

students the building blocks for MRCGP is only part of what we should seek to achieve, we need to show that all graduates leave medical school having learned to respect and aspire to the value of good generalist medical practice for patients, and seen its potential as an inspiring career choice.

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DOI: 10.3399/bjgp11X613034

Andrew Blythe and Julian Hancock consider that the attraction and challenge of a career in general practice and family medicine is its diversity.<sup>1</sup> I would underline its specificity. Core competences for a GP are not ill defined, as might have been expressed by John Wayne 'a GP's got to do what a GP's got to do.' Since 2002, we had the European definition of general practice/family medicine by WONCA/EURACT, with 11 fields of specific action, and six core competencies (primary care management, specific problem solving skills, person-centred approach, comprehensive approach, community orientation, and holistic approach), that define the role of family medicine and the family doctor in society.

Of course, GP-trainers need clear objectives to ensure they deliver high quality education, and specialty trainees require clarity about what they should learn. But here we have since 2005, the EURACT Educational Agenda, defining in-depth what to teach and how, what to learn and how, according to the 11 fields and the six core competences in the European definition.

Every country should build on the success

of its postgraduate curriculum by creating a national undergraduate curriculum for primary care. Many GP trainees have spent very little or no time in primary care since they were at medical school. All future doctors will be in contact in some way with primary care and should study primary care as a core part of their undergraduate curriculum.

There are significant differences across the European Union in GP training and in family medicine (FM) teaching. GP training and the choice of general practice as a career probably depends, to a large extent, on the level of FM teaching at the undergraduate level. 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 speciality, will then understand the place of FM in the healthcare system.

The EURACT Basic Medical Education Committee, has carried out a research study<sup>2,3</sup> on FM undergraduate teaching in Europe, using a Delphi study to determine a minimal curriculum. The length of the FM clerkships/undergraduate programmes range from 1–12 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 programme but also in its content. Since there is no uniform curriculum for FM across Europe (and also nationally, the aim of this study was to create, or at least, suggest one.

The resulting document could be used in the future for the development of a uniform undergraduate curriculum for FM across Europe to promote its development in countries at a lower academic level in FM and to achieve the uniformity required for high levels of teaching and better free international movement of future doctors in the labour market.<sup>4</sup> Also, a nationally-agreed curriculum will facilitate the exchange of good practice between schools sharing teaching resources and examination questions and would strengthen the core curriculum itself and get medical students prepared.

According to David Bird,<sup>5</sup> the Foundation Programme is an excellent setting for improving communication skills within the doctor-patient consultation. Many patients choose to see a trainee rather than the regular GP because trainees can spend more time on each consultation and thus feel that their concerns can be expressed and addressed more thoroughly. A Foundation Programme so increasing

patient satisfaction and also maintaining safe patient care should possibly be developed in many European countries.

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DOI: 10.3399/bjgp11X613043

## Trainees and palliative care

The tips offered to GP trainees is well balanced but with one significant omission.<sup>1</sup> No mention is made of the empowerment for the patient of an advanced directive (AD). GP trainees would do well to enquire if one is in place early on in the relationship so that the patient's wishes will be respected. AD's are part of the *Gold Standards Framework* checklist for palliative care but their use is still far from widespread.

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