

Developing academic careers in family medicine within the Mediterranean setting

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Lionis C, Carelli F and Soler JK. Developing academic careers in family medicine within the Mediterranean setting. *Family Practice* 2004; **21**: 477–478.

In many parts of the world, developments in teaching and research in the domain of family medicine have contributed to its recognition as an academic discipline. However, the discipline is still developing and would benefit from better support to increase capacity.¹ In addition, family medicine also seeks full academic recognition in several European countries, and this seems to be more evident in the Mediterranean setting.² Colleges and research networks in Southern Europe are struggling to attract the necessary support and resources to flourish and to see family medicine develop as an independent academic discipline. This is in contrast to Western and Northern Europe, where research capacity has been developing for several decades. Practice-based Research Networks (PBRNs) have been developed in a number of countries, including North America, the UK and The Netherlands, and they provide a substantial contribution to the capacity to conduct high quality clinical research in the primary care setting.³

The development of academic career structure, including academic training, deserves high priority. Three Southern European countries present particular uncertainties for those wishing to pursue a career in academic family practice. In Greece, only the University of Crete has recognized family medicine as an academic discipline; only one chair is available in this country, and GPs are seeking recognition from sister medical specialties.⁴ There are no other career pathways or training opportunities, and one Masters degree in Public Health is available at this Medical Faculty. This Faculty supports postgraduate education for a substantial number of GPs, and up to now only a couple of qualified GPs have defended their doctoral dissertation successfully.⁵ All Greek medical faculties consider publication as an important factor for academic promotion. Although this number varies across Greek faculties,

physicians nominated for assistant professor averaged >10–15 publications each, and >30 each for those nominated as full professor. This number seems to be quite high when compared with the number of publications requested in the USA in order to be promoted as an associate professor in family medicine.⁶ GPs are not treated differently by Greek Universities when they apply for promotion and tenure, although it is well known that they need more protected time for conducting research in their faculty position, and also more sustained mentorship.⁷

In Italy, a module in family medicine taught at undergraduate level was started in 2002–2003 at the Universities of Modena and Reggio Emilia. This module was discussed, approved and endorsed by the Italian College of General Practitioners and the Universities.⁸ Strategic objectives include maintaining a link between the University and GPs, to renew the GPs' status in the medical community, and to improve the status of general practice as a specialty. There is a general consensus that the selection of tutors, teaching practices and University appointments should be based on a curriculum vitae and on principles defined in the EURACT Statement.⁹ There is an urgent need for flexible training structures and academic career development in general practice in Italy. GPs who are leading the process are pushing Trust contractors to endorse a mixed portfolio in which clinical patient care is combined with other activities such as research and teaching.^{10,11}

In Malta, the Malta College of Family Doctors has been supporting and participating in the academic development of family medicine, locally and internationally, since 1989. The College publishes its own medical journal, 'it-Tabib tal-Familja'/'The Family Physician', which is considered to be an important Mediterranean journal of family medicine.² A motivated group of Maltese GPs have been collecting data voluntarily using ICPC in an electronic patient record as part of the international Transition Project for the past 4 years.^{12,13} Recently, the College was involved in the setting-up of the fledgling Department of Family Medicine at the University of Malta, and this now has a sound foothold in the undergraduate medical curriculum. The College is

Received 29 October 2003; Accepted 17 May 2004.

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now also officially involved in vocational training of GPs. The College has also succeeded in getting family medicine formally accepted as a speciality in the recent legislative review of the local Health Care Professions act.¹⁴ Yet the financial and academic support for these initiatives is still so poor that it all depends on the voluntary work of small groups of highly motivated individuals who fund their own professional development and international conference attendance.

The situation in the Mediterranean region contrasts sharply with that in the UK, The Netherlands or other Northern European countries. In the UK, research capacity is on a different scale from that in Greece, Malta and Italy, as 31 academic departments of general practice and primary care, 66 professors, 164 senior clinical and non-clinical academic staff constitute a huge resource for satisfying the needs of academic general practice in this country.¹⁵ The British also set the example of allocating a percentage of the National Health Service budget to research in order to promote its development in primary care.¹⁵ Lack of investment in primary care research leads inexorably to a lack of development of the discipline in universities.¹⁶

For the development of academic general practice in Southern Europe, it is necessary to make the discipline more attractive for the best medical students and young physicians. This may then deliver new knowledge in education and research methods, and offer new ideas and innovative proposals about effective clinical care and also services in the national health systems which are now struggling to implement health care reforms. The most important contribution of academic general practice in this European region is to define the research agenda, clearly responding to the needs of practitioners and clinical care services. A focus on clinical issues, as a recent study of the EGPRN has indicated,¹⁷ should be amongst the first research priorities. Academic general practice should also strive to develop measurement of equity in health and health care,¹⁸ as an important subject of the GP/family medicine research agenda. An increase in available research capacity and the development of PBRNs in Southern Europe should be considered as urgent needs, and the proposed processes within the European networks aiming at the enhancement of their productivity should be enhanced further.¹⁹ More senior posts are required in order to fulfil the task of academic leadership within the countries whose situation has been described above.^{15,20} Saxena and Webb argue that GPs are at times perceived as being at the bottom of the academic scale.²¹ Measures should be taken towards the establishment of a national career structure for academic general practice in Southern Europe. Developing the Mediterranean family practice educational and research agenda is a unique chance to bridge the figurative academic chasm

between Northwestern and Southern Europe, and should be a priority for the European Union.

Declaration

Funding: None.

Ethical Approval: Not needed.

Conflicts of interest: None.

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