



Letter to the Editor

Seeking identity in primary care. A survey on GPs trainees in Lombardy



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The role and identity of the general practitioner (GP) in the frame of primary care have significantly changed. The article of Livio Garattini and Anna Padula [1] compares the main traditional characteristics and recent tendencies of primary care in the English and Italian National Health Services. Through a comparative analysis the authors ask for more patient-centered primary care, recommending an holistic approach to patients and full access to services. Continuing the debate opened by these authors we emphasize once more the need to think over a person-centered model of primary care, reporting also some considerations that emerged from a recent survey conducted by the Social Healthcare Academy, PoliS Lombardia, Regional Institute for Policy Support.

The modern GP is called to take on varied and challenging roles. First, he/she must tackle a wide range of health problems, with a focus on the management of the ever increasing burden of chronic diseases in the elderly. In addition, he must be able to coordinate the multiple professionals and specialists who work in the hospital and territory, playing a predominant role in the prevention of diseases and promotion of healthy behaviors [2]. In Lombardy, the largest Italian Region, the regional bill 23, designed for the reform of the social and health services and approved on August 2015 in order to improve the care of chronic patients, attributes to the GP a key role in the healthcare system, being a point of connection between the social and health dimensions.

Even though there is an increasing recognition of the pivotal role of GPs, two main concerns affect this profession, as also emphasized by Garattini and Padula (1). First, Italy has the highest share of physicians aged 55 years or more across European countries [3]. For instance, in Lombardy about 5500 GPs will retire within 2037 [4], with a most serious impact on the delivery of primary care. In addition, there is a lack of medical graduates who choose to attend the three-year regional training courses in general medicine in order to become a family doctor. Today young doctors prefer the medical and surgical specialties, even if practicing in the frame of general medicine allows an immediate entry into the world of the medical profession. Moreover, many medical graduates, who participate to the public selection for becoming a GP,

tend to give up before the course starts, particularly if they are meanwhile admitted to one of the fellowships to become a specialist. This difficulty in recruiting doctors who want to attend GP's training programs has been noticed in other countries [5,6]. A possible explanation for this trend could be the negative beliefs and attitudes of medical students towards this profession. Indeed, they perceive the GP working life more negatively than that of the specialist [7]. In Italy another possible explanation for this preference is the considerable differences between the monetary amount of the scholarship for specialists (about 1900 euro per month) and that for training as GP (800 euro).

However, we believe that the economic motivation is not the only reason why young doctors prefer a specialty to general practice. For a better understanding, the Social Healthcare Academy, PoliS Lombardia, conducted a questionnaire survey of the entire population of doctors enrolled in the regional training course to become GP. Our aim was to survey the perception of the professional role among those in training. Thus the survey was performed using a self-administered questionnaire, comprising a total of 13 items. 355 training doctors took part, including 120 males and 235 females. The majority of them were between 25 and 30 years old (57.8%). 31.5% between 31 and 40, 10, 7% more than 40 years old. The data in Fig. 1 show that trainees perceived as essential for the enhancement of the role of the GP their optima expertise as clinicians rather than the possession of relational skills towards their patients. To the question on which were the activities that contribute more to increase the role and social recognition of a GP, the majority responded a strong clinical and diagnostic competence (52.7%), refusing a GP figure seen as a drug and exam “prescriber” (27.0%). Only 10% of them considered taking care of their patients' social problems as a main activity to increase the effectiveness and visibility of their role. Little importance was attributed to visit their patients in hospitals (1.7%) and to building closer relationships with specialist colleagues (1.4%).

A second questionnaire, similar to the first one, was instead submitted to the tutors/teachers of the training GPs, in order to explore the effect of their experience in general practice on the perception of the professional role. The questionnaire was administered to 100 tutors

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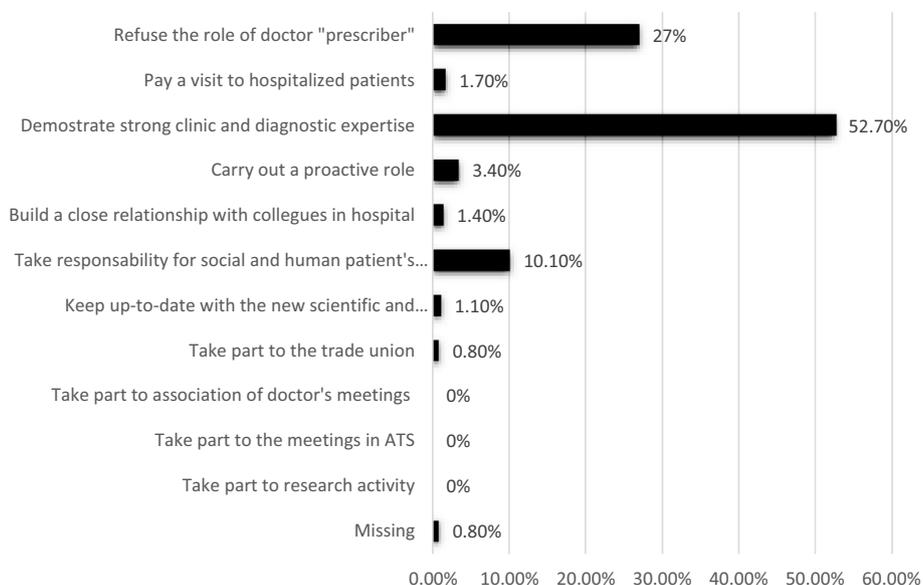


Fig. 1. Rate of responses of trainees on the activities that contribute more to increasing the effectiveness, role and social recognition of general practitioners.

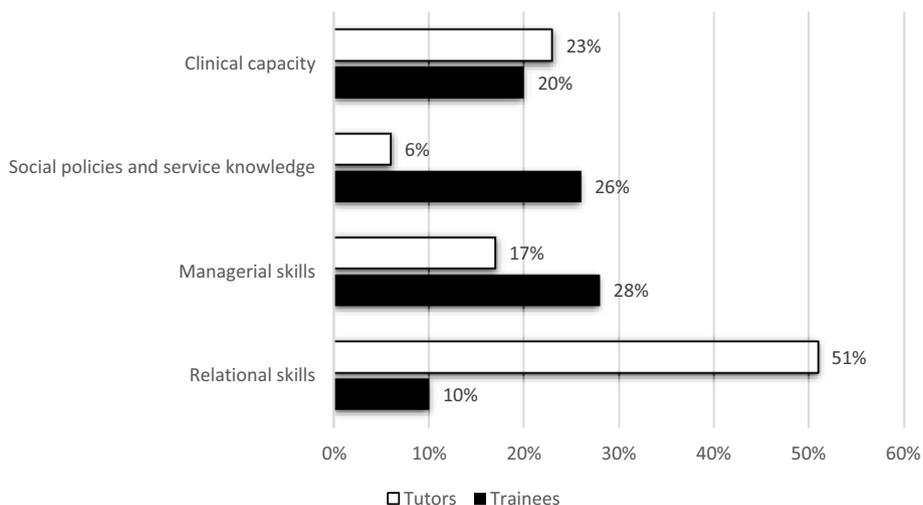


Fig. 2. Comparison between tutors and trainees on the main competences, to be developed during the training course.

involved in the training course for GP. 55 of them being between 61 and 70 year old, 44 between 51 and 60 years old. Fig. 2 shows that when that data collected by both questionnaires were compared, a main difference did emerge. Most tutors/ teachers considered essential to prepare their younger colleagues to manage the relationship with patients and considered the relational aspects as being those most affecting their profession, whereas only 10% of the younger trainees did believe that it was important to develop this capacity. Of interest was the answer to the questions regarding which are the most useful skills to be developed during the three-year training course in order to be ready for practice. The trainees considered useful to improve managerial skills, knowledge of social policies and services beside mainly the clinical capacity. On the other hand, the tutors stated that the trainees who attended their course were indeed very well prepared at a theoretical level, but much less on relational aspects: they knew well how to use computers and information technology systems, but failed to engage emotionally the patients and found it difficult to empathize with their needs.

Our explanation for these results is that the practice of general medicine is poorly emphasized in Italian university medical schools, in spite of the fact that the career choices for recently graduated doctors

depend not only on personal characteristics but also on the university culture towards primary care [8]. In Italian medical schools, students have relatively poor chances to get in contact with general medicine topics, because there is only a 2-week period of attendance of general practitioner's offices before admission to the state certification exam. Moreover, throughout the current course in medical schools the main orientation is on the biological and technological aspects, but less time is dedicated to the learning of relational and listening skills [9]. The risk is to practice the medical profession in the same way as taught at the university, by means of the exclusive application of technologies that can be learned without any critical emotional-relational exercise.

As Garattini and Padula (1) argue, it is absolutely necessary to rethink a primary care system more focused on patients. It is important to think about the kind of doctor to be introduced in the future healthcare systems, in which not only the roles and the functions of the professionals but, also and most importantly, the needs of the patients are changing. In order to train physicians to be ready to take on such a central role as the GPs of the future, we need to go beyond the vocational aspects of those who enter the university medical schools. Young physicians should develop the desire to carry out the profession of family doctor, attracted by the complexity and variety of functions that

this role has in today's healthcare systems. Therefore the current impending lack of GPs in Italy can be seen as an important opportunity to reform the medical schools training programs, with the goal to create the type of doctor that the system needs in the near future.

In conclusion, the results of this survey show that the real challenge of medical schools consists in enhancing the importance of general medicine as a profession on which to invest, based upon something that technology has not replaced: the human relationship with the patient.

Competing interests

All authors have no conflict of interest, including any financial, personal or other relationships with other people or organization.

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