characteristic of the person concerned;
2. Makes efficient use of health care resources through coordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialties taking an advocacy role for the patient when needed;
3. Develops a person-centered approach, orientated to the individual, his/her family, and their community;
4. Promotes patient empowerment;
5. Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient;
6. Is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient;
7. Has a specific decision making process determined by the prevalence and incidence of illness in the community;
8. Manages simultaneously both acute and chronic health problems of individual patients;
9. Manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention;
10. Promotes health and well-being both by appropriate and effective intervention;
11. Has a specific responsibility for the health of the community;
12. Deals with health problems in their physical, psychological, social, cultural and existential dimensions.

The specialty of GP/FM

General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients.

Core competencies

The twelve characteristics of the discipline relate to twelve abilities

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that every specialist family doctor should master. Because of their interrelationship, they are clustered into six independent categories of core competence.

1. Primary Care Management
2. Person-centered Care
3. Specific Problem Solving Skills
4. Comprehensive Approach
5. Community Orientation
6. Holistic Approach

Analysis

This European definition describes the characteristics of GP/FM. The item 4 "patient empowerment" added in the new version, was already introduced in the item 3 "develops a person-centered approach", and in the item 12 "deals with health problems in their physical, psychological, social, cultural and existential dimensions". It is now a full-fledged feature which strengthens the focus on the patient and which promotes the self-management. In this way, therapeutic patient education takes a large place particularly in chronic diseases. While medical consumerism grows, this evolution reflects, the requirement to meet the needs and expectations of patients.

To sum up, the European definition gives a clear conceptual framework and describes the specific content of GP/FM. It shows that GP/FM cannot be reduced to a part of the others disciplines added together, or a different way to practice the same medicine in a particular context. It is a specific discipline with its own education, research and practice, based on the three components of Evidence-Based Medicine [EBM]: research data, clinical circumstances and patients' preferences [3]. For GP/FM, each of these three elements is specific in decision making. Current scientific data more often rely on the results of studies conducted in secondary or tertiary care: their transposition into GP/FM is sometimes inappropriate. This gap partly explains the difficulties of implementation of guidelines for clinical practice by general practitioners, who don't find it suited to their daily activity. Clinical context determines an ambulatory exercise of primary health care, which influence the diagnostic w according to EBM, gives to GP/FM the scientific basis of an academic discipline and a professional activity.

Implementation

As the other medical disciplines, GP/FM is built on three components: care, teaching and research. It is necessary to bring a specific content related with primary health care into each of them.

Care

GP/FM is the specialty oriented to primary health care, who have been positioned by WHO as "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and families in the community"[4]. In the same way, American Institute of Medicine defined primary care: "it is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community" [5]. Despite the strategic strengthening of this approach [6], the US health care system drifted to warrant recently a need for upgrading of primary health care [7]. In 2008, WHO asked again the question of the renewal of primary health care and concluded: "Now more than ever" [8]. For American Association of Family Physicians [AAFP], "primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings" [9]. There are now more and more evidences of effectiveness and efficiency of primary health care and their ability to reduce health inequalities [10]. Primary health care may improve the quality, outcomes, and cost of care and must become the real orientation of health systems [11]. In a recent editorial, editor-in-Chief of European Journal of General Practice underlines the strength of primary care in Europe [12].

GP/FM is the first resource that provides the patient when self-medication not allowed him to find a solution to his health problem. This broad field of activities is therefore determined by the demands and needs of the population. The ecology of medical care of White, revisited by Green et al. in 2001 [13] clearly showed that the majority of the medical requests of the population are related to primary health care. The Royal Australian College of General Practitioners proposed a similar definition to that of WONCA: "General practice provides person centered, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities" [14]. Likewise, AAFP described family medicine as "the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity" [15]. This concordance clearly shows the universal character of primary health care and confirms that there is truly an entity GP/FM, regardless of the particular health system in each different country.

Teaching

WONCA definition can appear as theoretical, but professional tasks which run for them are very concrete. Each of them taken separately is not exclusive to primary health care, but it is the ability to perform all of these tasks which gives the specificity of GP/FM. From the 6 competencies identified, a teaching agenda [16] has been elaborated by EURACT [European Academy of Teachers in General Practice] to develop competencies learning. Teaching methods and assessment tools have been described for each of them. The aim is to contribute to the harmonization of the content of vocational training all over Europe. The College of Family Physicians of Canada has set out the Can MEDS-Family Medicine [17] which has defined the competency framework for medical education. The aim is to guide curriculum and to form the basis for the design and accreditation of residency programs. Its ultimate goal is to improve patient care and to ensure that postgraduate training programs in family medicine are responsive to societal needs. In the holistic approach promoted by WONCA, communication skills are essential and there are different interventions to improve this competency [18]. European Forum for Primary Care [EFPC] wishes to promote Inter-professional Education to ensure professional collaboration and to develop and implement innovative educational programs [19].

Research

At the same time as this educational use, the development of primary health care research should allow to investigate the different areas of expertise. Taking into account of contextual, behavioral and scientific aspects, it is possible to bring out specific data to GP/

FM. The Research Agenda for GP/FM and Primary Health Care in Europe [20,21] was developed by EGPRN [European General Practice Research Network]. It is a comprehensive review of GP/FM research which summarizes the current scientific evidence related to the core competencies and characteristics of GP/FM. It points out research needs and action points for health and research policy. The aim is to explore the various fields of activities, analyze their complexity and their interactions, and assessing their impact on care outcome. This approach fits in the recommendations of WONCA for development of research in primary care [22] has proposed necessary strategic axes. It is essential to produce scientific data from GP/FM to strengthen diagnostic procedures and therapeutic strategies, and thereby reducing the gap between guidelines and practices. This primary health care research is also required to provide practical indicators that may influence public health decisions.

Conclusion

WONCA European definition outlines GP/FM as an academic discipline, and describes the professional tasks and the core competences required of family doctors. It shows that these essentials characteristics of GP/FM are not dependent on health care systems. The professional tasks are generally applicable but can vary by context: the definition gives a basis for national interpretation in the context of the health-care system. Moreover, its implementation allows the development of education, research, and quality improvement and aids to individual doctors, teachers, learners and researchers. Finally, this consensus statement provides a confident view on what family doctors should be providing in the way of services to patients. The strengthening of primary health care is a main step to improve health outcomes and limit medical expenses, in order that patient care is of the highest quality and also cost effective.

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