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Auditorium - Centro Congressi  
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Largo Francesco Vito, 1

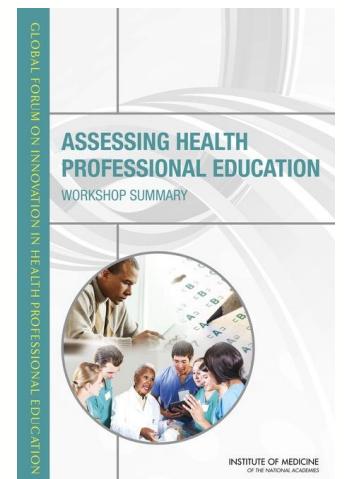
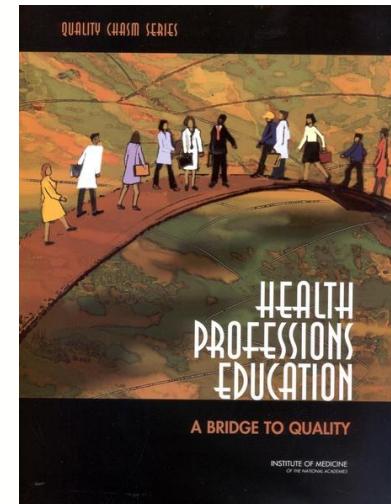
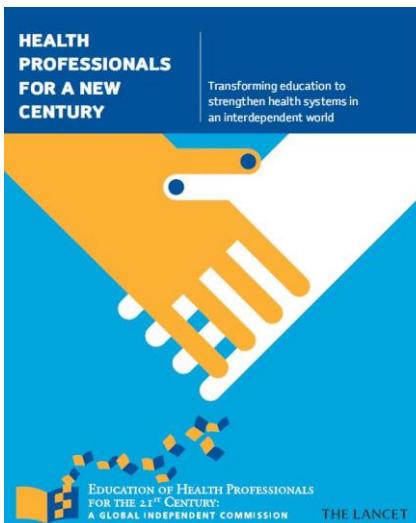
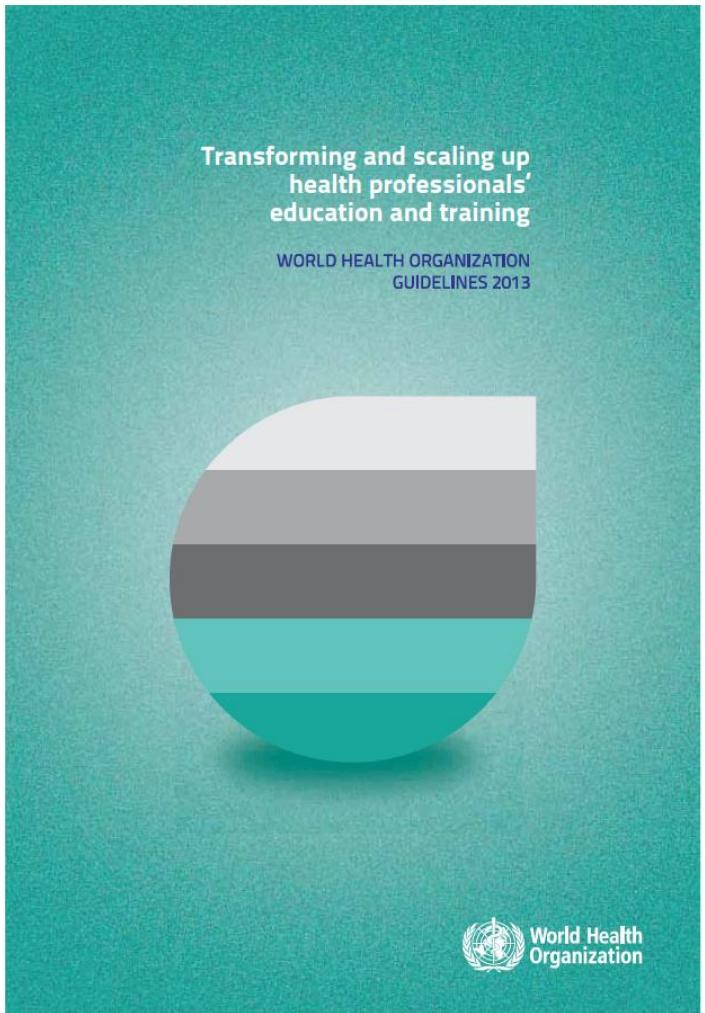
# La formazione sull'assistenza primaria: quali bisogni formativi nel pre- e post-laurea

**Maurizio Marceca**

*Professore associato in  
Igiene, Epidemiologia e  
Sanità pubblica*

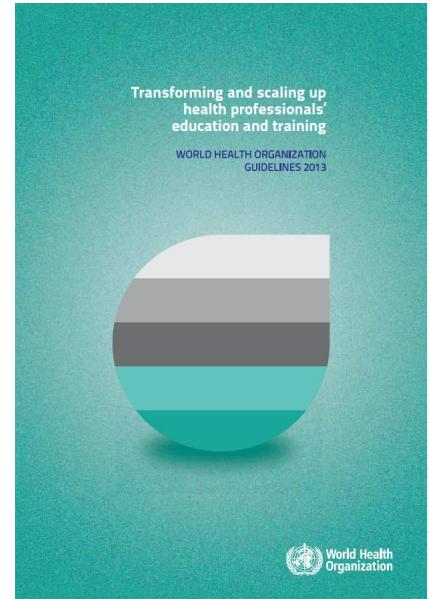


# La formazione dei professionisti: un valore strategico



2.

## Transforming and scaling up health professionals' education and training: Why is it urgently needed?



The vexing issue of the chronic and severe lack of health professionals worldwide is devastating for those countries where millions of people are without access to appropriate health services, principally primary care. This is the most critical challenge to achieving universal coverage of health services. If competent appropriately skilled professionals are not available in adequate numbers and distributed proportionately to the population, many citizens will not receive the services corresponding to their health needs.



# THE LANCET

2010

## Health professionals for a new century: transforming education to strengthen health systems in an interdependent world



Julio Frenk\*, Lincoln Chen\*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk

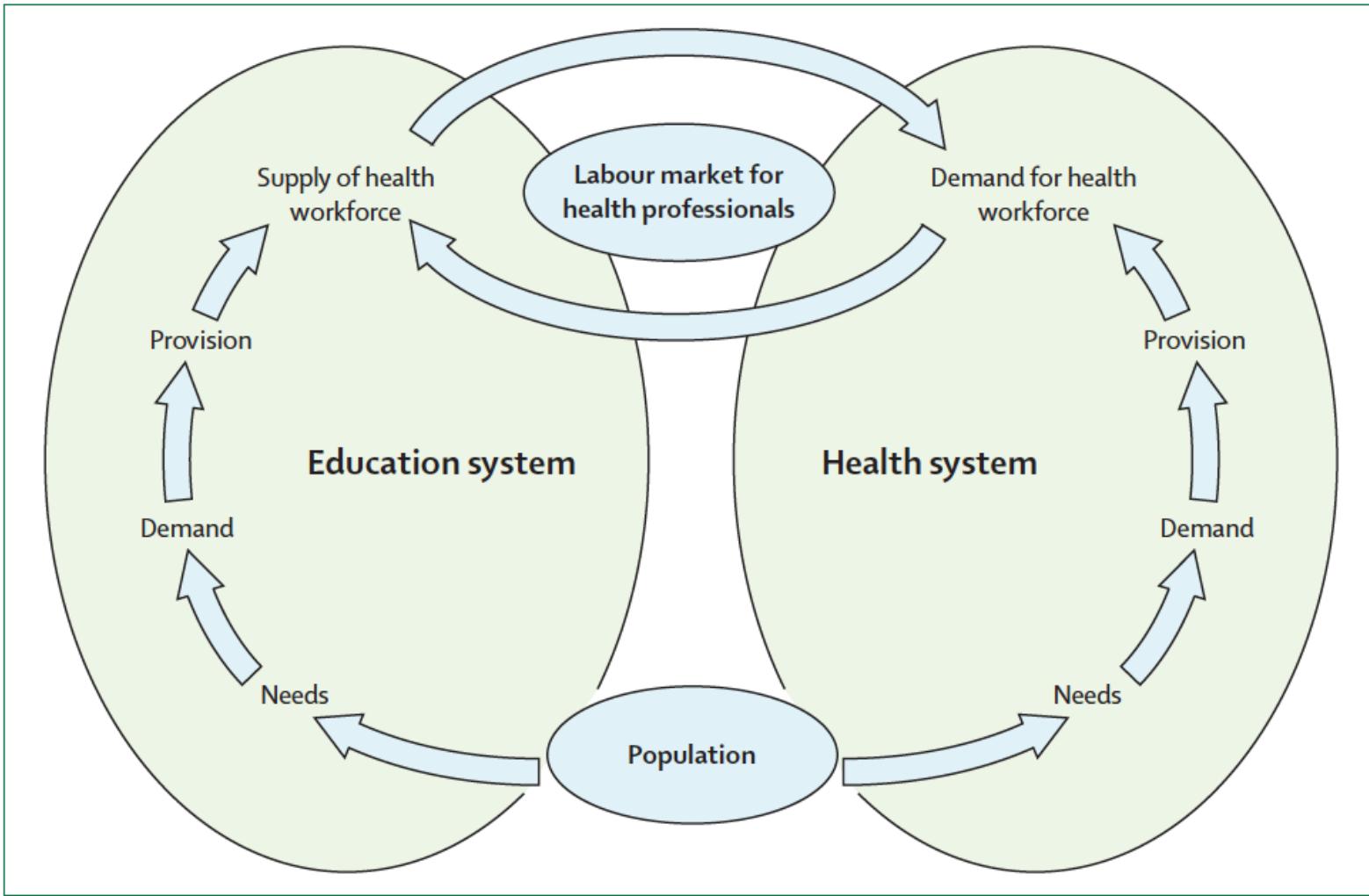


Figure 3: Systems framework

Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.

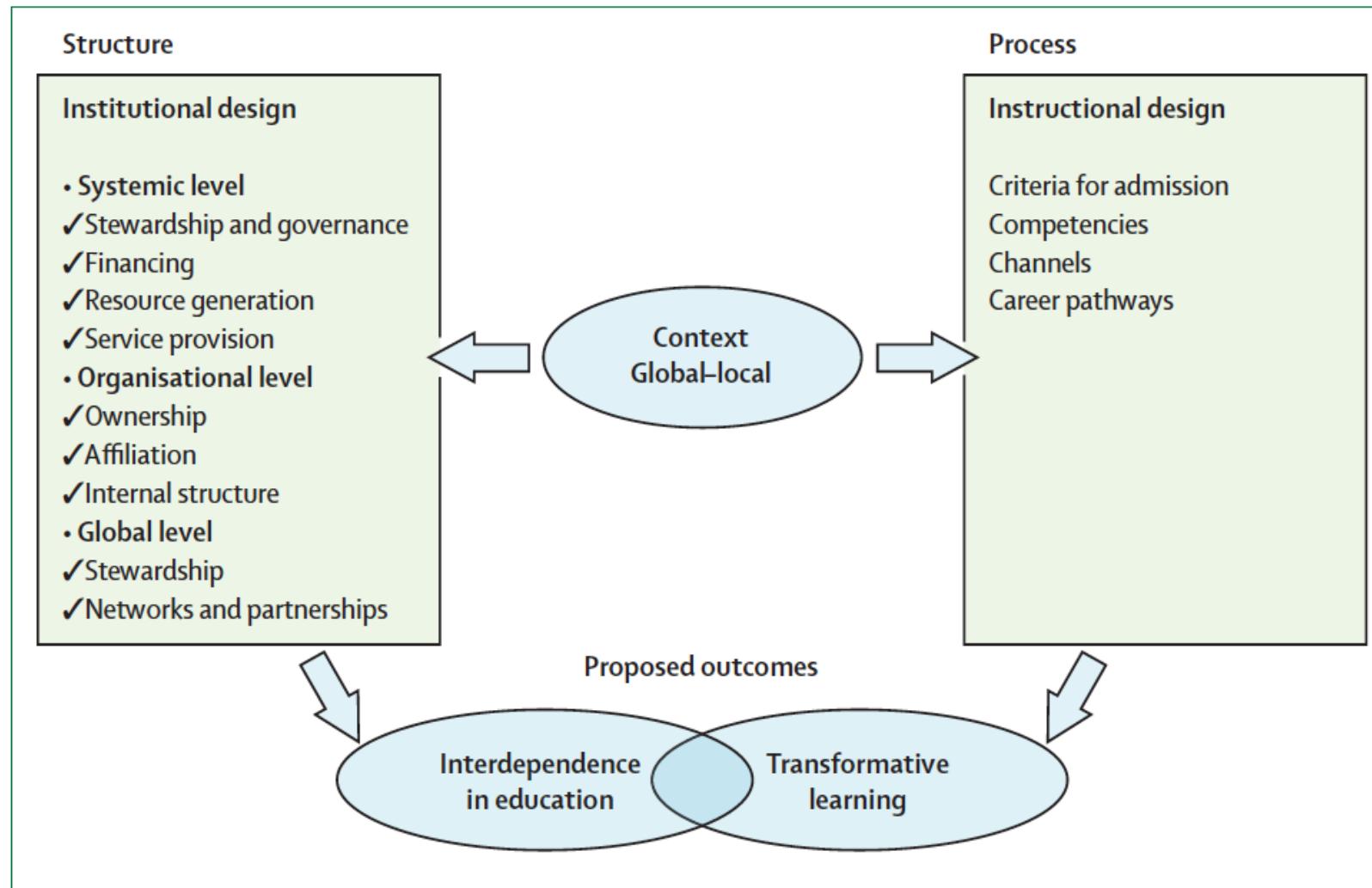
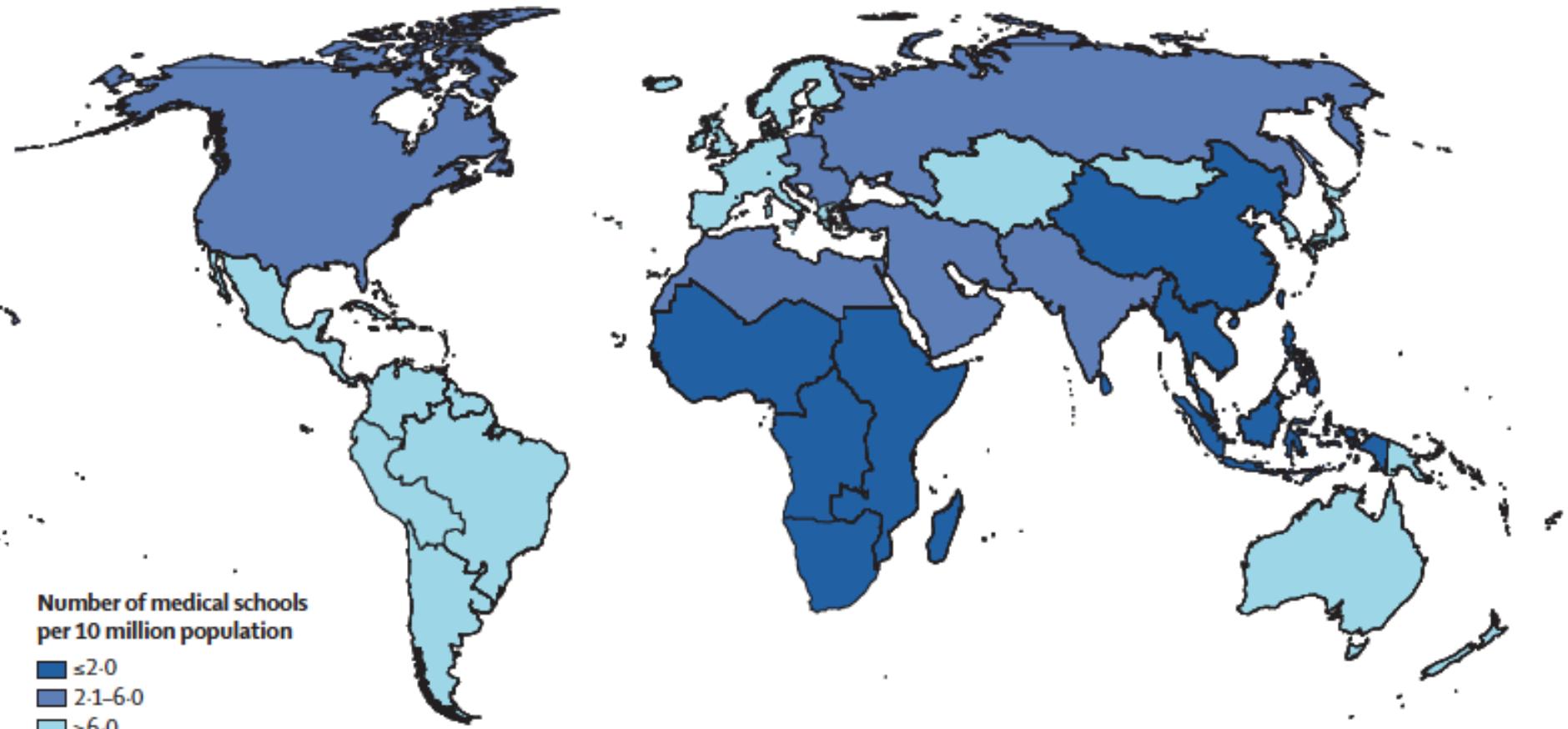


Figure 4: Key components of the educational system

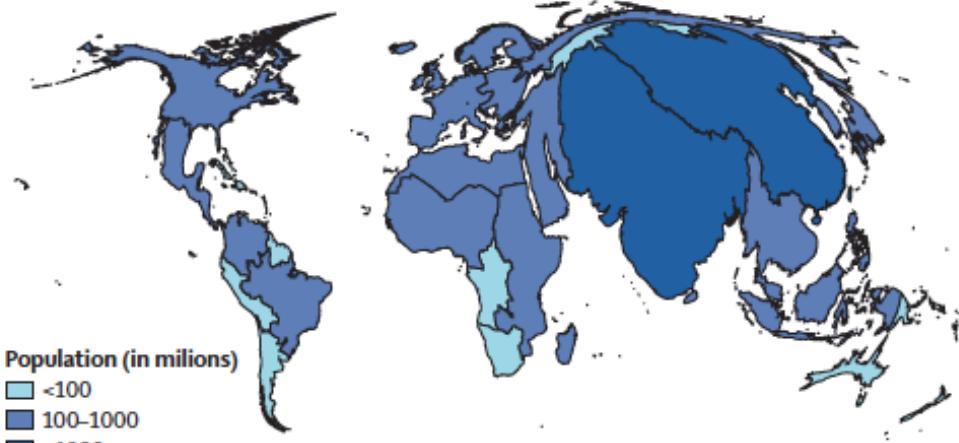
Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.



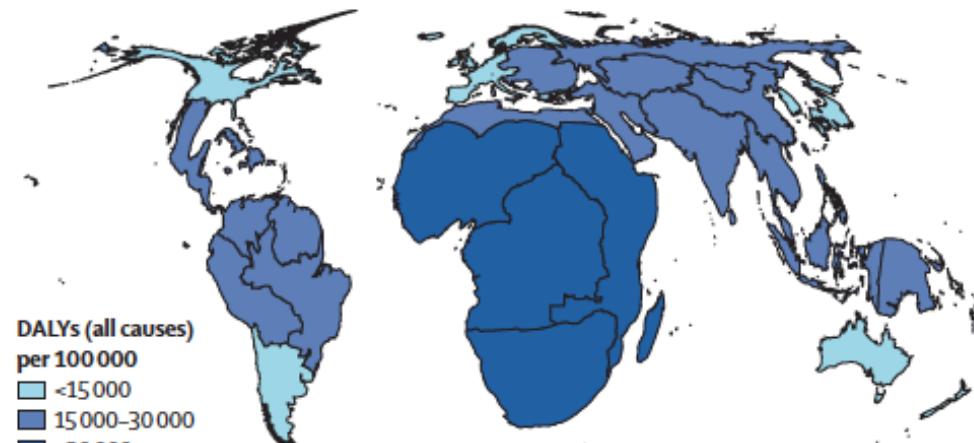
**Figure 6: Density of medical schools by region**

Data sources are shown in webappendix pp 6-11.

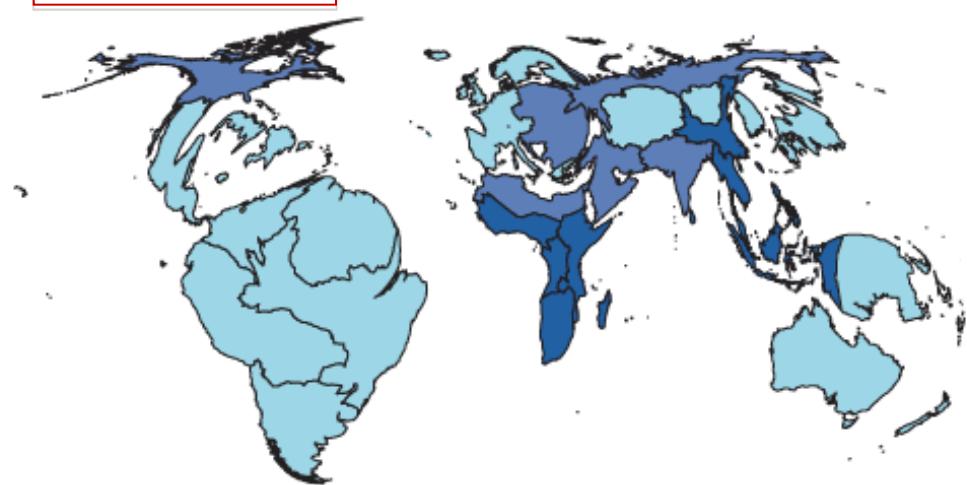
A Population



B Burden of disease



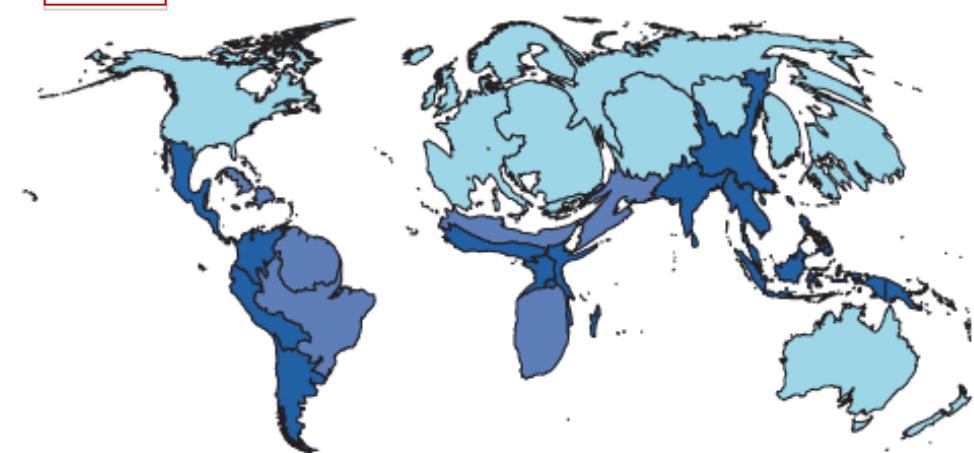
C Number of medical schools



Number of medical schools  
per 10 million population

- >6
- 2.1-6
- ≤2

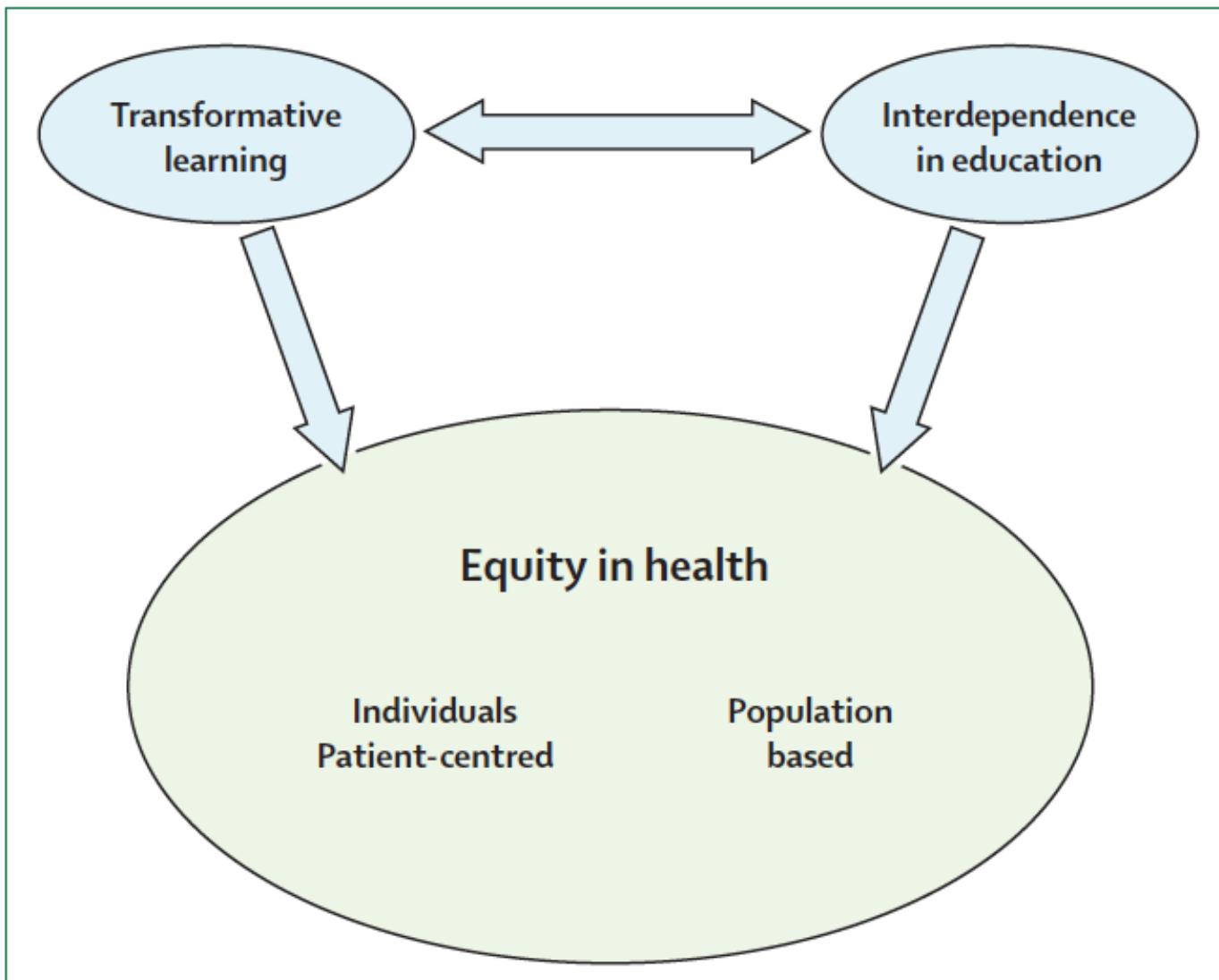
D Workforce



Doctors/nurses/midwives (in thousands)  
per 10 million population

- >60
- 30-60
- <30

Figure 7: World maps resized by population (A), burden of disease (B), density of medical schools (C), and density of workforce (D)  
Data sources are shown in webappendix pp 6-11. DALY=disability-adjusted life-years.



**Figure 11:** Vision for a new era of professional education

# Questioni ‘in campo’

- ✓ chi formare
- ✓ chi forma
- ✓ quando formare (a che livello)
- ✓ con quali obiettivi formare
- ✓ su quali contenuti formare (per quali bisogni formativi)
- ✓ attraverso quali metodi formare

# Questioni ‘in campo’

## ✓ chi formare

- ✓ gli studenti: tutti i futuri operatori interessati nell’Assistenza primaria (medici, infermieri, assistenti sanitari, psicologi, assistenti sociali...)
- ✓ l’alta dirigenza aziendale
- ✓ la direzione e dirigenza di distretto
- ✓ gli operatori dei team multiprofessionali
- ✓ altri operatori sanitari e sociali
- ✓ i pazienti (per farli diventare ‘esperti’)
- ✓ i caregiver
- ✓ la comunità

# Questioni ‘in campo’

✓ chi forma

- ✓ le Università
- ✓ le Regioni
- ✓ le Aziende sanitarie
- ✓ i Distretti
- ✓ le Società scientifiche
- ✓ altri attori

Thomas S. Inui, MD, W. T. Williams, Jr., MD, Leslie Goode, Ron J. Anderson, MD, Karyn N. Bhak, John D. Forsyth, John J. Hutton, MD, Andrew G. Wallace, MD, and Robert M. Daugherty, Jr., MD, PhD

## Sustaining the Development of Primary Care in Academic Medicine

### ABSTRACT

This article is the report of the Working Group on Sustaining the Development of Academic Primary Care, one of the six subgroups of the Advisory Panel on the Mission and Organization of Medical Schools (APMOMS) sponsored by the Association of American Medical Colleges (AAMC). To begin, the group draws a distinction between primary care and generalism. Primary care is a core domain of health care and, in the context of emerging integrated systems, will increasingly be a multidisciplinary shared function. Non-subspecialized physicians, or "generalists," are a key element in the provision of primary care, but do not act alone. Core competencies for primary care are central to the education of all physicians. Therefore, irrespective of workforce goals for generalist physicians, primary care should have a strong, central position in the

medical school so that graduates can receive a sound general medical education and can be prepared for any specialty and for lifelong learning in an evolving health care system. For primary care to achieve that position, medical schools must integrate primary care into their missions, strategic plans, operation, organization, academic administrative structures, curriculum development, faculty development (both school- and community-based), resource development, alliances with appropriate clinical services networks, financial policy, and evaluation and educational monitoring systems. The group briefly describes the elements of those changes and also proposes ways that the AAMC and medical school leaders could promote the central role of primary care in medical schools.

Acad. Med. 1998;73:245–257.

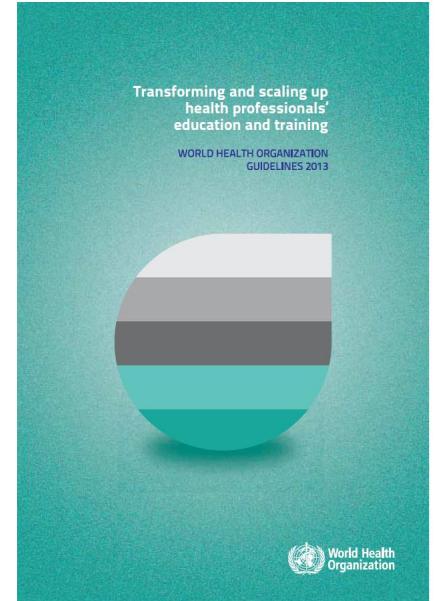
# L'Università nella formazione delle Cure Primarie e della Medicina Generale



**Maria Angela Becchi**

La specializzazione di Medicina di Comunità e delle Cure Primarie ha la potenzialità di realizzare anche in Italia quella realtà professionale comune a tutti i paesi europei, rappresentata dalla specializzazione di Medicina Generale. Allora, se la Medicina di Comunità accademica viene intesa nel significato di *Community and Family Medicine* e fornisce competenze per un approccio globale ed integrato a paziente e famiglia, perché non pensare alla evoluzione della Specializzazione di Medicina di Comunità e Cure Primarie in Specializzazione di Medicina Generale e Cure Primarie?

### 3.1.3 Key Policy Issue #3: Which educators and trainers? Which career pathways?



Specific efforts are needed to train and attract teaching staff with competencies in primary care in order to provide future health professionals not only with knowledge in the field, but also with role models which can stimulate them to choose this career orientation.



SOCIETÀ ITALIANA DI IGIENE  
Medicina Preventiva e Sanità Pubblica

**INSEGNAMENTI IN "ASSISTENZA PRIMARIA" NELLE  
UNIVERSITÀ ITALIANE:  
INDAGINE CONOSCITIVA PRESSO LE SCUOLE DI  
SPECIALIZZAZIONE IN IGIENE E MEDICINA PREVENTIVA**

Gruppo Primary Health Care – SItI  
a cura di P. Camia, C. Randazzo



ISTITUTO SUPERIORE DI STUDI SANITARI  
Giuseppe Cannarelli

**GOVERNARE  
L'ASSISTENZA  
PRIMARIA**

MANUALE PER OPERATORI  
DI SANITÀ PUBBLICA

Progetto editoriale  
del Gruppo di Lavoro Nazionale SItI  
Primary Health Care

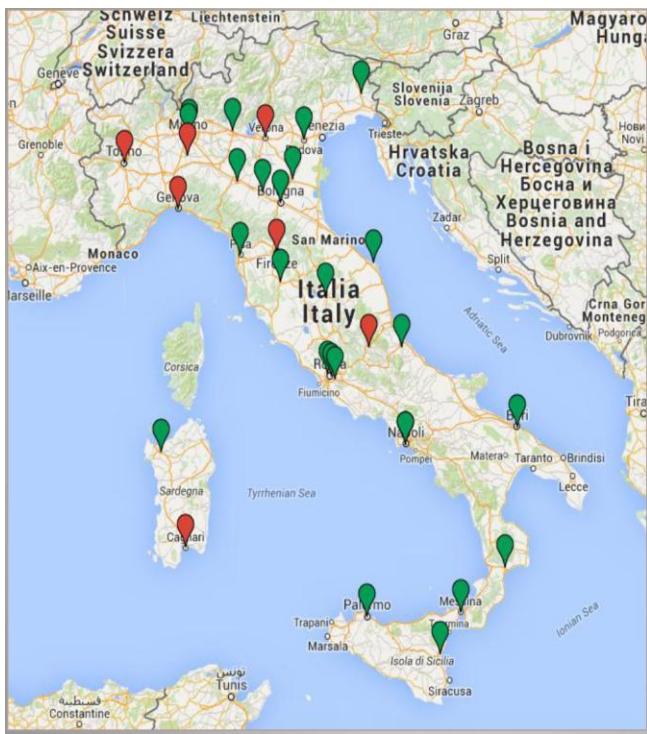


BRUNO MONDADORI

RICERCA

## RISPONDENTI

Ancona
Bari
Bologna
Brescia
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Catanzaro
Chieti
Ferrara
Messina
Milano Bicocca
Milano Statale
Modena e Reggio E
Napoli - Federico II
Napoli - SUN
Padova
Palermo
Parma
Perugia
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Roma Cattolica
Roma La Sapienza
Roma Tor Vergata
Sassari
Siena
Udine

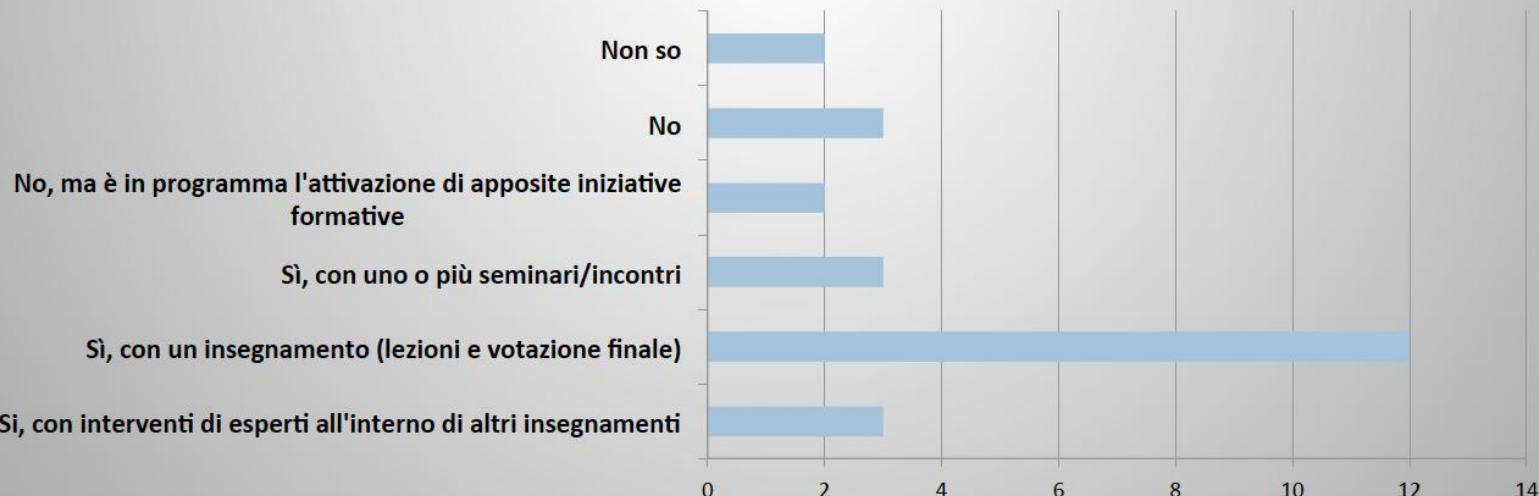
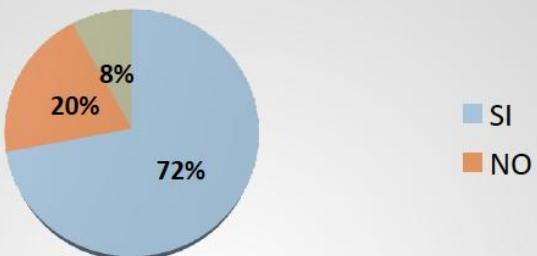


32 Scuole  
Specializzazione

25 questionari  
compilati

78% delle  
Scuole

**1) Nel Corso di Laurea in Medicina e Chirurgia, sono presenti iniziative formative strutturate sull'Assistenza Primaria?**



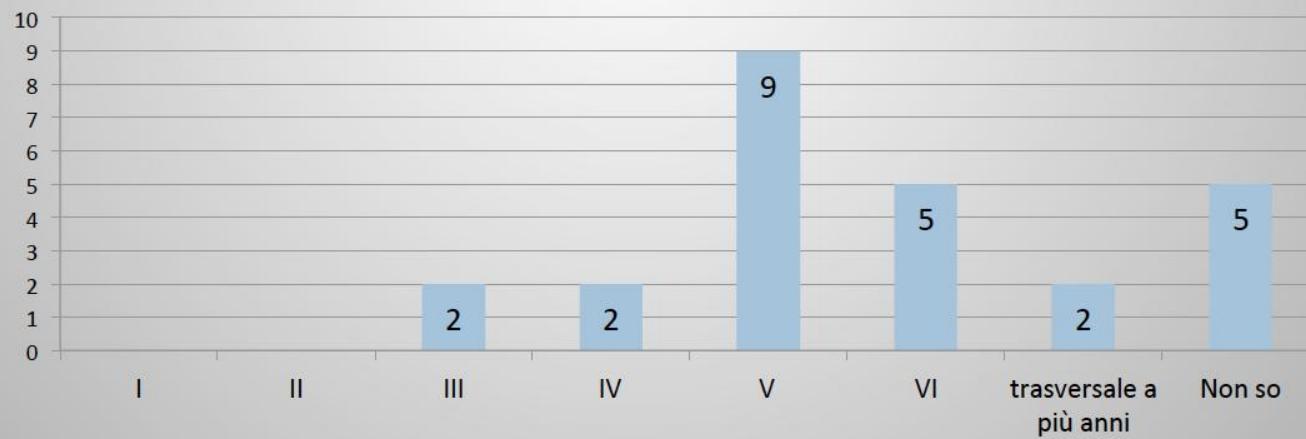
## 2) Denominazione di tale eventuale iniziativa formativa del Corso di Laurea:

ADO Assistenza primaria
Ciclo seminari
Contenuti di Medicina del territorio nel Corso di Igiene, sanità pubblica e management sanitario
Corsi a scelta o CFU a Congressi
Corso integrato igiene e medicina del territorio
Economia ed organizzazione dei sistemi sanitari
Igiene e sanità pubblica e politiche della salute
Medicina del territorio
Medicina di comunità
Medicina di famiglia
Medicina generale e cure primarie
Nel corso di Igiene e Sanità Pubblica
Promozione della salute nell'assistenza primaria
Sanità Pubblica
Seminari e Tirocini prelaurea presso i MMG
Tirocinio di medicina del territorio
Tirocinio formativo in medicina generale

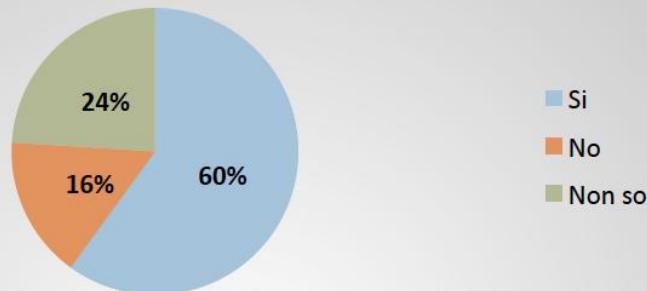
**3) Tale eventuale iniziativa formativa del Corso di Laurea è:**



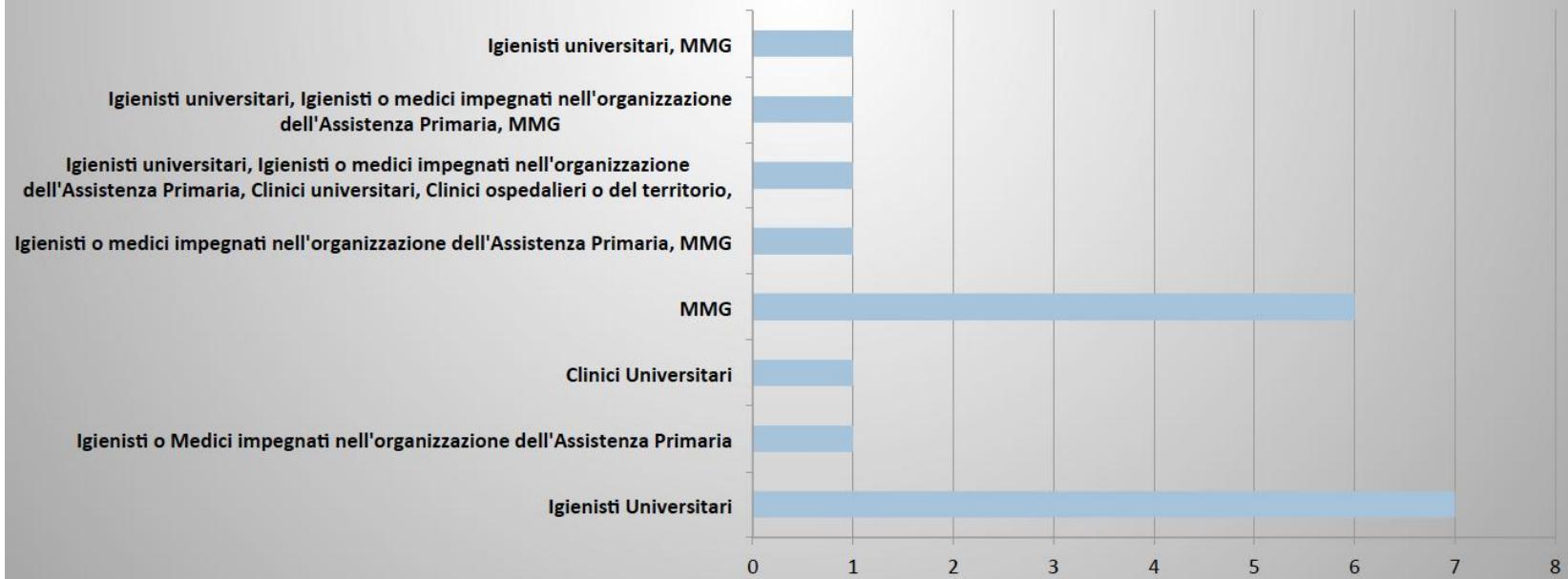
**4) Tale eventuale iniziativa formativa del Corso di laurea è  
all'anno:**



**5) È definito un preciso programma di tale eventuale iniziativa formativa del Corso di Laurea:**



**6) I docenti di tale eventuale iniziativa formativa del Corso di Laurea sono:**



# Questioni ‘in campo’

- ✓ quando formare (a che livello)
  - ✓ pre-laurea
  - ✓ post-laurea
  - ✓ ECM
  - ✓ altro...

# Questioni ‘in campo’

- ✓ con quali obiettivi formare
- ✓ trasmettere valori, conoscenze, competenze, abilità e capacità coerenti con i bisogni di salute della/e comunità in una prospettiva di equità

# Questioni ‘in campo’

	Objectives	Outcome
Informative	Information, skills	Experts
Formative	Socialisation, values	Professionals
Transformative	Leadership attributes	Change agents

**Table 3: Levels of learning**

- ✓ con quali obiettivi formare
  - ✓ trasmettere valori, conoscenze, competenze, abilità e capacità coerenti con i bisogni di salute della/e comunità in una prospettiva di equità

# Questioni ‘in campo’

	Objectives	Outcome
Informative	Information, skills	Experts
Formative	Socialisation, values	Professionals
Transformative	Leadership attributes	Change agents

**Table 3: Levels of learning**

✓ con quali obiettivi formare

- collaborazione interdisciplinare e interprofessionale
- condivisione dati di salute
- integrazione sociosanitaria
- leadership

✓ trasmettere valori, conoscenze, competenze, abilità e capacità coerenti con i bisogni di salute della/e comunità in una prospettiva di equità

## Reforms

### Instructional

- Competency-driven
- Interprofessional and transprofessional education
- IT-empowered
- Local-global
- Educational resources
- New professionalism

### Institutional

- Joint planning
- Academic systems
- Global networks
- Culture of critical inquiry

### Enabling actions

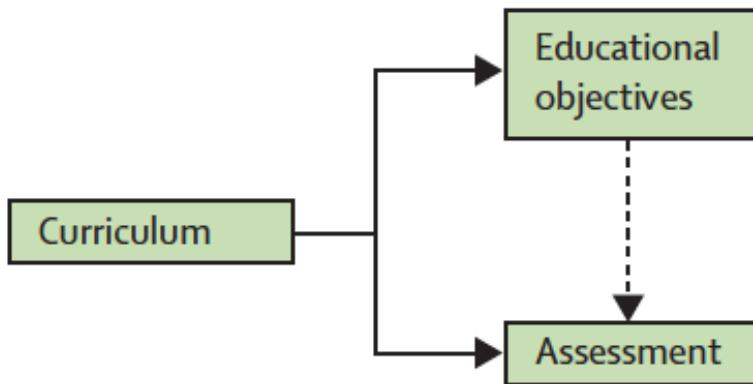
- Mobilise leadership
- Enhance investments
- Align accreditation
- Strengthen global learning

### Goal

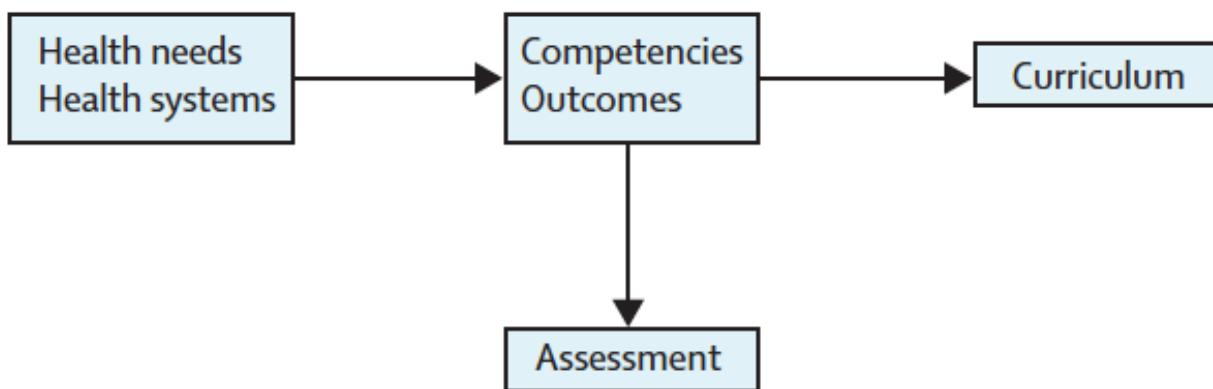
Transformative and interdependent professional education for equity in health

Figure 12: Recommendations for reforms and enabling actions

### Traditional model



### Competency-based education model



**Figure 9: Competency-based education**

1900

Science based

Problem based

Systems based

2000+

Instructional

Institutional

Scientific  
curriculum

University based

Problem-based  
learning

Academic centres

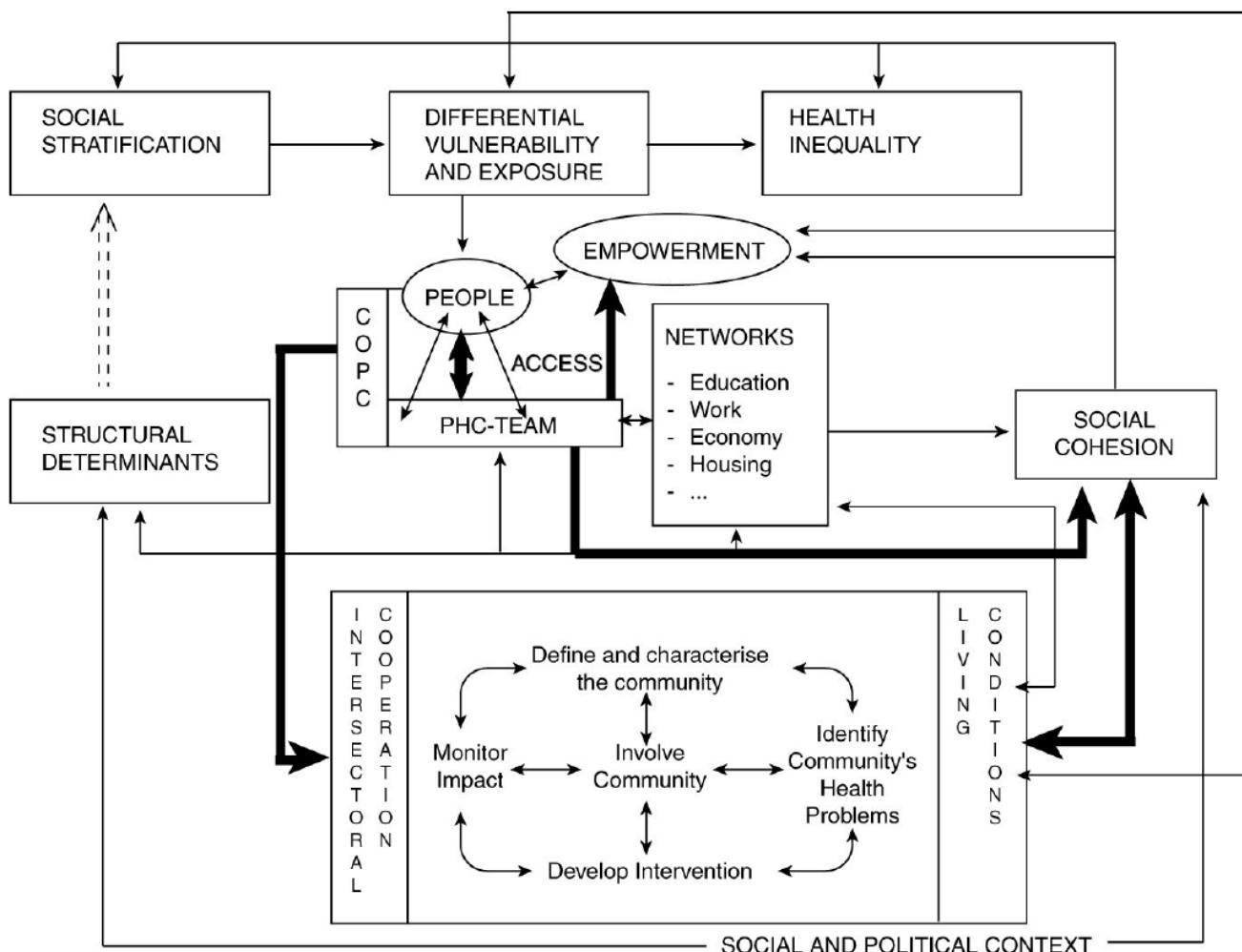
Competency driven:  
local-global

Health-education  
systems

Figure 5: Three generations of reform

Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.

**Fig. 3: Primary health care as a strategy for promoting health equity and intersectoral action.**

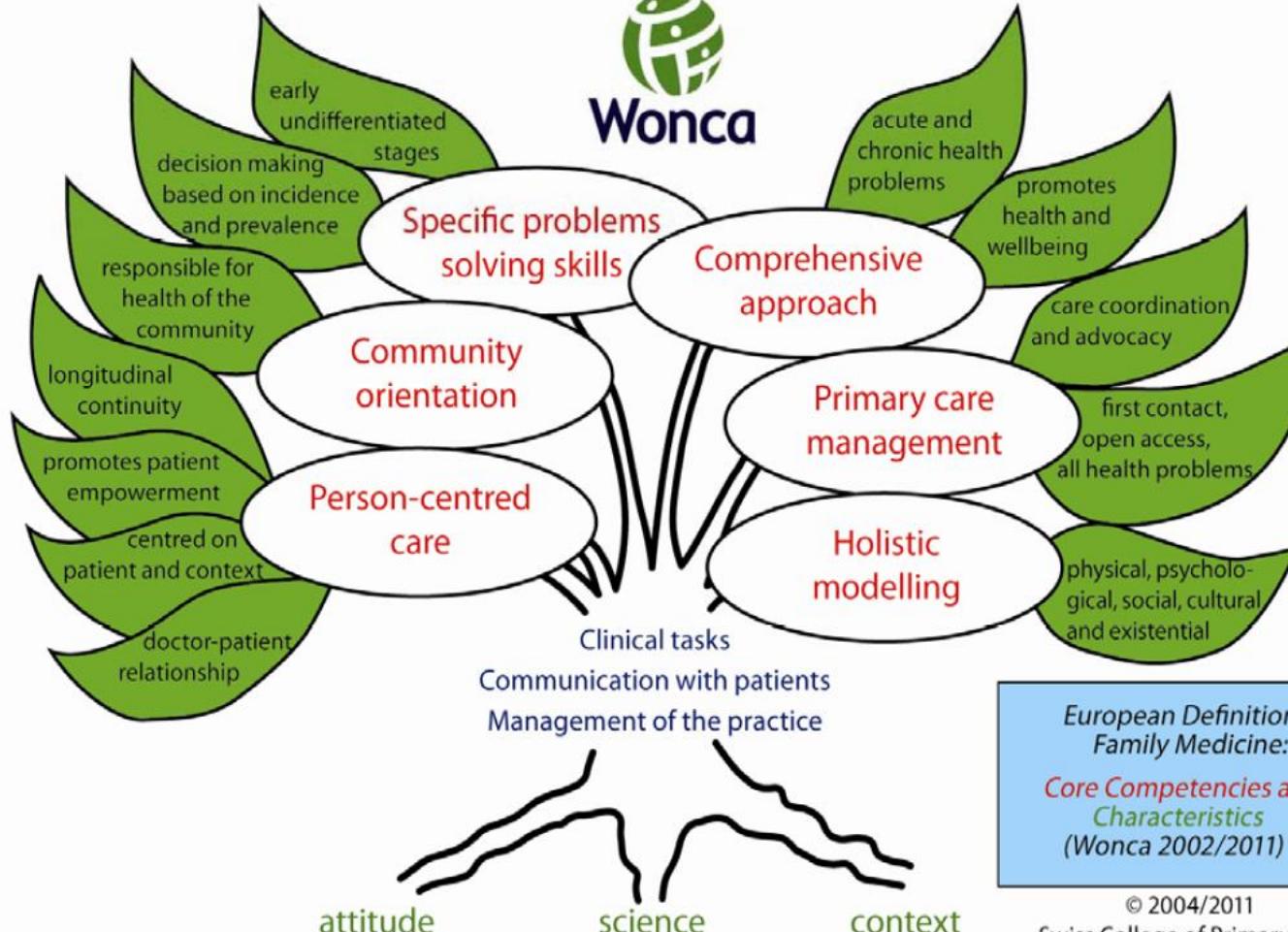


**Primary health care as a strategy for achieving equitable care:  
a literature review commissioned by the Health Systems Knowledge Network**

# Questioni 'in campo'

- ✓ relazionali
- ✓ epidemiologici
- ✓ clinici
- ✓ organizzativi
- ✓ etici
- ✓ sociali
- ✓ giuridici
- ✓ economici
- ✓ ...

- ✓ su quali contenuti formare (per quali bisogni formativi)



*European Definition of  
Family Medicine:  
Core Competencies and  
Characteristics  
(Wonca 2002/2011)*

© 2004/2011  
Swiss College of Primary Care  
Medicine / U. Grueninger  
[www.kollegium.ch](http://www.kollegium.ch)

L'ALBERO WONCA  
elaborato dal College Svizzero delle Cure Primarie  
(riveduto nel 2011)

# Formazione specifica e continua in medicina generale: le scelte della SIMG

*Giuseppe Ventriglia*

*Responsabile Nazionale Area Formazione SIMG; direttore scientifico Rivista SIMG; direttore didattico della Scuola di Alta Formazione SIMG.*

## **RIASSUNTO**

Obiettivo di questo scritto è descrivere due attività didattiche che interessano la medicina di famiglia e che negli ultimi anni sono profondamente cambiate nel nostro Paese. La prima è la formazione specifica propedeutica all'accesso dei laureati in medicina e chirurgia all'esercizio della professione di medici di famiglia, introdotta anche in Italia all'inizio degli anni '90. La seconda è l'attività di formazione continua attualmente prevista come obbligatoria dal sistema italiano di Educazione Continua. Per entrambe vengono esposte le scelte metodologiche proposte ed attuate dalla SIMG (Società Italiana di Medicina Generale e delle Cure Primarie).

### 3.1.1 Key Policy Issue #1:

#### Which competencies should students acquire?

In 1910, following the recommendations of the Flexner Commission and other major commissions of enquiry (e.g. the Gies Commission on the education of dentists in 1926) that explored the quality of the education of health professionals (Frenk, et al., 2010), the principles of current medical curricula were established. The emphasis was put on the acquisition of core competencies, e.g. a minimum set of scientifically based knowledge and skills, needed to deliver health care. As a result, Flexnerian reforms centralised training of health professionals in hospital settings, with the emphasis placed on a biomedical approach to education, at the expense of a more comprehensive understanding of social and community health problems. Although not all educational institutions followed this biomedical model at the same pace, the result overall has been a “*...mismatch of competencies to patient and population needs, poor team work, persistent gender stratification of professional status, narrow technical focus without broader contextual understanding; episodic encounters rather than continuous care; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market; and weak leadership to improve health system performance.*” (Frenk, et al., 2010:5) More overtly, over the past century, the demographic, epidemiological, socioeconomic and technological environment has changed dramatically with increasingly complex and new demands on the health professional workforce. For all of these reasons, Frenk and his colleagues argue that curricula need to be adapted to produce professionals with the capacity to identify and adjust to new environments in a continuous process of learning and adapting their competencies.

Meanwhile, it is widely recognized that it is not sufficient to adapt the curricula in line with the changing environment and technologies, but what is more critical today, is that health professionals must be able to adapt to cultural variations and values, as well as attitudes to the different health problems of populations. A good example of the sort of adaptation required is HIV/AIDS where health workers are often faced with providing health care in an environment where the stigma of having HIV hinders their access to patients.

# Questioni ‘in campo’

- ✓ formazione interprofessionale
- ✓ formazione basata sull’esperienza
- ✓ PBL
- ✓ medical humanities
- ✓ simulazioni / role playing
- ✓ ...

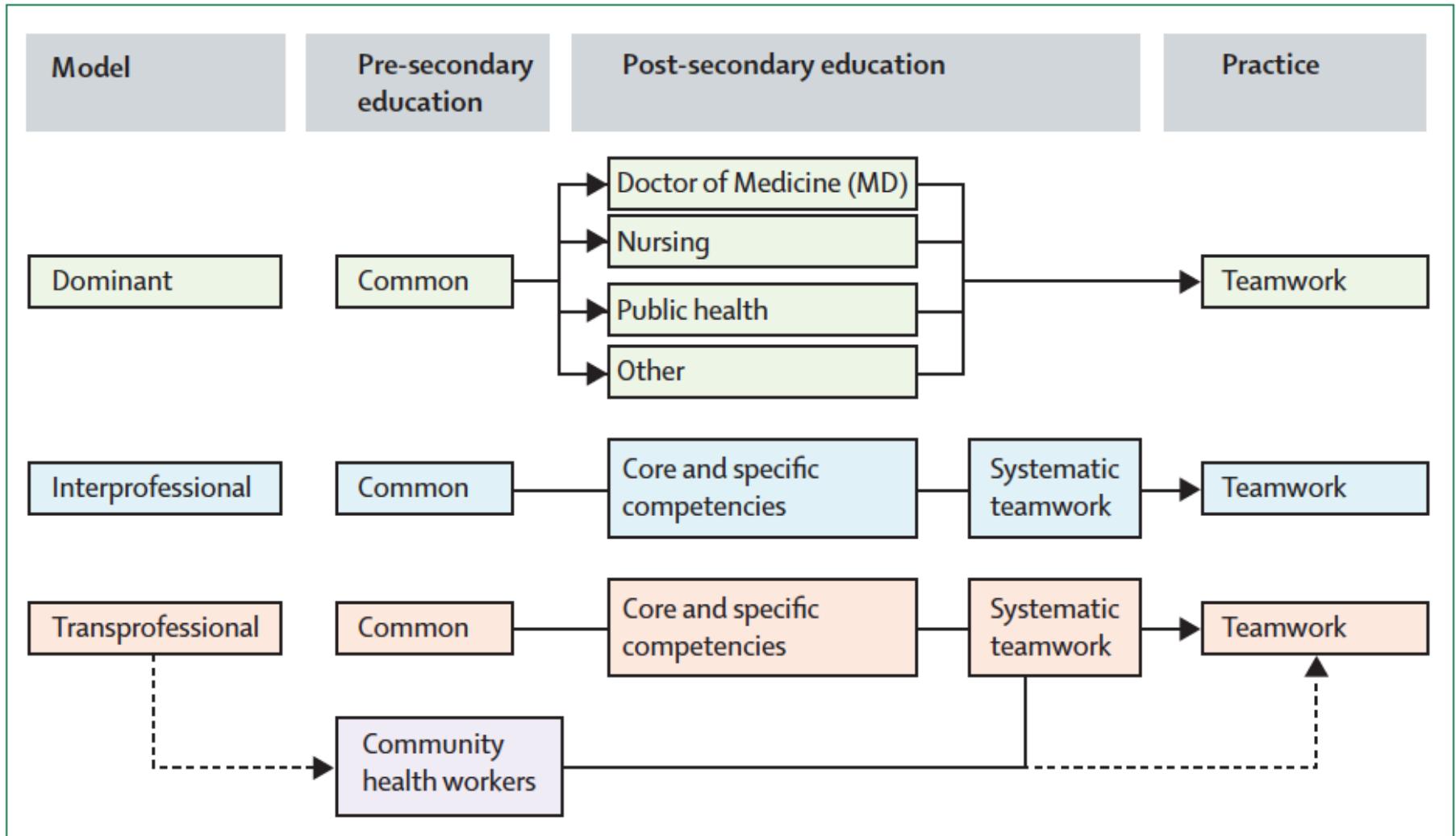
✓ attraverso quali metodi formare

## 4.1.7 Interprofessional education (IPE)

### RECOMMENDATION 9

**Health professionals' education and training institutions should consider implementing Inter-professional education (IPE) in both undergraduate and postgraduate programmes.**

The benefits of an integrated primary care experience through IPE, as well as the enhancement of collegial support and resources to community-based and academic training, have been well documented, and have led to important educational collaboration and successful IPE initiatives (Muller et al, 2008). Longitudinal studies that evaluated the impact of IPE show that at qualification, professionals were more confident about their communication skills and inter-professional. This reinforces the argument that IPE should be included in pre-qualifying curricula (Pipas et al., 2004). Students in non-clinical professional categories such as biomedical sciences were less appreciative of IPE and felt that they needed more explicit learning objectives (Lewitt et al., 2010).



**Figure 10: Models of interprofessional and transprofessional education**

# Grazie per l'attenzione

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