Why does a Medical Faculty need family medicine for international accreditation?[1]

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Descriptors for the Master award

To answer the question whether the inclusion of family medicine is essential for the international accreditation of a Faculty of Medicine, we need to consider the criteria for accreditation. The "Joint Quality Initiative" group is currently engaged in preparing the "Dublin descriptors" for the Master award [1].
It can be stated that Master degrees are awarded to students who:

- have demonstrated knowledge and understanding providing a basis or an opportunity for originality in developing and/or applying ideas, often within a research context;
- can apply their knowledge and understanding and problem-solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study;
- have the ability to integrate knowledge, handle complexity and formulate judgements with incomplete or limited information, but this includes reflection on social and ethical responsibilities linked to the application of their knowledge and judgements;
- can communicate their conclusions, and the knowledge and rationale underpinning these, clearly and unambiguously to specialist and non-specialist audiences;
- have the learning skills to enable them to continue to study in a manner which may be largely self-directed or autonomous.

The descriptors fit perfectly with the definition of family medicine as dealing with a wide variety of problems, using a patient-centred problem-solving approach and involving reflection on social and ethical responsibilities [2]. It is thus clear that the discipline of family medicine constitutes a major asset for international accreditation of a medical faculty. But does a faculty actually need family medicine?
We argue that a Family Medicine department is needed to perform tasks in the areas of teaching, research and health policy. As a teaching subject family medicine is a discipline which reveals the epidemiology of disease in the community and introduces students to medical decision-making and the problems of uncertainty. It focuses on the patient's perspective and takes into account the broader social, economic and anthropological context. In the area of research, family medicine is a discipline embracing 3 types of evidence: medical evidence as a basis for diagnosis and therapy, contextual evidence enabling the practitioner to put medical evidence into practice, and policy evidence integrating the equity perspective [3]. At the policy level a Family Medicine department fulfils an important strategic role at the crossroads of hospital care on the one hand and other sectors in community care (e.g. social work, mental health) on the other. Family medicine, embedded in the local community through a network of practising family doctors, creates opportunities to contribute to the "social accountability" of a medical faculty.

Experience at Ghent University

Experience at the faculty of Medicine Health Sciences at Ghent University may illustrate the importance of setting up an institutional Department of Family Medicine and Primary Health Care. In the sixties and seventies attempts were made to "modernise" the medical curriculum in Ghent, but they failed because the reform was limited to reshuffling courses. In 1980, after prolonged debate, the Department of Family Medicine was "accepted" or "tolerated". In the first decade, the discipline had to win its "credentials" at the teaching and research level through innovative patient-centred teaching and PhD theses [4]. From 1990 onwards, the department took a clear-cut decision to participate in a process of change. The accreditation report on the quality of teaching in 1997 made it clear that the medical curriculum was highly effective in regard to biomedical knowledge transfer, but was inadequate in the sphere of skills training, development of attitudes, patient-oriented teaching and exposure to scientific activities. From that year on, the head of the Family Medicine Department took the lead on the curriculum reform committee and an associate professor of the department became Director of the Centre for Edu-

1 Lecture at the symposium «20 Jahre Hausarztmedizin – 10 Jahre FIHAM Basel» (Basel, 26.08.04).

cational Development. This gave the department the opportunity to contribute to a process of fundamental curriculum reform, switching from a discipline-based curriculum to an integrated curriculum with "units" and "lines". The department was involved in a number of "units" (not only units such as "health and society", but also units on "cardiovascular problems", "geriatrics", ear, nose and throat problems, medical research etc.). Numerous clerkships in Family Medicine in the community are integrated into the curriculum and the Family Medicine Department plays an important role in clinical teaching. Ghent University is now looking forward to the 2005 accreditation process.

Table 1. Lectures (hours) of family medicine in basic medical education.

Country	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Norway	4		9	9	5	96
Finland		6	2			15
Denmark	1	8			10	
Lithuania						16
Ireland						
Belgium	6		8	12	5	8
Switzerland	19	1	19	21		63
Slovenia						1
Malta			5	5	5	
Turkey		6		8	45	

Table 2. Clerkships (days) in family medicine in basic medical education.

Country	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Norway			26	3		37
Finland	14		7	7	14	
Denmark					11	
Lithuania						
Ireland					14	
Belgium			1	8	5	15
Switzerland			12*	16*		
Slovenia						28
Malta				4		
Turkey					21	30

* one-on-one tutorials in private practice

Table 3. Seminars/tutorials/skill training/other activities (hours) of family medicine in basic medical education

Country	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Norway	2		32	3		27
Finland	14		6		6	3
Denmark					10	
Lithuania						48
Ireland						
Belgium	8		25	50	30	12
Switzerland	17	5	*	*	*	2
Slovenia						6
Malta						
Turkey						

* problem-based learning

To place the Ghent experience in a broader framework, we performed a survey involving universities in 10 different countries: the University of Bergen in Norway, the University of Turku in Finland, the University of Aarhus in Denmark, Vilnius University in Lithuania, University of Dublin, Trinity College in Ireland, Ghent University in Belgium, University of Basel (FIHAM) in Switzerland, University of Ljubljana in Slovenia, University of Malta Medical School in Malta, Adnam Menderes University in Aidin in Turkey. An electronic questionnaire was circulated to assess the contribution of family medicine to undergraduate teaching.

Table 1 provides an overview of the lectures and hours family medicine contributes to basic medical education. It is remarkable that in most of the countries involved family medicine has a substantial contribution in quite a number of study years of the undergraduate curriculum.

We also assessed the days of clerkship in family medicine basic medical education in the participating universities.

Table 2 provides an overview. In some countries students are exposed to clerkships in family medicine as early as the first years of basic medical training. The importance of the clerkship increases in the 5th and 6th years of basic medical education.

It is well known that family medicine has contributed much to innovative teaching methods in undergraduate medical training. Hence we also assessed the contribution of family medicine through seminars, tutorials, skills training and other activities. Table 3 provides an overview.

We have also noticed that in almost all the faculties involved, family medicine is represented both in the Faculty Council and the Curriculum Committee. Finally, in Norway, Lithuania, Ireland, Belgium, Switzerland, Malta and Turkey family medicine is involved in the final examinations at the end of undergraduate medical training.

From this information it is clear that in many countries family medicine is having an increasing impact on basic medical education.

The final question – whether family medicine is essential for high quality medical education – must be answered in the affirmative. Family medicine operates at the crossroads between society and health care systems, and plays an essential role in integrating the often fragmentated subspecialised approaches in other disciplines. Moreover, the comprehensiveness of the discipline provides an excellent

framework for high quality integrated patient-oriented and problem-based teaching. The important challenge nowadays is how to orient students towards the discipline of family medicine, a problem which can be resolved only through changes in the organisation, financing and structure of the discipline within the framework of a primary care-oriented health care system.

References

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Apropos

Alles Fertige wird angestaunt, alles Werdende wird unterschätzt.

Friedrich Nietzsche