

THE WONCA 2004 conference was an opportunity for the RCGP curriculum development team* to share its work with experts from around the world in order to inform the UK GP Training Curriculum, which is due to be completed in early 2005.

On the first day, we had a presentation from Justin Allen on the 'European Definition of General Practice', from myself on 'The Context and Educational Setting of the New Curriculum', and from Adam Fraser on the 'Literature Review'. These presentations were given to a packed audience — people were even standing up at the back of the room! The speakers summarised the current status of the curriculum review and answered questions about Foundation Programme GP placements and on the need for, and balance between, hospital training placements. There was thoughtful discussion about the literature review and an Australian professor brought up how much scope there was for variation in the proposed programmes, pointing out that many trainees don't need targeted help but some are not able progress without it. Educationalists from the US were surprised to learn of free movement of people within Europe and worried about the consequences given the variation in standards.

Day two started with an excellent presentation by John Salinsky about the use of patient narratives, which made the team consider their role in the wider curriculum for trainees. A symposium on the proposed UK curriculum began with a presentation by myself. I presented the preliminary results from a survey of over 2300 GP registrars, HPE doctors, trainers, and course organisers (57% response rate at the time of the conference). The survey indicates that most responders wished for change in the standard model of GP training in the UK, but that most preferred 3 years' duration with 18 months based solely in GP training practices. The delegates discussed the implications of these findings, particularly the need for high quality GP orientated hospital placements while having a mentor and base in a GP training practice.

We then looked in more detail at the learning outcomes of the WONCA European competencies. In small groups we discussed the detail of the competencies and the implications for training. This helped us to clarify some of the issues — particularly around language, which is thought by some to be rather opaque — and concerns about the levels of knowledge and how acquisition of competencies would be ensured. We spent quite some time discussing the competencies that were specific to GPs. The nature of the competencies is often very similar to those of other doctors but the degree to which they are practised sometimes has to be higher. This was felt to be true about communication and patient-centredness. Others, such as continuity of care, were unequivocally unique to general practice.

On the final day, we held a session that had a series of three linked presentations. We started with a shortened overview of the curriculum process from Mike Deighan followed by a more detailed presentation of the survey work by Adam Fraser, who talked in depth about hospital training aspects and the effect that they would have on the curriculum. Finally, Stephen Kelly gave a presentation on the implementation at deanery level and resource implications of probable changes that would come about with the new curriculum. This deanery view was followed up quite intensively in the questions, where useful contributions were made by Justin Allen and Tony Mathie. There was quite a long discussion about aspects that went into some more theoretical aspects about the curriculum and delivery of education.

The conference was very helpful for the team to test some of the ideas that have evolved from countless meetings across the UK. The delegates brought with them their experiences in GP curriculum development from across the world. There was a great sense that they wanted to help us and wanted us to help them — a theme that I believe we need to build on at future conferences. They came up with excellent ideas that we will utilise and also highlighted some issues and loopholes not spotted in the UK, such as consulting with and subsequent training of non-GP educators and the possibility of including statements regarding values and medical humanities in the final curriculum.

Steve Field

Freezing cold and bored to death

The only reason for my visit to Orlando was the meeting of editors of family physician journals but, being there, I promised myself to learn a few things and have a little fun. That was no easy task in such a huge Stalinist place as the Orange Convention Centre, running from one side of the centre to the other finding the lecture cancelled or often already finished. Too many sessions and too many boring speakers, but on Saturday afternoon when almost all congress visitors were elsewhere (Disneyland, the beach ...), I found myself in one of the small rooms listening to interesting papers on intercultural communication. Outside the congress it was at least 30°C, but inside the air conditioning tried to simulate arctic temperatures. Maybe immigrants out of the tropics feel the same when they arrive in Europe: lonely and unable to listen because of physical difficulties.

The cold was especially noteworthy because I visited (by accident) the very 'warm' keynote lecture of America Bracho, president of Latino Health Access in Santa Ana, California, a few moments before. With dramatic expression and compassion, she told the audience of her way to tackle the problem of health inequalities. Working in a very poor

* The RCGP curriculum development team comprised Professor Steve Field; Dr Stephen Kelly, DPGPE for the West Midlands; Dr Justin Allen, Hon Sec of the JCPTGP; Dr Mike Deighan, Course Organiser from Worcester; and Dr Adam Fraser, a recent academic GP registrar from Birmingham. We gave a number of presentations over 3 days including an interactive seminar, all of which were well attended by world experts and opinion leaders in the area of GP training.

** A beginner's guide to abbreviations ...

UK = United Kingdom
NAPCRG = North American Primary Care Research Group
AAFP = American Association of Family Practitioners
WONCA. ... *Er, that's enough abbreviations. Dep Ed.*

Reference

1. Kaufmann IM. *Building healthy attitudes and coping strategies: '12 steps' for health professionals*. Toronto: Ontario Medical Association, 1999. www.phpoma.org/pdf/12_steps_04_text.pdf (accessed 15 Nov 2004).