

**Meeting of the Council  
of the European Academy of Teachers  
in General Practice (EURACT)  
*held in Lillafured, Hungary, April 20-23, 2005***

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# LIST OF PARTICIPANTS

## Members present:

- Dr. Justin Allen, United Kingdom, President
- Dr. Adam Windak, Poland, Honorary Secretary
- Dr. Athanasios Simeonidis, Greece, Honorary Treasurer
- Prof. Jan Heyrman, Belgium, EB member
- Prof. Job F.M. Metsemakers, The Netherlands, EB member
- Dr. Mladenka Vrcic-Keglevic, Croatia, EB member
- Prof. Anders Baerheim, Norway
- Dr. Okay Basak, Turkey
- Dr. Francesco Carelli, Italy
- Dr. Dolores ForA♦s, Spain
- Dr. Luis Filipe Gomes, Portugal
- Dr. Samira Herenda, Bosnia & Herzegovina
- Dr. Janko Kersnik, Slovenia
- Dr. Jaroslava Lankova, Czech Republic
- Dr. Margus Lember, Estonia
- Dr. Monica Lindh, Sweden
- Dr. Roar Maagaard, Denmark
- Dr. Fergus D. O'Kelly, Ireland
- Dr. Iuliana Popa, Rumania
- Dr. Roger Price, United Kingdom
- Dr. Smiljka Radic, Serbia & Montenegro
- Dr. Ruta Riba, Latvia
- Dr. Bernhard Rindlisbacher, Switzerland
- Dr. Llukan Rrumbullaku, Albania
- Dr. Mario R. Sammut, Malta
- Dr. Wolfgang Spiegel, Austria
- Prof. Igor Svab, President of WONCA Europe
- Dr. JA!nos SzabA3, Hungary
- Prof. Paula VainiomA♦ki, Finland
- Dr. Stefan Wilm, Germany
- Dr. Yonah Yaphe, Israel
- Dr. Egle Alebiene, Lithuania

## Members absent:

- Dr. Bernard Gay, France
- Dr. Eva JurgovA!, Slovakia
- Prof. Olga Kuznetsova, Russia

# **Program of the Meeting**

## **Wednesday 20 April 2005**

Pre-Council Executive Board Meeting

Session 1: Country reports

## **Thursday 21 April 2005**

**Session 2:** Executive Task Force presentation

Session 3: Committee work

Session 4: Discussion of Executive Task Force recommendation

Session 5: Business meeting

Session 6: "5 minutes 1 slide" presentations

## **Friday 22 April 2005**

Session 7: Task Force groups

## **Saturday 23 April 2005**

**Session 8:** Future plans

**Session 9:** Reports

Post-Council Executive Board Meeting

# REPORT OF THE MEETING

Wednesday 20 April 2005

## Pre-Council Executive Board Meeting

The Executive Board met before the Council Meeting and discussed the following issues:

- A common format for reports on fees collected by National Representatives is needed. The Council will consider this problem when the financial report is discussed.
- New Council Members will introduce themselves to small groups only. The Council will be divided into 3 groups and each of the groups will interview each new member. Then 5 bullet points about each person will be presented to the whole Council.
- Job Metsemakers will present the concept of the new group on educational research. A general discussion will follow.
- The Definition revision was completed by Justin Allen and will be presented to the Council.
- The 5 minutes 1 slide will include max. 6 presentations and each Council Member will be allowed to give only 1 presentation. Deadline for application – lunchtime Thursday.
- The feedback session must be organized carefully, giving the opportunity to everybody to take part.
- The decisions about EURACT involvement in the program of Kos WONCA Europe Conference have to be taken before the end of Council meeting. This will be discussed with the President of WONCA Europe, who will attend the Council meeting as an observer.
- Leaders for the Vasco da Gama meeting, which will take place before the WONCA Europe Congress in Kos, have to be appointed. The open invitation will be addressed to the whole Council.
- The new President will take office at the last session of the ongoing Council meeting.
- The General Meeting should appoint new auditors. Potential candidates are Philip Evans and Harry Crebolder.
- A new correspondent for EJGP is needed.

## Session 1: Country reports

The President welcomed the Council Members and especially the President of WONCA Europe – Professor Igor Svab, who joined the meeting for the first time as an observer. There were 3 new Council members: from Malta, UK and Serbia. The whole Council was divided randomly into three parts to interview each of the new colleagues. The President also described the agenda of the ongoing meeting. The plan was approved. After the small group discussions the representatives of each group reported back to the Council about the new members.

Roger Price is working as a Postgraduate Dean in Leicester. He is responsible for organization of postgraduate teaching. He is married and has two children. He has been elected as a new UK EURACT representative.

Mario R. Sammut is a GP in Malta. He works for government and in private practice. He has 20 years of experience as GP. He has been working for 4 years as an academic teacher of general practice for undergraduate students. He wants to develop vocational training. He is married and has three children. He is a new Malta representative.

Smiljka Radic works as a GP in Belgrade. She is a state employee. She is involved also in a vocational training scheme at the university, where she serves voluntarily as a mentor for trainees. She is working on her PhD thesis in the field of doctor-patient communication and hopefully she is going to defend it soon. She is married and has two children. She is the first representative of Serbia and Montenegro to EURACT.

Then reports on the key activities were given to the Council.

- Prof. Jan Heyrman informed us that the new version of educational agenda was developed. All the comments sent until now are included in it. The final version should be ready for Kos Conference. Comments are still welcome and should be sent to Prof. Heyrman not later than June 1, 2005. Chapters 7 and 8 still need a lot of work to be finished. This is planned for the group sessions on Friday afternoon.
- Prof. Job Metsemakers reported the progress of the work in the field of educational research. Many Council Members expressed their interest in the subject. The discussion paper was developed by Prof. Metsemakers to start discussion with the Council.
- Dr. Justin Allen reported on the progress of the work on development of a shorter version of New Definition, which will be offered to WONCA Europe for approval. The final document should be also ready for Kos Conference.
- Dr. Egle Zebiene reported on preparation for the next edition of the Leonardo EURACT course. Negotiations are still going on about participation of some teams, especially from Cyprus, Czech Republic and Albania. Teams from Greece, Turkey, Romania, Bosnia & Herzegovina have met all the criteria and are already approved.

### **Thursday 21 April 2005**

#### Session 2: Executive Task Force presentation

- At the beginning amendments to the program were announced by the President and by Dr. Janos Szabo. A new Council Member then arrived – Dr. Jaroslava Lankova for Czech Republic – and introduced herself. She is a GP working at the Department of Family Medicine of the Charles University in Prague.
- Prof. Job Metsemakers gave the report from the work of the Task Force set-up to develop the rules for internal relationship within the Council. The group developed proposals for the changes in the constitution and the draft of less formal document called EURACT guidelines. The main constitution changes relate to the following issues:
  - Membership – application can be submitted only through the national representative. The fee should be paid after approval of the Council
  - Council has the possibility of establishing committees or task forces which could be chaired by one person for not longer than six years
  - Co-option is only possible for a specific EURACT task. Co-option is for a maximum of 3 years with a maximum 3 co-opted members and no voting rights for co-opted member

- The Executive board membership will consist of the President, Hon. Secretary, Hon. Treasurer and 3 other Council Members. Election is by simple majority with only one renewal for three years possible. There will be a maximum of 12 years for EB membership. Committee chairs are not the part of EB but can be invited to attend meetings.
- Quorum – A minimum 20 members must be present to hold a council meeting.
- The General meeting must be held once every two years.
- The following Guidelines were proposed:
  - Transparency as a rule
  - Councillors have access to all the information but they are not expected to take a decision unless they are consulted on the matter.
- Specific issues are:
  - I. Information – clear time limits
  - II. Consultation – enough time for discussion and chance to speak for everybody
  - III. Communication at the Council – certain rules of communication
  - IV. Obligations of the councillors – no major changes in the existing version.
- Questions for clarification were asked by several Council Members. Prof. Job Metsemakers clarified the doubts giving the view of the task force.

### **Session 3: Committee work**

The Council was working in small groups. The committees on BME, VT, CPD and Member Service were working separately.

### **Session 4: Discussion of Executive Task Force recommendation**

The proposals for changes to the constitution and the EURACT guidelines were discussed and these proposals, which did not achieve consensus, were put forward to the business meeting for voting. EURACT guidelines were commented on generally. The new version will be proposed at the next meeting in Vienna. Written comments still can be sent to Prof. Job Metsemakers who will develop new proposals.

### **Session 5: Business meeting**

- The Council approved the report from the Aarhus meeting.
- The copy of Leonardo-EURACT course materials will be distributed to all Council Members. EURACT will meet the mailing costs.
- In seven countries second respondents did not respond to the questionnaire about current situation in teaching of general practice in Europe. So, Agnes Goethuys will ask for third person to be proposed by the Council Members. In case of conflicting answers the Council Members will be asked to clarify this. Dr. Roar Maagaard commented that at least interim report is needed immediately even with some possible mistakes.
- The President informed the Council that he represented the Council for the last time during the WONCA Council meeting in Orlando, USA. This is the last Council meeting chaired by Dr. Justin Allen who is stepping down from the Presidential Office. He expressed his good feelings about the years of his presidency.
- Dr Athanasios Simeonidis presented his report as the Honorary Treasurer. 25633 euro – this is the amount which EURACT spent to run the organization and its activities.

Income is 34947 euro. The current balance is 35432 euro. Dr. Simeonidis is also stepping down from the post of Hon. Treasurer. It was agreed that in the future the reports would be distributed before the Council meeting.

- Dr. Egle Zebiene informed us about the WONCA Europe EB meeting, which took place in Ljubljana, where she represented EURACT. She informed the Council that the idea of more close collaboration between the three networks was discussed. The document of Educational Agenda was well received by the EB. Also the idea of short version of New Definition was welcomed. The European EB thinks that most probably it is also time for revision. So there is a chance that it will be accepted as a new edition. WONCA Europe is happy with EURACT involvement in the Junior Doctor Project and expects us to continue it.
- Prof. Igor Svab informed the Council about the current structure and working plans of the new EB of WONCA Europe. He stressed the importance of EURACT as an important and active organization in collaboration with WONCA Europe. They especially appreciate the quality of the position documents developed by EURACT.
- The amendments to the constitution were pointed out. Prof. Job Metsemakers is responsible to introduce them. The voted solutions were:
  - two-step procedure (first application, then fee)
  - nomination of the chair by the committee and approval by the Council
  - maximum 12 years in EB
- There were also new issues raised by several Council Members. Finally the following amendments have been recommended:
  - special membership should be offered also to young doctors,
  - to introduce the limit of three members in the country to allow to elect the Council Member,
  - in the case of resignation the newly elected Council Member completes only the remaining time of the 3 years term,
  - direct members of WONCA are eligible to pay half of the membership fee.
- Dr. Filipe Gomes (Dr. Fergus O'Kelly – reserve), Dr Athanasios Simeonidis, Dr. Roar Maagaard, Dr. Mladenka Vrcic-Keglevic, Dr. Justin Allen (Dr. Monica Lindh – reserve), Prof. Job Metsemakers, Dr. Jaroslava Lankova, Dr. Roger Price are prepared to serve as group leaders for Junior Doctor Project to work before the WONCA Europe Conference.
- The keynote speakers for the conference who were appointed previously are expected to work in collaboration with the representatives of two other networks. There are still considerable difficulties to agree the final structure of the plenary sessions.
- New members from the following countries were approved: Austria – 4, Belgium – 2, Bosnia & Herzegovina – 6, Germany – 1, Greece – 4, Italy – 10, Portugal – 1, Romania – 4, Turkey – 4, UK – 2.

#### **Session 6: 5 minutes 1 slide presentations**

- Prof. Job Metsemakers – Dutch Council Member – produced the document on European Primary Health Care (PHC). It is available on the web-site [www.healthcouncil.nl](http://www.healthcouncil.nl). It can help to develop further PHC in different countries and give a lot of outputs. There is a new initiative to create European Forum to gather politicians and other decision makers to put forward the development of PHC.
- Dr. Francesco Carelli introduced the product of University of Milan – training between BME and VT (in Italian). He also stressed the need to develop further the idea of Educational Research.

- Dr. Dolores Fores wants to explore further consequences of part-time work of doctors. What does it mean for further development of general practice and teaching. A second issue is that many doctors are moving across the borders. Some less developed countries are losing the best people.
- Dr. Janko Kersnik made promotion of the conference (Assessment in GP), 23-24 September 2005. The conference, under patronage of EURACT, will be held in Kranjska Gora, Slovenia. It is possible to submit abstracts (deadline – 20 June). There are also 5 sponsored places + 5 sponsored for the course.

## **Friday 22 April 2005**

### **Session 7: Task Force groups**

The Council split into 4 groups working separately on the following issues:

- Educational Agenda
- SCOT analysis
- Educational Research strategy
- Short version of New Definition

## **Saturday 23 April 2005**

### **Session 8: Future plans**

- Dr. Monica Lindh is going to take part in the Conference & 25 Years Jubilee of the South African Academy of Family Practice/Primary Care, held on 5-7<sup>th</sup> August 2005 in South Africa. The Council asked Dr. Lindh to pass EURACT's best wishes and greetings of further development.
- Dr. Egle Zebiene presented her plans as the new President of the Academy. She wants to continue the current working style of the Academy focused on delivery of products available to teachers in Europe. She also wants to create better and closer contacts with other networks. She thinks that we should also collaborate better with Vasco da Gama movement of young doctors. She will be happy to preserve the friendly atmosphere in the Council and wish for collaboration. The challenge for the future would be to increase the volume of work between the Council meetings.
- Dr. Justin Allen summarized our doubts concerning the content and structure of the plenary sessions in the WONCA Europe conference in Kos. We still do not have the details about keynote speakers from other networks. Their role is a little bit unclear. The way of use of the voting system is also unclear. Who is going to coordinate preparations? Dr. Simeonidis answered some of these questions but still a measure of uncertainty exists. Letters explaining our position will be sent by the President to the host organizing committee and two other networks. There will be also a certain number of EURACT workshops presented during the WONCA Europe Conference in Kos. BME, VT, CPD and Member Service Committees submitted the abstracts. There is also an abstract on Educational Agenda. During this Conference EURACT General Meeting will be organized preferably on Monday, during the lunch break. Reports of President and Hon. Treasurer will be presented. A proposal of changes in the constitution will be discussed and approved. EURACT is also prepared to contribute to Vasco da Gama Movement. We have a long list of volunteers. The Host Organizing

Committee has to decide how many persons from EURACT they really need. Dr. Justin Allen is the liaison officer for this project.

- Plans for future meeting of the Council in Vienna were discussed. The meeting will be held on November 2-6, 2005. The meeting will start on 5.30 p.m. and before a regular EB meeting will take place. On the last day (Saturday) the symposium on Medical Education in Mental Health Care will take place. Speakers from EURACT and Austrian College will have presentations during the symposium. Several Council Members stressed that the symposium program should not be filled with too many presentations. There should be enough time for questions and other interactive activities. Dr. Justin Allen is the liaison officer for this meeting.
- The Spring 2006 meeting will take place in Turku, Finland on 3-7 May, 2006. This meeting will be also connected to the local event organized jointly with the Finnish College. Dr. Adam Windak is the liaison officer for this meeting.
- Autumn 2006 meeting probably will take place in Prague, Czech Republic.
- Spring 2007 – plans for Dubrovnik, Croatia.

### **Session 9: Reports**

- Prof. Job Metsemakers presented the results of the discussion of the group working on Educational Research Strategy. This group worked on the document developed by Prof. Job Metsemakers. The discussion focussed on 5 topics:
  - Stimulation of teaching of research
  - Promotion of educational research
  - Organization of courses on methodology
  - Conduction of multi-national research
  - Presentation of the results of educational research
- The group has made rather precise plans for further work on the topic. The whole report is available in Annex 5.
- Dr. Francesco Carelli reported the content of discussion of BME. They discussed the Kos workshop, BME organizers checklist and the issue of early clinical exposure. The workshop in Kos will be on multicultural differences in teaching.
- Dr. Roar Maagaard presented the results of VT committee discussion. They will be also presented during the Kos Conference. They will focus on differences in recruitment procedures for VT in Europe. There was also a discussion on the length of VT in Europe. The group strongly needs the Excel file produced by Prof. Jan Heyrman. Potential contacts and links to Vasco da Gama Movement were also discussed. Another issue was the updating of the document on trainers selection. Potential survey on financial arrangements for the training in Europe was also discussed. The full report is available in Annex 4.
- Prof. Paula Vainiomaki reported on CPD committee work. The group is becoming larger. They discussed the idea of the toolbox for GPs who want to continue their academic development. Probably the document will be produced in two versions: short for general audience and large in academic version. The arrangements for further work were done. Prof. Jan Heyrman will coordinate the workshop in Kos. There are also plans for further collaboration with EQuIP. The small group of 3 persons will contact EQuIP to discuss possibilities for further collaboration. The need for review of the landscape document was also discussed. The full report is available in Annex 4.
- Dr. Egle Zebiene reported on the discussion of the Member Service committee. The committee wants to appoint new chairman and wants to propose Dr. Filipe Gomes to

overtake this duty. The Council approved this decision. The group discussed the preparations for the Leonardo-EURACT course in Kusadasi. Financial input from EURACT will be 6000 euro as it was agreed earlier. The local organizer is going to find the remaining sum to cover the expenses. Eight countries were approved to the course and there are 2 paying members. Altogether there should be 34 participants. Next Leonardo-EURACT course will take place in Portugal. This will be a course for Spain, Italy, Malta, Ireland and Portugal. If there is further interest in such courses in other regions it will probably be possible to organize them. Sponsoring for the Bled courses will stay as it was agreed earlier (5 x 500 euro for the course + 5 x 100 euro for the conference in Kranjska Gora). The idea of assessment course was also discussed.. Prof. Jan Heyrman declared that Dr. Jan Degreese is ready to develop this kind of course. The full report is available in Annex 4.

- Dr. Justin Allen reported on the progress of the group, which worked on the shorter version of New Definition. The document is nearly ready and will be presented to WONCA Europe conference in Kos. The draft will be circulated to the Council Members with the request for comments. The current version is available as Annex 6 .
- Prof. Jan Heyrman reported on the work on the document on Educational Agenda. New version was designed. The draft will be distributed in May. Comments are welcomed till the end of June. Certain concerns about the structure of the document have been expressed. Authors and the editor are aware of limitations, however its value is undisputable.
- Dr. Roger Price reported on the discussion on SCOT analysis. The group reviewed the items. They feel the need for general brainstorming on the subject during the next Council meeting. They stress the need for circulation of the draft documents for comments as early as possible. Another issue would be a further development of international conference of teachers.
- At the end of the session Dr. Justin Allen summarized the meeting experiences. He asked all the Council Members to reflect on it. Most of them stated enormous change in the working style and atmosphere, which went in very positive direction. Finally Dr. Egle Zebiene thanked Dr. Janos Sabo for all his efforts to organize the Council meeting. On behalf of the Council she expressed grateful feelings for marvellous arrangements offered by the organizers. At this point the meeting was officially concluded.

### **Post-Council Executive Board meeting**

- Dr. Justin Allen is a co-opted Council member for one additional year. He is expected to attend next two meetings and to assist the EB in its work.
- EB meeting before the Council meeting in Vienna will start on Wednesday, 2<sup>nd</sup> November at 15.00. Wolfgang will confirm the place.
- Due to a significant number of Council members unsatisfied with current procedure, country reports are coming back to the previous version. Written forms will be distributed at the meeting and attached to the report. There will be no posters.
- Introduction to the task force work should be limited only to a 5 minutes -1 slide presentation.
- New ideas on proposals for task forces should be proposed during the regular 5 minutes 1 slide session.
- The invitation to the General Meeting will be put on the web-site. The Agenda and proposal for the changes in the bylaws will be also on the web-site. Prof. Job

Metsmakers and Dr. Justin Allen will develop the final version to be proposed to the General Meeting.

- Prof. J. Metsmakers will re-draft the EURACT Guidelines and the new version will be considered during the next meeting.
- Adam Windak will develop presentation leaflets about the Leonardo EURACT course in Portugal. The course will take place on May 17-21, 2006. Leaflets will be available on EURACT booth in Kos.
- Teaching materials for the Leonardo EURACT course will be mailed to all Council Members together with the report from the Council meeting. EURACT will pay for the mailing costs.
- Agnes Goethuys will organize new election of Cypriot representative. Only 5 fully approved members will participate in it.
- Dr Mladenka Vrcic-Keglevic will be a EURACT reporter for EJGP responsible for regular writing (4 times a year) news from EURACT.
- Dr Jaroslava Lankova will be reimbursed on the level of 20 cents/1 km for the travel to the meeting. This is equivalent to the reimbursement used by WONCA Europe and can be used in future for reimbursement of car travels if needed.
- The cost of the web-site is very high. Current arrangements perhaps should be re-negotiated or/and other potential solutions should be explored.
- Reimbursement of the travel expenses:

1. Samira	400X90% = 360
2. Margus	294X90% = 265
3. Okay	410X90% = 370
4. Adam	480X90% = 430
5. Smiljka	042X90% = 40
6. Llukan	280X90% = 250
7. Ruta	300X90% = 270
<b>Total output</b>	<b>1985 euro</b>

#### Summary of EURACT Council and EB decisions – LillafA1red 2005

- The Leonardo-EURACT course materials will be sent to all Council members.
- Changes to the EURACT Constitution are recommended by the Council and will be presented to the General Meeting.
- Group leaders for Junior Doctor Project to work before the WONCA Europe Conference have been appointed by the Council.
- 38 new EURACT members from 10 different countries have been approved by the Council.
- The President will send the letters about the problems with Kos Conference to the host organizing committee and two other networks.
- Five EURACT workshops will be presented during the WONCA Europe Conference in Kos.
- The autumn 2005 Council meeting will be held in Vienna, Austria on November 2-6, 2005.
- The spring 2006 Council meeting will take place in Turku, Finland on 3-7 May, 2006.

- The country reports are coming back to the old written format distributed during the first session of each Council meeting.
- The 2006 Leonardo EURACT course will take place in Portugal on May 17-21, 2006.
- Dr Mladenka Vrcic-Keglevic is responsible for regularly writing news from EURACT to EJGP.
- Any car travel costs for EURACT will be reimbursed on the level of 20 cents/1 km.

*Annex 1*  
**Review of national educational activities  
after EURACT Council meeting  
Aarhus, 2004**

**EURACT Council meeting  
April 20-23, 2005  
Lillafured, Hungary**

**COMPILATION REVIEW OF ACTIVITIES  
LILLAFURED MEETING, April 20-24, 2005**

- ALBANIA
- AUSTRIA
- BELGIUM
- BOSNIA & HERZEGOVINA
- CROATIA
- CZECH REPUBLIC
- DENMARK
- ESTONIA
- FINLAND
- GERMANY
- GREECE
- HUNGARY
- IRELAND
- ISRAEL
- ITALY
- LATVIA
- LITHUANIA
- MALTA
- NETHERLANDS
- NORWAY
- POLAND
- PORTUGAL
- ROMANIA
- SERBIA & MONTENEGRO
- SLOVENIA
- SPAIN
- SWEDEN
- SWITZERLAND
- TURKEY
- UNITED KINGDOM

## **AUSTRIA**

### **Basic Medical Education**

The Private Medical University Salzburg has announced the intention to establish a new "Institute of General Practice, Family Medicine and Prevention". The new curriculum at the three government run medical schools in Austria (Medical University of Vienna, Medical Faculty of the Universities Graz and Innsbruck), which was implemented in the last two years, has stipulated basic education in general practice. The new curricula incorporate various classes and subjects which are thought by academic general practitioners. The latter are usually not fully employed which is not regarded as appropriate by lecturers.

With very few exceptions the Austrian medical schools currently do not employ full time GP teachers and researchers. Academic teaching is covered by lecturers. Research in primary care is not supported and based on enthusiasm and efforts of individuals.

### **Vocational Training in General Practice**

In November the Viennese Society of Physicians held a devoted its scientific session to the issue "Post Allocation for Postgraduate Medical Education Policies" initiated by W. Spiegel and M. Maier. We have ourselves examined the effects of allocation of training posts to applicants for postdoctoral medical education in Austria (Spiegel W, Haoula D, Schneider B, Maier M. Allocation of training posts to applicants for postgraduate medical education in Austria: survey and analysis. *Academic Medicine* 2004; 79: 703-710.). Allocation of training posts is ineffective, uneconomical and unfair for the applicants. Although a minimum training period of six months in primary care/general practice has been stipulated by the European Union (The Council of the European Communities. Council Directive 93/16/EEC. To facilitate the free movement of doctors and mutual recognition of their diplomas, certificates and other evidence of formal qualifications. *Official Journal* 1993; 165:1-23) postgraduate training for GPs in most cases only takes place in hospitals. The Austrian Medical Chamber has decided to initiate a change of the graduate education scheme in general practice, prolonging the training period from 3 to 5(6) years and to acknowledge it as medical specialty. In addition this plans incorporate a 12 months common trunk period, after which the resident would receive limited licensing as "approbiertes Arzt". In Austria training posts are allocated by department heads.

### **Continuing Medical Education**

The Austrian Society of General Practice and Family Medicine has introduced a curriculum on pain. The Viennese Society of General Practice has introduced a program of teaching minor mental disorders to GPs in 2001. This teaching procedure by Katschnig called TRIPS was evaluated (publication in preparation). CME is compulsory for all Austrian physicians by law but currently it is not enforced (e.g. by punishments for doctors who do not refresh their CME diploma). CME for general practitioners are widely offered in all of the nine Austrian provinces.

### **EURACT Austria**

The EURACT Council Meeting of Autumn 5 will take place in Vienna from November 2 to 6. There will be a EURACT-Symposium "Medical Education in Mental Health Care" on November 5.

## **BOSNIA & HERZEGOVINA**

### **Health Care System**

Current situation is a bit chaotic in whole health care system. Whole country is in transition period including health care reform with stress on primary level and family medicine. It seems we are in a half of way and additional five years will need for finishing this task. Now, education of primary care medical staff, equipment and opening new spaces for family medicine team work are results of this reform. Special task is to form sufficient number of FM teams with such educational and practical abilities for solving as many problems as they can on the first level and be closer to the patients especially in the field.

### **Basic Medical Education**

This is the most stable part of family medicine education. From this year 6th year medical students have family medicine as a subject two semesters (previously only last one). Department members adjusted curriculum regarding the most common FM clinical problems but as well respecting student's needs for additional education. So, we have each year quite flexible curriculum for BME.

### **Specialisation Education**

It is still 2 or 3 years residency program depending on previous education related with family medicine. A half of residency program is clinical rotation and the other half is in Family Medicine Teaching Center working with patients, being supervised by mentors and preparing presentation for different clinical topics. Resident evaluations about their satisfaction during residency program showed that this program is not still effective for residents from different reasons and this is the main task for improvement in the near future.

### **CPD/CME**

Last three years Program of Additional Training (PAT) is running as a re-training program for GP physicians and nurses supported by Ministry of Health. PAT is one academic year training with very structured curriculum and final exam at the end of training. After successfully finishing this Program participants are certificated and have a profession of family physician or nurse. This is how PHC reform can be more efficient in family medicine implementation. We already have two graduate PAT generations.

CME is under Physician's Chamber umbrella with point system gathering during 5 or 6 years depending of different part of country. First licence is given 2000. and is approaching time for re-licensing in some country areas.

### **What I have done as EURACT Council member**

After spring Madeira meeting I had circular presentation about EURACT organisation, review about New definition and core competences and Educational Agenda in four main Departments of Family Medicine in my country. This was lecture for Department members but for FM residents as well.

Also, I regularly sent all information about EURACT activities, Leonardo EURACT Course and Young Doctors Program.

## **CROATIA**

### **News from the country**

All emphasis of the county (politicians and people) is putting on entering EU. As a transitional, country is still facing economic troubles which has a big influence on a health care system, including GP/FM, even more after last year elections. The attempt to introduce a comprehensive payment for GPs (capitation, preventive programmes and fee-for services) has been rejected and capitation remains the only option. Scientific Conference, has been organised by The Croatian Association of GP/FP has finished with great success. More than 800 GPs have participated, with around 200 scientific papers. A big group of Croatian GPs participated at WONCA Conference, Amsterdam.

### **Basic Medical Education**

Many changes are going on within the medical schools. The two mains are: a) changing a curriculum toward PBL, rather horizontal and vertical integrations; b) organising the courses of medical education for teachers (basic educational theory and methodology). Department of FM is playing a great role in this process.

### **Vocational Training**

Big changes have happened in this area. After, almost ten-years of break, 180 trainees have started VT. A training programme is organised in two ways, full time, "normal", for young GPs and in-service training for experienced GPs. A textbook for VT is in progress and new assessment procedures for specialistic exam as well. It is a big task for the whole profession, especially for my Department, responsible for the implementation. We are reforming our postgraduate course, part of VT, with an attempt to get accreditation as European course within ASPHER.

### **CME**

It is going on as usually, many courses and teaching sessions were held, because it is obligatory for relicensing procedures and it is hard to change from CME to CPD.

### **What have I done for EURACT**

The "Yong doctor Project" was a great success of EURACT and mine too. The Croatians members are informed about EURACT activities, provided by materials, and whole profession is informed as a report in Croatian Journal of Family Physicians and during annual

conference. Dubrovnik Course Training of Teachers in GP/FM was held from 3 May to 8 May 2004 (32 participants).

## **CZECH REPUBLIC**

There is continuing discussion about the future of primary care in the Czech Republic. Primary care is divided into two specialisations a GP for children (paediatrician) and a GP for adults. There are two streams one stream votes for institution of Family Practice as a third equal option, the other main stream wants to keep status quo. There was no solution found yet.

### **Basic Medical Education**

No changes in the Czech BME. Primary care is taught in all seven Medical Faculties, although in different extends and different years of study.

### **Vocational Training**

Lack of money in the system. Hard for new GPs to get training and keep their living at the same time.

### **CME/CPD**

Well developed in trans-regionally. The main educational activity provides The Society of General Practice of the Czech Medical Association which organises up to two hundred regional seminars with total attendance of 3000 GPs per year ( out of 5000 GPs registered in the country). In years 2004 and 2005 the educational program was targeted to implementing of new clinical guidelines for GPs.

### **Current problems**

- **Insufficient or nearly no "gate keeping"**- function of general practice. Patients are allowed to see any doctor they want and that is highly abused and resulting in growing extension of more and more expensive secondary care. Nor patient neither specialist is responsible for pumping out health care resources by unnecessary and redundant secondary care check ups. If anybody, the GP is responsible and punished by fines. The present health care system is very unjust to the primary care and obstructs its development.
- **No deductibles are asked from patients in the health care system.** Patients can pump as much as possible, and some do it even only to use the incontinence pampers as a cloth for window cleaning. Prescribing GP can be fined if the budged was exceeded.
- **Prescription limitations in primary care.** Health care provided by GPs is often limited by unnecessary limitations of prescription possibilities. GP often has to send patient to a specialist only for prescription of a commonly used drug ( e.g. statins in primary prevention, or terfenadin in treatment of onychomycosis). It all very much underestimates the position of primary care, compromises GPs and causes troubles to patients who sometime have to do extra travels and wait for appointments.

## **Achievements of Primary Care**

- Institution of Clinical Guidelines Clearinghouse for General Practice in 2004. This institution was established by initiative of Society of General Practice and is led by GPs. There were introduced 5 new clinical guidelines in the year 2004 and 12 more are going to be introduced on the National conference of GPs in November 2005.
- Growing development of CME education organised by Society of General Practice.

## **What have I done as Euract representative**

Cooperation with Society of General Practitioners in CME education. Liaison between different CME educational activities. Planning for a national meeting of primary care teachers from all seven Medical Schools in September 05.

## **DENMARK**

### **Basic Medical Education**

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Now 3 professors in Aarhus and 3 in Odense (2 for student training and 1 at the Research Unit) only 1 in Copenhagen (one vacancy).

Danish Medical Association has proposed a new BME, including

## **ESTONIA**

In medical education no major changes since last meeting. For the vocational trainees a research conference is organised as a part of their curriculum: all residents have to prepare a project and present it at the conference. We hope this will be an essential regular part in their vocational training.

The network of teaching practices in Estonia is expanding. A lot of practices have asked to be a teaching practice- so the University can make a selection (EURACT selection of practices document is used).

However, there is a shortage of trainees currently in family medicine- there are several potential reasons for that (family medicine is not any more the priority in health care reform, thus the income level is not any more higher than in secondary care as it was for a couple of years in 1990s; some doctors have left for other countries; trade-union fight for better income has made the position of the independently contracted family doctor less desirable as it has been before)

An evaluation of the primary health care reform in Estonia has been performed by WHO, the changes in the health care system and medical education considered successful.

The European new definition of general practice has been introduced in several regional meetings of family doctors by the University Department, I have been representing EURACT position in these meetings.

## **FINLAND**

### **Health care**

An important change/new law in the health care, uniform criteria for non-emergency treatment have come to force 1<sup>st</sup> March 2005, including public health care, but also private health care working with public sick fund. Most Specialist Associations have worked with their criteria for a year, and now the system has been set up finally. Time limits for providing the treatment have been set. E.g. concerning primary health care, the access to initial assessment of a non-emergency treatment has to happen within three days by a health care professional, normally by a physician. A booklet with 240 pages consisting of all the criteria has been sent to all physicians in the country. Anyhow, no prioritisation has been set between diseases treated by different specialties. Health care professionals have been prepared themselves for the change since months, but we do not know yet, how the law will change our health care situation.

### **General in General Practice**

A new textbook on General Practice has been published. This book has been revised totally from the earlier version in 1991 by an editorial team of seven doctors representing practising GPs as well as university professors. The heavy book with 700 pages has been written by 70 authors.

Research in Primary Health Care has been promoted by the Ministry, which set up a small working group and published a report proposing measures vital to the development of research in PHC and means to develop PHC by increasing research. The statements concerning proposals have now been requested from different actors in the health care, and the final measurements have not been decided.

### **Basic Medical Education and Specialist training**

Medical student intake has grown considerably during the last years, and it has not been easy to find enough resources for teaching. We have five faculties, two of them have a problem-based curriculum, two a more conventional curriculum, and one a more mixed one. No changes in specialist training have happened, but family medicine is a popular specialty.

### **Continuing Medical Education/Continuing Professional Development**

There is a law in force since last year, which stipulates the employer of the health care professionals (municipalities) to be responsible for financial resources in continuing medical education. Municipalities received state subsidy for this task, but the money was not earmarked and mostly it has not been available anywhere.

In 2003, an independent, permanent Centre for Pharmacotherapy Development (ROHTO) was established targeting especially on PHC doctors. Participatory, small group based, professionally facilitated, multi-professional sessions concerning problems and needs, defined in the local health care centres, are arranged. Use of evidence-based medicine and assessing one's own practice performance will be facilitated. As outcome of these sessions the participants are expected to provide an agreed local guideline or pattern of practice to manage clinical problems and their medication. In a previously relatively conservative atmosphere of continuing medical education, the new system has attracted GPs, and plenty of functioning groups of committed GPs have started their small-group activities.

## **GERMANY**

### **Basic Medical Education**

The new federal regulations (Approbationsordnung, A

## **GREECE**

### **Basic Medical Education**

At last some changes; the two largest medical school of the country decided to include in their curriculum, lessons on GP. It is really a big progress: one week exposure in basic characteristics and competencies of GP, at the first year of studies (as selective lesson) and 3 months(at a Health Center) at the last year of studies.

### **Specific training**

After the last evolutions (GP Regional Tutors, trained trainers, Logbook) big efforts are invested in wide implementation of the logbook. The 1<sup>st</sup> of March was the launch of the countrywide implementation. Next month at the National Conference of GP, there will be a round table discussion on early impact of it.

Although the waiting time (for starting ST) remains in average 2-3 years, GP is still attractive. The important point is that year after year GP attracts more and more graduates with high degree, demanding, with expectations.

## **CME**

The Greek Association of GPs is the only body which is developing, organising, running and funding CME programmes in the country. The important thing is that all these activities are very much welcomed and accepted. The content of this programme includes courses on various clinical topics, an annual training the trainers course, a series of courses on training on research methodology and a new programme on developing and implementing guidelines in PHC plus a new e-learning programme.

## **Health System**

Ten months ago there was a strong policy aiming to the further development of PHC in urban areas; but due to economical reasons there are various difficulties which puss things to be postponed for next year.

## **IRELAND**

### **Health Care**

There are far reaching changes proposed for the structure and management of the Health services, by the Government. The extent and implications of these changes are not clear at this time. I attended a meeting of our College (ICGP) where we fashioned a position paper on how we see GP training evolving in the future. More of this in later reports.

### **Basic Medical Education**

There are four University medical schools and one independent medical school; all have undergraduate departments of General Practice. There are about 660 graduates per year about 330 of them are foreign graduates (mainly non-EU graduates).

It is proposed that the entry will increase to 800 and a cap on non-EU entry, further these additional places will be for graduate entry. A new graduate entry medical school will be sited in Limerick and that the existing schools take in more graduate students.

### **Postgraduate specialist training**

The number of GP trainees has expanded from 84 to 98 this year. It is hoped to expand the intake to 150 over the next few years. This will need a radical revision of how training is organised! The changes will be dependent on the re structuring of the Health services.

For the last ten years places on the training schemes are highly prized and training schemes have attracted the highest calibre of graduate. Following a national conference held to discuss the expansion of numbers in training and the length of training, all of the schemes are now extending training to four years. The additional year will be spent in the Community, i.e. in general practice. The official policy of the Irish College of General Practitioners (ICGP) is to extend training to five years; that is two years rotating through hospital specialist training posts and then three years in supervised training in General Practice.

### **Continuing Medical Education**

There is an active network of local ICGP faculties each with one or more CME groups, which are supported by CME tutors. These CME tutors are remunerated by the ICGP for their work in supporting these groups. Quality assurance programmes have been introduced by the Medical Council for each of the different craft groups within the profession.

## **ISRAEL**

There has been renewed activity in family medicine education all over the country in the past six months with more official recognition of our efforts. There are now 11 post-graduate departments in the country with the newest department established within the framework of the Israel Defence Forces. All HMO's now have a department of general practice.

## **BME**

In Jerusalem the medical school has added a final year elective in family medicine in addition to the compulsory clerkship for students. This along with the elective in family medicine that is possible in the internship year is seen as a good way to recruit interested students into VT.

In Tel Aviv the rotation in family medicine in the American program at Sackler is enjoying increased popularity among medical students. Investment in faculty development and the improved weekly student seminars are seen as reasons for the positive change. An ongoing research project will document the changes in student attitudes to family medicine.

## **VT**

Recognition of the new post-graduate departments has improved our status across the country although Jerusalem is still fighting to open new places to accept new trainees. The existing trainees in Jerusalem are making their presence felt by running academic courses in CME for their more senior colleagues in the city on topics like medical computing, alternative medicine, and spoken medical Russian for physicians.

Tel Aviv enjoyed success in the recent specialty board exams in March with a 100% pass rate and one candidate with a rare grade of Distinction. Faculty development in Tel Aviv has focussed on a Balint group for residency trainers to improve their teaching skills by promoting self-reflection.

Nationally the residency programs are enjoying a flowering of research activities by trainees. This requires an investment in supervision of projects and research skills training for the trainers.

## **CME**

The recent scientific congress of the Israel Association of Family Physicians was held in Be'er Sheva. A large number of original research presentations and teaching workshops impressed the crowd of 400 family doctors and strengthened our esprit de corps.

This month another national conference held at the Dead Sea discussed a plan to strengthen research in family medicine. We enjoyed the support of Chris Van Weel who presented the Dutch model for research support which involves a heavy investment in research education at all levels.

## **ITALY**

### **Basic Medical Education**

After signed agreement between University of Modena and ICGP, now we have experiences in some way in ten other cities and structured courses are organised or in organising for sixth year students. Tutors are specifically prepared for this topic and a specific book for Tutors is at its second editing. The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection.

Now, main problem could be

## **LATVIA**

### **Undergraduate education**

Our universities started the course in family medicine for all young doctors of the sixth year. They are writing the research work after this course.

### **Postgraduate education**

Number of applicants for the training is increasing slowly. More attention is paid to the scientific work. We had no professors with doctors degree in the family medicine. Preparing seven candidates for a doctor's degree was started last year. Some of them are taking part in the training process in the university.

### **Continuous Professional Development**

Evaluation of candidates to trainers of the third year internship doctors in the family medicine was carried out in conformity with criteria of the European Union.

Association of the Family medicine continue to improve doctors education in the small groups. There were special training sessions for the moderators of such groups this year. Colleagues in different parts of the country are developing small groups.

### **What I have done in my country as a EURACT Council member**

I shared with colleague, board of Association of the Family medicine the new information I received in the Council members meeting last year.

## **LITHUANIA**

### **Health care system**

No important good news in health care system after joining EU. The biggest Union of Physicians announced that the strike on May 17<sup>th</sup> will be started by health care workers for increasing the financing of health care system and especially salaries of medical personnel. Patients seem generally to support the idea, but the Government already announced that there are no finances enough for additional financing.

## **BME**

No positive changes as far. Actually, this period of training still remains under most influence of specialized university departments and appears most conservative for introduction of FM. Family medicine is only introduced into the undergraduate curriculum during the fifth year of studies, and the course is still too short to make proper presentation of the specialty. Additional pressure should be used for increase of training hours in family medicine, but right now the situation is stable without positive changes.

### **Vocational training**

Vocational training programmes in the Universities are improving gradually in terms that it is recognized that training hours in family medicine should be increased. It is important to mention that Leonardo-EURACT training the trainers course which took place in November, had a positive impact to the knowledge and attitudes of trainers in FM. It has also been recognised that all the trainers, even of narrow specialties, who are involved in training of Family doctors should undergo the special training courses, and Leonardo-EURACT course could be the good basis for it in future.

### **CME/CPD**

Re-licensing procedure started last year demonstrated only formal approach of responsible bodies to the CME activities. Hours to be collected for re-licensing are divided into two parts: qualification courses, organized by Universities, and conferences, which may be run jointly by professional societies, universities and pharmaceutical companies. Conference hours must form not more than 40% of all hours. Very interesting event in CME activities was introduction to Lithuanian trainers in FM the Leonardo da Vinci project on modern teaching and learning methods, presented by Polish College of GPs.

## **MALTA**

### **Basic Medical Education-University of Malta**

- Since 2001, University of Malta Department of Family Medicine (7 part-time lecturers headed by Dr Denis Soler) providing undergraduate teaching (lectures, tutorials, community attachments) to 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> year medical students

### **Vocational Training-Malta College of Family Doctors**

- RCGP International Courses for Teachers in Family Medicine held in Malta during 2002-3 and 2004.
- Coordinator of Vocational Training and Tutors awaiting appointment.
- Draft 'Specialist Training Programme in Family Medicine - Malta' being reviewed before presented to the Specialist Accreditation Committee (Malta).

### **Continuing Medical Education-Malta College of Family Doctors**

- Since 1990, a Continuing Professional Development Programme is held in the form of a meeting in each term of the academic year (Autumn, Winter and Spring)
- Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units within this scheme

### **Malta Health System**

- In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties.
- Family doctors on the specialist list are nominated by the Specialist Accreditation Committee (Malta) on the recommendation of the Malta College of Family Doctors.

### **EURACT Council Member Activities**

- January 2004: recruited 2 new EURACT members to bring total to three.
- June 2004: appointed EURACT Council member for Malta.
- July 2004: member of coordinating team of 'Symposium on Research in Family Practice', St Andrew's, Malta
- October 2004: member of coordinating team of EGPRN Meeting, Gozo, Malta

## **NETHERLANDS**

### **Basic medical education**

No specific new developments. Article in Dutch scientific paper on sexual harassment in medical education by Prof dr Toine Lagro (general practitioner in Nijmegen University), confirming reports from Anders Baerheim.

### **Vocational training**

Further development of several instruments for the evaluation of competencies, and the assesment of professional behaviour. In the light of possible shortage of general practitioners in 5-10 years the suggestion has been made to cut back the training scheme to 2 years.

The heads of VT departments want exchange of knowledge; contacts with other schemes. They look to Euract as a change agent, a linking pin for their activities.

### **Health care**

General practitioners are still fighting with the government about the terms of a new contract. There is a lot of confusion about agreements reached, and on the consequences of that new contract: 30% drop in income !?

### **Euract**

I have been quite busy with the paper on Educational research, the Euract guidelines and the revised Constitution.

## **NORWAY**

The health system of Norway is rapidly changing, and in this report will try to keep you abreast with both what has recently been changed, and what is proposed and very probably will change in the near future.

### **Basic Medical Education and Academic life**

The four medical schools of Norway adopt very different curricula. While the school at the University of Bergen still is traditional with a sharp division between a pre-clinical and a clinical part, those of Oslo and Trondheim have established PBL-based curricula, and the school in Tromsø

## **POLAND**

### **Undergraduate education**

There is a big progress in this field. The new law established last year about minimum teaching in the field of family medicine during BME at the level of at least 100 hours has been executed now. Since the academic year 2005/6 all university medical schools in Poland will provide this level of teaching. There are still differences in the contents of the programmes of different schools. However major efforts are undertaken to harmonize it (conferences, meetings, etc.) without losing autonomy of any school.

### **Postgraduate education**

No major changes in this field. Financing is now much more stable, however policy of the government to control more strictly the number of doctors entering VT in different specialities is less visible now. It is relatively easy to start the training in the field of internal medicine and that is why in some regions there is a shortage of candidates for training in family medicine.

### **Continuous Professional Development**

New regulation about compulsory re-certification has been published recently. Unfortunately it is based only on collection of credits for attendants of courses, congresses and other educational activities. It is also possible to collect credits for publications or a scientific degree. Financial or any other incentives to participate in CME are still missing.

### **What I have done in my country as a EURACT Council member**

The Leonardo EURACT course materials have been finally published in English and Polish. Manuals for trainers and trainees are expected within few months. The College of Family Physicians in Poland in collaboration of my University Dept. has organized II National Conference of Trainers and QA Tutors in Family Medicine. During this conference EURACT and especially Leonardo EURACT course have been promoted.

## **PORTUGAL**

### **In general**

New President of Medical Association, very much interested in General Practice. Created an informal group of GPs to influence new outcomes. Two are EURACT members (myself and Dr. Dolores Quintal).

New Government, previous Minister of Health back, previous Health Secretaries back - but new ideas and the will to start new health politics, hopefully based upon primary care Improvement.

Also GPs as Minister counsellors (2 are EURACT members: Dr. Regina Carlos and Dr. Victor Ramos, first Portuguese representative).

Primary Care law from the last government is to be changed, as GPs wanted and fought for! The core of the system will be small GP units, allowing different types of management.

### **BME**

No news.

### **VT**

New 4 years programme waiting for Minister approval. Last changes on programme to be done quickly. Trying to introduce changes to evaluation system (on all specialities).

New Minister shows interest in changing the rate Specialists/GPs (which is 3 to 1!!!), and decided to open 360 new training places for GP VT. That will imply a lot of work trying to find suitable Trainers and training posts.

### **CME**

Criteria for CME events approved by all Colleges, just waiting to be made official by the Medical Association.

Medical Association showed interest in starting work on CME/CDP. I will possibly work on it.

### **Work done as a EURACT Council member**

One new Portuguese member joined EURACT, the Coordinator for VT in Northern Portugal. Two others are going to join in later, one is the Coordinator for VT in the Center Portugal.

Started to create interest on the

## **ROMANIA**

### **Basic Medical Education**

I have no news since my last report.

### **Postgraduate specialist training**

If we were in doubt that general practice is not very important for our government, we have now the proof.

A new law (last November) stated that starting with 2005, any doctor that obtain a certain mark (not established yet) to the national exam for entrance into the residentship program can become resident in general practice. Even more, any resident who fails to finish his/her vocational training program will be allowed to finish general practice and to become a general practitioner. The Ministry of Health will provide the required number of places for all the residents in general practice. The internship is abolished.

### **Continuing Medical Education**

One could say that the first recertification procedure was not very successful. The standard was not very clear and still needs clarifications. National College of Physicians made a small change in the procedure: a doctor needs in order to practice, 200 hours of CME in the last 5 years or 40 hours in the last year.

A TOT program was finished in February. We have now 50 new trainers. They started the work with residents in general practice and also to provide CME workshops.

Workshops about guidelines realized in the QualyMed project (The National Centre for Studies in General Practice) started also at a national level.

### **General practice**

Like every year a new contract was signed by the general practitioners with the insurance house. There are no big changes in it. The payment would be higher at per capita and smaller at services. In general, the general practitioners incomes are bigger than in the previous year.

There are some new problems concerning the prescriptions. All doctors have to respect very strict rules and prices for prescriptions. General practitioners have to face a supplementary accountability burden. This is diminishing the time spent within the consultation process and also the medical judgment of the case. National College of Physicians tried to change this decision of the Ministry of Health but there is no positive answer till now.

### **What I have done in my country as a EURACT Council member**

- Report of the Aarhus meeting for the Romanian members
- Organizing the selection of the 4 Romanian participants at the rolling course.
- Presentations about EURACT for possible new members
- Keeping in touch with the National Society for selecting JDP participants

- Presentation about EURACT to the Conference of the Department of General Practice of the Medical School from Iasi
- Paper about the organization of the vocational training in general practice settings (Informative Bulletin for General Practitioners)
- Exploring possibilities of organizing a Council meeting in my country.

## **SERBIA & MONTENEGRO**

### **Vocational training in general practice**

Responsibility for specialization in general practice in Serbia and Montenegro support Schools of medicine in several towns.

The specialization of general practice lasts 3 years.

It consists of: 9 months of lectures in 2 semesters, 13 months of general practice, 2 months of gynecology and obstetrics (of which 1 month is in the dispensary), 1 month of epidemiology, 3 months of internal medicine (in the hospital), 2 months of pediatrics (1 month in the dispensary), 1 month of general surgery (in the hospital), 2 months of emergency medicine, 15 days of health education, 15 days of medical statistics and informatics and 2 months of neuropsychiatry (in the hospital).

Nine months of the lectures consists of the following subjects, divided in 2 semesters:

#### *I semester*

- hygiene with medical ecology
- work medicine
- medical informatics
- epidemiology
- social medicine
- health education
- geriatrics
- oncology
- physical medicine and rehabilitation
- balneoclimatology
- forensic medicine
- general practice

#### *II semester*

- clinical pharmacology
- otorhinolaryngology
- ophtamology
- psychiatry
- neurology
- surgery
- cardiology

- gastroenterology
- rheumatology
- pulmonary diseases
- TBC protection
- pediatrics
- alergology and immunology
- endocrinology
- nephrology
- gynecology and obstetrics
- infectious diseases
- dermatoveinology

At School of medicine University of Belgrade final part of specialist exam is passed orally in front of the Examination board, which consist of the representatives of the School of medicine and the experts in general practice. The Examination board has 6 members, specialists in the following:

- internal medicine
- surgery
- pediatrics
- social medicine
- gynecology
- general practice.

Upon the computer's selection of the Examination board, the candidates first have to pass the written and then practical part of the specialist exam. After that trainees move to the oral exam in front of the Examination board.

At Schools of medicine in Serbia and Montenegro there are differences in number and the structure of examiners consisting Examination boards.

In Belgrade, part of the education organized by the specialists of general practice, lasts for 6 weeks. The lecturers are the distinguished representatives of the general medicine. This year part of education lead by general practitioners will be organized in form of workshops.

General practice is not a subject at undergraduate level.

## **SLOVENIA**

### **Undergraduate education**

Due to restriction in the students' hours available for teaching at he University level I have to adopt some changes in the outlay of the prepared curriculum for new medical school at University Maribor. We start teaching in the year 2007/2008 (fourth year of medical school). I participated as

## **SPAIN**

### **Basic Medical Education**

The Deans Council presented last year the

## **SWEDEN**

### **Basic Medical Education**

The role of Family Medicine becomes more prominent at several Medical Universities.

- *Professional development more important.* Often as a

## **SWITZERLAND**

### **Basic Medical Education**

The main event in the last 6 months was the foundation of the first University-Institute for Family Medicine / General Practice in Switzerland at Basel.

On the other hand all important organisations of GPs have joined in Zurich in writing an open letter to the Dean of the Medical Faculty: Our patience has come to an end ♦ petition for an Institute for Family Medicine / General Practice in Zurich.

The public and the media are more and more taking notice that a shortage of GPs is developing and that especially (but not only) in the countryside our older colleagues often have great difficulties or cannot find a successor for their practice. The official statistical data are of very bad quality and so the insurances continue to pretend that the numbers of GPs are still rising.

A recent study from the University in Basel shows quite clearly that among the students the career choice for General Practice is significantly enforced by tutorials in practices in the 4<sup>th</sup> year. This interest for General Practice however declines again in the next 2 years as there are no more opportunities to learn in the practice setting.

### **Specific training**

The accreditation of the postgraduate medical training (of all disciplines) by a state organisation for accreditation and quality assurance has taken place and the results are about to be reported. I cite just two sentences from the report on Training for General Practice:

## **TURKEY**

'Transition in Health' reforms are continuing. Encouraging privatisation in health, doctors bound by contract, payment according to performance are basics of these reforms. The hospitals and dispensaries (providing health services in primary care) belonging to the Social Insurance System (only for workers) were taken over by the Ministry of Health a few months ago. Thus, financing was separated from the provision of healthcare services. As seen, health insurance system in our country is fragmented. Health financing reform will be come into force next year, implementing the general health insurance scheme. Decentralisation of hospitals will follow it. The payment system according to performance of provider has both positive aspects and problems. In the near future, this payment system seems to be come into force for almost all healthcare providers including in university hospitals.

'Transition in Health' reforms are changing the working conditions and personal rights of the doctors who have been working mainly under the guarantee of the state. Nowadays, Turkish Medical Association is reacting against these developments which disturb hundred thousand doctors, with an activity of one-day strike.

### **Basic Medical Education**

Family medicine departments exist in thirty-five of 50 medical schools. Academic family medicine is developing both quantitatively and qualitatively.

### **Vocational Training**

There is an undulation in the number of family medicine training places. Last year, about 700 new trainees began to their training period of three years. However, the number is again reduced this year, a few places for the departments of family medicine in the universities.

No apparent attempt from MoH still exist concerning the teaching opportunities in health care system for the departments in the universities and development of the relations with them.

### **CME**

The most important CME activity is retraining program for practitioner physicians in primary care. Reorganisation of primary care with the principles of family practice is being performed in a small city as pilot application. The training activities are implemented in the pilot city by Turkish Association of Family Physicians (TAHUD), within the frame of retraining program.

### **What I have done as EURACT representative in Turkey?**

Third Family Medicine Days ( a national conference) will be held next month in KuA3adasA1 and is being organised by my department in collaboration with TAHUD. The main topic of the conference is

## **UNITED KINGDOM**

### **Basic Medical Education**

- Move from 4000 to 6000 graduates per year by 2010

- Increase in GP based teaching
- Discussion on a national qualifying exam (each university does its own thing at present)

### **Foundation Programme**

- New 2 year

*Annex 2*  
**Hon. Treasurer Report**

**EURACT Council meeting**  
**April 20-23, 2005**  
**Lillafured, Hungary**

It seems that a stable income of membership fees has been achieved. Although a certain number of new council members joined Euract the last two meetings the fees collecting procedure seems quite understandable and practical. There is a need of seeking new funding sources like from Wonca Europe through special projects funding.

The healthy economical situation gives Euract the means to invest in activities for Academy's members and to all European teachers in GP. Apart from administrative expenditure an almost 30% of the money is spent in publications and other resources available through a renewed website as well as in organizing and running courses developing and promoting the teaching in GP.

**EURACT Council meeting  
April 20-23, 2005  
Lillafured, Hungary**

**Applications Hungary meeting, 2005\***

**Austria**

1. Dr. Thomas Busch
2. Dr. Gustav Kamenski
3. Dr. Franklin Krause
4. Dr. Otto Pichlhoefer

**Belgium**

1. Dr. D. Devroey - VUB (e-mail)
2. Prof. Kartounian - VUB (e-mail)

**Bosnia & Herzegovina**

1. Dr. Z. Klaric
2. Dr. B. Gajanovic
3. Dr. E. Cerni-Obrdalj
4. Dr. A. Brkovic
5. Dr. G. Pivic
6. Dr. S. Selmanovic

**Cyprus**

1. Dr. N. Rossos (PIF)
2. Dr. M. Avraamidou
3. Dr. N. Panayides
4. Dr. K. Iacovidav-Balika
5. Dr. S. Missouri
6. Dr. A. Hajivassiliou
7. Dr. I. Cotter
8. Dr. T. Peta
9. Dr. C. Economou
10. Dr. I. Papapetrou
11. Dr. F. Theocleous
12. Dr. R. Kousoulidou
13. Dr. P. Avraamides
14. Dr. N. Theologos
15. Dr. A. Galazi
16. Dr. P. Arsiotou
17. Dr. P. Economou
18. Dr. E. Englezaki
19. Dr. P. Marouchos

20. Dr. P. Phylaktou
21. Dr. P. Gudenian
22. Dr. A. Philippides
23. Dr. A. Hadsicostas
24. Dr. M. Azina-Chronides

## **Germany**

1. Dr. F. Peters-Klimm (PIF sent by post)

## **Greece**

1. Karanasios
2. Koutsogiannis
3. Anastopoulos
4. Kyriakopoulos

## **Italy**

1. S. Nobili (PIF email)
2. M. Baruchello (PIF email 10/11)
3. A. Stimamiglio (PIF email 5/2)
4. P. Marangoni (PIF email 18/3)
5. M. Manganelli (PIF email 18/3: omgezet tot doc file)
6. A. Nobile (PIF email 30/3)
7. A. Lupo (I send again the PIF)
8. A. Marino (I send again the PIF)
9. G. Nati (PIF)
10. M. Bruni (PIF)

## **Portugal**

1. Torcato Santos (no PIF yet)

## **Romania**

1. Dr. Loredana Piloff
2. Dr. Viorela Enachescu
3. Dr. Iuliana Piciooreanu
4. Dr. Aurel Condrea

## **Turkey**

1. Dr. Melahat Akdeniz - Akdeniz University Medical Faculty Family Medicine Department, Antalya-Turkey.
2. Dr. Kamile Marakoglu - Selcuk University Medical Faculty Family Medicine Department, Konya-Turkey.
3. Dr. Hatice Kurdak - Cukurova University Medical Faculty Family Medicine Department, Adana-Turkey.
4. Dr. Sevgi A

**EURACT Council meeting  
April 20-23, 2005  
Lillafured, Hungary**

**Report of CME Committee**

CME/CPD COMMITTEE MEETING April 21<sup>st</sup> 2005

*Present:* Samira Herenda, Jan Heyrman, Jaroslava Lankova, Iuliana Popa, Ruta Riba, Paula Vainiomaki

**EURACT Council meeting**  
**April 20-23, 2005**  
**Lillafured, Hungary**

*Draft 22/4/2005*

**Euract Educational Research**

The aim of the Academy is to foster and maintain high standards of care in European general practice by promoting learning and teaching in general practice/family medicine.

There are many ways to achieve that aim:

1. promoting teaching, learning and research in general practice
2. providing support and information for Academy teachers
3. producing expert reports relevant to the teaching of general practice
4. organising conferences, workshops and seminars
5. ...
6. ...

There is no doubt that Euract has produced numerous important reports on several topics, established databases on Vocational training, and organised workshops. All our statements and reports are based as much as possible on evidence derived from research carried out in the educational settings of general practice.

Our Council meetings are very much organised as working sessions for the different subgroups, trying to produce another report, workshop, or statement.

Several courses are organised under the patronage of Euract. In 2004 the Slovene Family Medicine Society held the first annual meeting of GP/FM teachers more directed at presenting research.

A number of council members have indicated that research should have a place on the agenda too. Some want to present research data on education at Council meetings, others would like to conduct multi-national collaborative educational research projects. The idea of having an open Euract meeting for Euract members has also been expressed.

Reference was made to plans of EGPRN which had set up an Educational Committee, chaired by Frank Dobbs. The Educational Committee was not set up to conduct research on education, but to set up education in research for established GP's but also in the undergraduate and graduate curriculum.

The first question is whether this is an activity within our aim. In our own Euract booklet we state that one of the methods is: *promoting teaching, learning and **research** in general practice*. It doesn't say explicitly that we should present research at our meetings, but on the other hand it would be foolish to conduct research and not to share the results.

Several objectives can be named within the framework of Educational research:

1. **Stimulate the teaching of research methods in the Basic Medical Education as well as in Vocational Training**
  2. **Promote research on education**
  3. **Organise courses on research methods in educational research**
  4. **Conduct (multi-national) research on education**
  5. **Present results of educational research**
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1. **Stimulate the teaching of research methods in the Basic Medical Education as well as in Vocational Training**

We have to include this in the Educational agenda; explore if these programs exist; describe