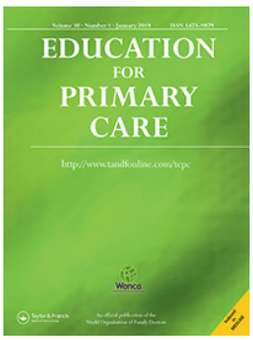

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EDITORIAL

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Family medicine education in the real world

It is well known that the changing demographic of society, as the population aged over 65 years rises, presents a challenge to healthcare systems. Family Medicine (FM) in Europe is significantly affected by this change and is already witnessing a steep rise in workload related to the increase in multi-morbidity [1]. Patients living with multiple conditions find the separation between primary and secondary care confusing. This leads to duplication and an ineffective use of resources.

This rise in workload and change in the type of work is occurring at a time when recruitment to FM training is a problem in many countries. Retention of doctors is difficult, particularly in the countries of the European Union in South and Eastern Europe [2]. These countries are experiencing a significant migration of doctors as young doctors move westwards for better salaries; e.g. both Estonia and Hungary have expressed concern about the migration of significant numbers of Family Doctors. The United Kingdom, which has recruited a large number of migrant doctors from the European Union (EU), is itself experiencing problems with the supply of family doctors particularly in those parts of the country that young doctors perceive to be less attractive [3].

These challenges call into question the current models of FM/General Practice [GP]. Are they fit for the needs of the future? Solutions to these problems are being experimented with in different countries. Common themes are emerging, such as the importance of a generalist physician and the development of multidisciplinary approaches. The latter can however create additional problems. Care may become fragmented within primary care and continuity may suffer.

One way of addressing the divide between primary and secondary care in specialty training can be when FM trainees are working in hospital alongside specialty trainees. The flow of learning has traditionally been from specialist to FM trainee. There is now also a strong case for empowering the FM trainee to increase awareness in their specialty colleagues of the role of FM in healthcare.

The challenges facing FM require education that enables FM to evolve and adapt. We must ensure that existing family doctors, and those of the future, are equipped with the skills to effectively and safely manage the population in a way that guarantees patients' needs are met. It is important, as new approaches are tried, that they are evaluated in a rigorous manner. Educational research needs to focus on determining improvement in outcomes. This, of course, is a challenge given the current pressures on the workforce [4]. One way of addressing this is to look outward and to share ideas across national boundaries.

The European Academy of Teachers in General Practice/Family Medicine [EURACT] is the education network of WONCA Europe. It has representatives from 38 European countries and it works to support the development of GP/FM across Europe through Education. EURACT also recognises the need to support educational research and recently held its second Educational Conference in Leuven, Belgium. Several abstracts from this conference will be published in the next edition of this journal.

This conference provided the opportunity for GP Educators from across Europe to meet and share ideas, teaching strategies and research. Many GP Educators have clearly identified the barriers between primary and secondary care as significant. Innovative approaches to reducing these barriers during specialty training were addressed by several presenters.

It was clear from the presentations that in those countries where all levels of GP education, from undergraduate to specialty and continuing medical education, are based in academic departments, GP Educators are well placed to develop research projects which address how best to test and develop educational interventions. The Netherlands is one such country and it has not had the problems with recruitment to FM experienced by other countries [5]. Several factors may be involved here. General Practice appears to be well supported by the Dutch government. The guidelines used in the Netherlands are produced by GPs. They are therefore context specific and seen by GPs to be relevant to their work. GP Specialty training is well integrated into academic departments [6].

A continuing challenge for medical education research is the need to move from descriptive research to clarification and justification research. The work presented at this conference demonstrated that a few researchers are doing this; by sharing this work it is hoped that more educators will be enabled to participate in such research.

The academic programme demonstrated that researchers in medical education in family medicine

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are active and developing new approaches to address the current challenges of a changing workforce and the change in the volume and type of work. It is important that researchers disseminate these new approaches across national boundaries by continuing to publish and present at international conferences. In the words of the African proverb quoted by one of the presenters: 'If you want to go quickly go alone, if you want to go far go together.'

The keynote lectures from this conference can be found here: www.kuleuven.be/keynotes.htm

The next EURACT conference will be held in Graz, Austria Sept 25th-26th 2020.

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