

**Meeting of the Council  
of the European Academy of Teachers  
in General Practice (EURACT)  
*held in Aarhus, Denmark, September 22-25, 2004***

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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. Luis Filipe Gomes, Portugal
- Dr. Janko Kersnik, Slovenia
- Dr. Margus Lember, Estonia
- Dr. Monica Lindh, Sweden
- Dr. Roar Maagaard, Denmark
- Dr. Vladimir Marek, Czech Republic, observer
- Dr. Fergus D. O'Kelly, Ireland
- Dr. Iuliana Popa, Rumania
- Dr. Ruta Riba, Latvia
- Dr. Bernhard Rindlisbacher, Switzerland
- Dr. Llukan Rrumbullaku, Albania
- Dr. Wolfgang Spiegel, Austria
- Prof. Paula Vainiomaki

# **PROGRAM OF THE MEETING**

## **Wednesday 22 September 2004**

Pre-Council Executive Board Meeting

Session 1: Introduction to the meeting

**Session 2: SCOT analysis**

## **Thursday 23 September 2004**

**Session 3: Business meeting**

## **Friday 24 September 2004**

Session 4: Task groups

Session 5: Business meeting - continued

Session 6: Standing committees

## **Saturday 25 September 2004**

Session 7: Feedback from the committees

Session 8: 5 minutes 1 slide presentations

Session 9: Future meetings & evaluation

Post-Council Executive Board Meeting

# REPORT OF THE MEETING

Wednesday 22 September 2004

Pre-Council Executive Board Meeting

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

- Dr. Yonah Yaphe is going to provide the final version of checklist for teaching practices to Agnes Goethuys. She will organize printing in Belgium and bring them to the Spring Council Meeting 2005.
- The next Council Meeting can be organized in Halkidiki, Greece. This will cost EURACT 6000 euro. Dr. Simeonidis is ready to organize this meeting. The relevant decision must be taken by the Council.
- Dr. Egle Zebiene was the only nominee for the Presidency of EURACT. According to the bylaws she is elected the new President.
- The new Honorary Treasurer should be elected during the current meeting. The Council will be informed about it. Candidates should propose themselves for the post.
- The Web-site group working before the Council Meeting came to the conclusion that no password protected access to our web-site is needed.
- The Task Force on EB/Council relationship is going to present the progress report which will not be discussed during the Council Meeting. All members will be asked to comment by e-mail after the meeting.
- EURACT will recognize the contribution of Igor Svab to its work presenting him with a special gift from the Council. Jan Heyrman and Agnes Goethuys will organize it in Leuven.
- Co-option of Bernardina Wanrooij and Justin Allen will be decided by the Council. The person concerned will leave the room for the discussion on the topic.
- An Education Research Strategy will be proposed for further discussion by Job Metsemakers for the Spring meeting. This issue will be not discussed during the current Council Meeting.
- All Council Committees should elect or appoint their chairmen. The Committees have to discuss their potential contribution to the Kos WONCA Congress. New Council Members should select the committee in which they would like to continue their work in EURACT.
- The "5 minutes 1 slide" session will be chaired by volunteer outside of the EB.
- Paula Vainiomaki informed EB that she received a phone call from Janos Szabo who is proposing to host the Council Meeting in Spring 2005. She asked him for more detailed declaration, which he promised to send by e-mail within the time frame of the ongoing Council Meeting.
- Dr. Justin Allen, Roar Maagaard and Job Metsemakers will attend the three network meetings during the WONCA World Congress in Orlando.
- The issue of Secretariat has to be reviewed and discussed by the Council. It is unclear for how long Agnes Goethuys can continue her function.

**Session 1: Introduction to the meeting**

The President, dr. Justin Allen, welcomed all the Council members, and especially the new members from Czech Republic, Latvia, Switzerland and Slovenia. Then the Council members discussed in pairs their professional experiences during last few months. Afterwards the President announced the changes to the agenda of the ongoing meeting. He informed us that the Honorary Treasurer is stepping down from his post and the new officer to this post has to be elected. He asked everybody to consider his/her readiness to overtake this post.

## Session 2: SCOT analysis

The whole Council was divided into 4 groups. Each group had a task to consider strengths, challenges, weaknesses and threats for EURACT. Each group focused on one of the above aspects while having in mind the others, producing three bullet points related to their main topic.

After a small group discussion, the group representatives reported to the plenary. The lists presented by the groups were enlarged by other members of the Council, who added more ideas. Finally four following lists have been produced:

### Strengths:

- focus on quality production
- broad range of expertise in the Council
- professional academic approach
- friendly atmosphere

### Challenges:

- no clear benefits for members of EURACT
- difficulties sometimes in communication
- difference in participation of Council members and their feeling of responsibilities
- intermittent activities
- lack of political will
- lack of legal status
- lack of long-term strategy (business plan)

### Opportunities:

- more emphasis on young doctors
- to promote all values of EURACT
- collaboration with networks, WONCA, UEMO, AMEE
- use of information technology
- increases interest in our products
- PHC still a hot topic in Europe
- etwork research on education

### Threats:

- expansion and growth of EURACT Council
- external threats to the status of GP teachers
- too much focus on products instead of networking

- poor link of EURACT to research medical community

Dr. Wolfgang Spiegel, Francesco Carelli and Yonah Yaphe will try to design the draft version of the action plan deriving from the analysis. This will be presented during the "5 minutes 1 slide" session.

Thursday 23 September 2004

### Session 3: Business meeting

- At the beginning the notes from Madeira meeting were reviewed. The report was approved.
- The Treasurer presented the financial report. According to this report, EURACT's financial situation is rather good, however there is a need to think about an increase in income to have more chances to develop more activities. The full report is available as Annex 2.
- The President informed us that according to the procedure agreed upon during the last meeting in Madeira only one eligible application for the new presidency arrived in time. Accordingly Dr Egle Zebiene will serve as EURACT president from the end of the Spring 2005 EURACT Council Meeting.
- Dr. Okay Basak was proposed as a candidate for the post of Honorary Treasurer. His candidature was supported by Dr. Fergus O'Kelly and Yonah Yaphe. Since no other candidate was proposed, Dr. Basak was elected as a new Honorary Treasurer and he will fill the post from the end of the Spring 2005 EURACT Council Meeting.
- The Council discussed the co-option of Council members in 2005. Two persons: Dr. Bernardina Wanrooij and Dr. Justin Allen, who is going to leave the Council at the end of this year as an UK representative, applied for co-option. The candidates left the room for the time of the discussion. The Council members discussed separately both candidatures. A secret ballot was organized. As a result Dr. Bernardina Wanrooij was not co-opted for a further period. Dr. Justin Allen was approved as a co-opted member for 2005.
- Prof. Job Metsemakers presented the interim report from the work of the Task Force on EB function. He described the process of the work done until now, asking for further comments. The group should be ready to present the results during the next Council meeting.
- The report from Young Doctors Program before and during the WONCA Europe Congress 2004 in Amsterdam was presented by Dr. Athanasios Simeonidis. EURACT played an important role in it providing 6 group leaders for the project. Our involvement was judged very positively both by WONCA Europe and junior doctors taking part in the program. The Greek Association of General Practice – the organizer of WONCA Europe 2005 – is going to continue the initiative.
- A 3-network meeting is going to be organized during the WONCA World meeting in Orlando in October 2004. The Council members present in the Congress are going to contribute.
- The report from the Leonardo-EURACT course for trainers in family medicine, which took place in Zakopane, Poland in May 2004, was presented by Dr. Adam Windak and Dr. Egle Zebiene. The course was very positively perceived by both the faculty and the participants. The course is ready for further implementation. Portugal is ready to host it in 2006 and the host for 2005 is still sought.

Friday 24 September 2004

#### **Session 4: Task groups**

The Council split into 3 small groups and discussed separately 3 initiatives:

- further development of Educational Agenda
- expansion and competence review of New Definition
- further development of Young Doctors initiative

At the end of the session the Council gathered back together and short reports from the work of the small groups were presented.

- The group of Educational Agenda stated that the current version is not the final one. The final version should be ready at the end of 2004. There will be a special form designed and distributed with request for comments. It is planned to review the document regularly every 2 or 3 years. Changes on the content and the structure of the document are still expected. There are also new ideas deriving from the work on Educational Agenda. One of them could be on assessment. This and other related topics could be presented as a series of new booklets. The group stated the need for promotion of the Educational Agenda and working plan for its implementation in all European countries. There are plans to organize a conference on the topic in 2007.
- The group working on further development of New Definition and Core Competences noticed that current form of the document is still inconsistent and there are still some errors. The presentation of core competences is still a little bit unclear and needs to be rephrased. This can be done by the preparation of a shorter version.
- The group discussing the Young Doctors Program discussed the further progress and development of the project in the line of WONCA Europe 2005 Congress in Kos and beyond it. As a first step, the Kos Conference organizers will contact the leaders of young doctors organization asking about their needs and expectations. Then we as EURACT will react to it and try to assist the project. This can be expressed in a letter to WONCA from our President.

#### **Session 5: Business meeting - continued**

- The new members of the Council presented themselves giving some information about their personal and professional backgrounds. Dr. Bernhard Rindlisbacher, Janko Kersnik, Vladimir Marek and Rita Ruba joined the Council as new representatives of their countries. The President welcomed them on behalf of the Council expressing our hope for further fruitful collaboration.
- The web-site task force group gave the report from the work done during their meeting before the Council Meeting. Needs for changes and updates were discussed on the basis of review of every page. A new front page is needed and many updates must be introduced regularly. A procedure to assure timely changes was discussed. The work will be continued by the group with the support from the whole Council.
- Prof. Jan Heyrman presented the first result of the landscape project as it is ready for publication on the web-site. At this moment the product allows the access to the data from different perspectives (country, type of training etc.). There are plans to update the data annually. Council members will be approached before every meeting to correct the data concerning their country in relation to one field of education. The

current version will be published on the web-site before the Spring Council meeting in 2005.

- The Spring meeting 2005 will take place in Hungary on 20-25 April 2005. The exact place will be announced later by the local organizers.
- The letter from International Balint Federation was discussed. The Federation asked for clear support to the idea of inclusion of Balint training in every vocational training in Europe. Different options and perspectives were presented by Council members. Generally the majority of them agreed that Balint training can be of value for vocational training of general practitioners. However according to the majority opinion this is only one of the available methods. It is welcomed and can be of use for different stages of training in family medicine. The categorical statement supporting the obligatory inclusion in VT is at this moment unacceptable from EURACT point of view. The President will write a letter reflecting the above views.
- Prof. Igor Svab left the Council due to his expected election as the future WONCA Europe President. If elected, he will be co-opted as Council Members ex officio. To recognize his contribution to EURACT, a special decorated plate will be produced and presented to him.
- New members from the following countries were approved: Finland – 2, Italy – 7, Latvia – 1, Portugal – 1, Bosnia & Herzegovina – 3, Romania – 1, Sweden – 3, Turkey – 5, UK – 2, Czech Republic – 7, Estonia – 1.

### **Session 6: Standing committees**

Four standing committees worked separately discussing their working agendas. The following committees had their meeting:

- Basic Medical Education
- Vocational Training
- Continuous Professional Development
- Member Service

### **Saturday 25 September 2004**

#### **Session 7: Feedback from the committees**

The standing committees gave the reports to the plenary, reflecting their discussion during the small group work.

#### **Basic Medical Education (Anders Baerheim)**

Dr. Yonah Yaphe has been re-confirmed as a chair of the committee. The committee plans to conduct several projects and activities. The first one involves early clinical exposure for students starting their medical studies. They plan also to prepare a workshop for the WONCA 2005 Congress in Kos about cross-cultural differences.

#### **Vocational Training (Roar Maagaard)**

Dr. Roar Maagaard has been elected new chair of the VT committee. Their first issue discussed was the trainees assessment of trainees. According to the committee this issue should be reflected better in the Educational Agenda document. Some amendments are

needed and the group is going to prepare them. Selection of trainees across the Europe was the second issue discussed by the committee. The group wants to finish the project started some time ago. The third issue was the structure and length of vocational training and differences in this field across Europe. This arises from the Young Doctors' Program. The Fourth issue is financing of vocational training. The group is going to explore it. The Fifth idea is a trainee forum. The group will develop this initiative through the Young Doctors' Program. The full version of the report is available in Annex 4.

### **Continuous Professional Development (Paula Vainiomaki)**

Prof. Paula Vainiomaki has been re-confirmed as a chair of the CPD committee. The committee discussed possible tools which would facilitate CPD. Another issue discussed by the group was potential accreditation of CPD programs. Involvement of pharmaceutical companies worries the committee. The group is afraid that in many cases their involvement can drive the content of the training. They realized that knowledge about the specificity of CPD is limited. The booklet developed together with EQuIP seems to be too difficult. Perhaps a shorter and clearer description will be needed. The group is going to work on it. The full text of the report is available in Annex 4.

### **Member Service (Egle Zebiene)**

Dr. Egle Zebiene was re-confirmed as a chair of Member Service Committee. Preparation of the next issue of Leonardo-EURACT course was discussed. The course materials were finally discussed and improved. The organizational details of the 2005 and 2006 courses were discussed. The date and venue for 2005 will be Kusadasi, Turkey – May 22-25. The number of countries can be increased even to 8. This would mean more work and problems for the faculty but facilitate easier and wider dissemination of the course. Other condition for participation (4 persons from the country, support of local institution, cost of travel covered by participants). Sponsorship for Bled course was discussed and the group proposed to remain the rules the same. Five participants from low-income countries would be supported by the grant of 500 euro. Also 5 participants of the conference of teachers will get sponsorship to cover the conference fee. The article about the Leonardo-EURACT course and workshop for Kos Conference in 2005 will be prepared. The full version of the report is available in Annex 4.

### **Session 8: "5 minutes 1 slide" presentations**

- Dr. Janko Kersnik advertised the 2<sup>nd</sup> meeting of teachers in General Practice which will take place in Kranska Gora, Slovenia on September 23-24, 2005. Different activities like keynote speakers, workshop, oral and poster presentation are planned. Prof. Manfred Maier, Dr. Mladenka Vrcic-Keglevic and Dr. Justin Allen are already confirmed to be keynote speakers. The main title of the conference is "Assessment in FM/GP".
- Dr. Monica Lindh presented the experiences from Swedish exam for family doctors. This is a voluntary exam covering several issues like self-assessment, review of professional development, evaluation of the support given to the students, the clinical day contents video records of students consultation, review of records and discussion of projects and written part of the exam. The whole exam takes a lot of time and as such is an educational process as well.

- Dr. Francesco Carelli presented his thoughts on EURACT self-advertising. He showed the presentation used by him in Italy. This is aimed at promotion of the group and its products.
- Dr. Wolfgang Spiegel – teaching about sexual feelings in physician-patient relationships. This presentation described the personal experiences of the presenter in teaching in this field. He proposes to attract attention of WEURACT to that issue. Possible common action could be a workshop in Kos.
- Prof. Anders Baerheim – Are female medical students overlooked or harassed? This issue was explored by the author within a European project, conducted at Bergen University. The initial results are interesting. Many Council members would be interested to join the project.
- Dr. Iuliana Popa – Reflection on country reports. The author reflected on the structure, content and procedure of presentation of the country reports. The essential question is: What is the use of the report? Do we need them? If so, what format is really required? The content of the reports from last two meetings was varied. The conclusion is that the current experience is far from the desired model. She proposes to set up clear rules for country reports.
- Dr. Wolfgang Spiegel – proposed a new way of working in committees. He proposes to organize an open space procedure allowing the members to join other committees temporarily. This would allow better linking of the work of different committees and better opportunities for Council members to contribute to various fields of EURACT work.
- Dr. Wolfgang Spiegel, Dr. Francesco Carelli – This group suggested that EURACT needs better recognition and official status, which would facilitate external contacts. The format of an NGO might suit us best. In that case we could be accredited by the WHO, UN or EU. A second issue is the lack of incentive for membership. This could be increased by regular publication of an Educational Newsletter containing articles on educational research. A third point is that EURACT has great potential to conduct research in the field of medical education.

### Session 9: Future meetings & evaluation

Time schedule for future Council meetings		
Spring 2005	Hungary	April 20-24, 2005
Autumn 2005	Austria, probably Wien	November 2-6, 2005
Spring 2006	Sweden/Finland? (to be confirmed)	
Autumn 2006	Czech Republic?	
Spring 2007	Croatia, Dubrovnik	

- WONCA Europe Congress 2005 in Kos is going to be an important event for EURACT. Our organization is going to provide 3 moderators for morning sessions (Drs. Mladenka Vrcic-Keglevic, Roar Maagaard, Job Metsemakers). Another issue is our contribution to the Young Doctors' Program. The details of our involvement will be discussed during the next Council meeting. In addition, EURACT is going to organize several workshops under its umbrella. To ensure the high quality of our products, only workshops produced by the standing committees will be identified in the program as EURACT events.

- The Bled course has been in existence for 13 years. There is a lot of good experience based on the input of course directors. There is space for more persons to contribute. Those who are interested should contact Dr. Janko Kersnik directly.
- At the end of the meeting all Council members expressed their feelings about the meeting. All of them expressed their gratitude to Roar Maagaard for the excellent organization of both the Council Meeting and the Danish conference on assessment.

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

- The format of country reports needs to be discussed during the Winter EB meeting (form, content, distribution etc.).
- The analysis of the SCOT exercise will be the major item for the residential meeting. It will be based on the notes from the Council Meeting.
- Formal registration could be the problem for future work of EURACT. Dr. Justin Allen will try to explore the legal status of EGPRN and EQuIP during the WONCA meeting in Orlando.
- The transition of officers' duties will be done by the President and by the Hon. Treasurer at the end of Spring meeting in 2005. Till that time newly elected officers should actively participate in the work of EB to learn as much as possible about their new functions.
- The President will write a letter to the representatives of the WONCA Junior organization offering them support during the Kos Conference and beyond. Our involvement will be discussed during the residential EB meeting.
- The Leonardo-EURACT course will be held in May 22-25, 2005 in Turkey. Dr. Egle Zebiene will provide information to the countries involved and ask for names of participants by December 15, 2005. In 2005 the course will be still invitational for countries who are expected to develop the course in their own countries. In 2006 the course may be open to individual participants. At the WONCA 2005 Congress we will present a workshop highlighting our experience with the course.
- Dr. Yonah Yaphe and Dr. Athanasios Simeonidis are responsible for further Web-site development. They will prepare the working agenda for introduction of changes. The whole web group will assist them as well as the EB.
- Dr. Justin Allen will present a short interim report on the progress of the work on the New Definition for the residential EB meeting.
- Dr. Mladenka Vrcic-Keglevic is going to develop a short discussion paper on the further role of EURACT in the Young Doctors' Program especially focused on the issue of how we can increase participation in educational activities produced by EURACT. This will be discussed further during the next EB meeting.
- Dr. Yonah Yaphe will contact Agnes Goethuys to ensure the printing of the checklist for course organizers.
- Dr. Roar Maagaard will explore the current status of Hippocrates Program. He will contact the program coordinator to get as much relevant information as possible.
- "5 minutes 1 slide" needs more careful supervision. The future presenters have to stick exactly to one slide and 5 minutes + 5 minutes for discussion. This will be chaired by EB member who will be responsible for selection of no more than 6 presentations. The presenter must be clear on the message or the question to be put forward.
- A Public relations strategy for EURACT will be a subject for discussion by the Member Service Committee during the next Council Meeting.
- The next EB meeting will take place on January 14-16, 2005 in Thessaloniki.

- Reimbursement of the travel expenses:

1. Iuliana Popa	580
2. Ruta Riba	260
3. Egle Zebiene	340
4. Okay Basak	540
5. Adam Windak	520
6. Llukan Rrumbullaku	590
<b>Total</b>	<b>2830</b>

#### Summary of EURACT Council and EB decisions – Aarhus 2004

- Dr. Yonah Yaphe & Agnes Goethuys are responsible for printing of the checklist for teaching practices.
- No password on EURACT web-site.
- Prof. Jan Heyrman and Agnes Goethuys are responsible for purchase of a special gift for Igor Svab.
- EURACT President Elect Dr. Egle Zebiene will assume the function of EURACT president from the end of the Spring 2005 EURACT Council Meeting.
- The newly elected Honorary Treasurer Dr. Okay Basak will assume the post from the end of the Spring 2005 EURACT Council Meeting.
- The council co-option of Dr. Bernardina Wanrooij has been terminated.
- Following his term as president, Dr. Justin Allen will be a co-opted member of Council for one additional year.
- The EURACT Council spring meeting in 2005 will take place in Hungary on 20-25 April 2005.
- The President will answer the International Balint Society rejecting their request for a statement on compulsory Balint training.
- Thirty-two new EURACT members from 11 countries have been approved by the Council.
- The Following chairs of the standing committees have been elected: BME – Dr. Yonah Yaphe, VT – Dr. Roar Maagaard, CPD – Prof. Paula Vainiomaki, Member Service – Dr. Egle Zebiene.
- The next Leonardo EURACT course will take place in Kusadasi, Turkey on May 22-25, 2005. Dr. Egle Zebiene will organize the enrollment of participants.
- Only workshops produced by the standing committees will be marked in the program of WONCA conferences as EURACT events.
- Dr. Yonah Yaphe and Dr. Athanasios Simeonidis will manage further Web-site development.
- The next EB meeting will take place on January 14-16, 2005 in Thessaloniki.

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

**EURACT Council meeting  
September 22-25, 2004  
Aarhus, Denmark**

**COMPILATION REVIEW OF ACTIVITIES  
AARHUS MEETING, September 22-25, 2004**

- ALBANIA
- AUSTRIA
- BELGIUM
- CROATIA
- CZECH REPUBLIC
- DENMARK
- ESTONIA
- FINLAND
- FRANCE
- GREECE
- IRELAND
- ITALY
- LATVIA
- LITHUANIA
- MALTA
- NETHERLANDS
- NORWAY
- POLAND
- PORTUGAL
- ROMANIA
- SLOVENIA
- SWEDEN
- SWITZERLAND
- TURKEY
- UNITED KINGDOM

## **ALBANIA**

### **Basic Medical Education**

The Basic Medical Education remains mostly hospital-oriented and Primary Health Care elements are only now being included, but very slowly. For many reasons we were not able to introduce Family Medicine in the curricula of the medical students for this academic year.

### **Postgraduate Training**

The duration of the Postgraduate Training in Family Medicine in Albania is still two years. We are negotiating to extend the programme in three years and to reorganize the curriculum, but due to economic constraints and many other reasons this can not be guaranteed for this year. Half of the training period is expected to be spent in primary health care settings under the supervision of qualified family doctors.

### **Continuous Medical Education**

Using all the resources available and the international help, we have managed to develop a CME curriculum for the doctors who have completed the postgraduate training.

We have designed also a short-term programme for training in Family Medicine and we have applied it in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID.

The aim of the programme is to impart the necessary knowledge, skills, attitudes and professional values to practice appropriate medicine within the community in accordance with a "Service Development Module" document being developed using the suggested Clinical Practice Guidelines. The programme consists of 150 hours training in Berat (where the pilot centers are) and four full weeks in Tirana in a university attachment. Based on this training that seems to be very successful we have designed and proposed a training schedule for use across the country. It is also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to the course.

## **AUSTRIA**

### **Basic Medical Education**

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. Undergraduate training in primary care seems established best at the Medical University of Vienna. It might be worth noting that in Vienna all new students are required to undergo a

## **BELGIUM**

### **Basic medical education**

- Is the place of General Practice in the department of Public Health or in the clinical departments, even if these are related to University Hospitals?
- Numerus Clausus: 43% of clinical training schemes protected for GP training places: feasible with extreme hospital pressure?

### **Vocational training**

- External visitation : the challenge of making a self evaluation document
- GP specialist training accepted as "POSTINITIAL MASTERDEGREE" for 2006: part of quality evaluation process.
- What could be the place, the advantage & the scientific level of a MASTER THESIS: a practice project + an educational portfolio?

### **CME/CPD**

- the difficulties of traditional accreditation boards to accept non controllable and very individual learning plans and portfolio accepted by peer group system.

### **Health care organisation**

- re-registration every 5 years? Only for GP's?
- who is responsible and takes responsibility for the ever growing budget for healthcare? The "fundamental trend-shift" principle.

## **CROATIA**

### **News from the country**

All emphasis of the county (polititians 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 remain 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**

A big changes have happened in this area. After, almost ten-years of break, 160 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 relicencing 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**

### **BME**

There were no major changes in BME last year. General practice is the subject of education all seven Medical Universities in the Czech Republic. However, the curriculum is not the same for all.

### **VT**

The VT system has changed a lot recently. In April a new law concerning this issue was approved by parliament. The previous two-grade specialization system was abolished. Previously there were 2 exams; a 1<sup>st</sup> grade and a 2<sup>nd</sup> grade specialization exam, now there is only one and for many doctors final exam. This exam is required by the Ministry of Health. Former 1<sup>st</sup> grade exam required 2,5 -3 years spent in practice, former 2<sup>nd</sup> grade exam required a minimum of 6 years. Now graduate doctors will have compulsory practice from 4 to 6 years (it differs according to the speciality) mostly in hospital to get sufficient practice before the speciality exam. These changes are important particularly for specialists. Regarding General Practice the VT time has increased from 2,5 year to minimum of 4 years. Most of that time will be spent in hospital. Time spent in GP teaching practice is also going to increase from current 6 month. So far we only know the minimum, which is 4 years of VT (can be even longer). Further information and curricula for GP is to be issued by the Ministry of Health by the end of this year..

Currently there are 3 specializations available for GPs: for adults, for children, and a family doctor specialization. The specialization of Family Doctor is going to be developed as new discipline for GPs who will be interested. Currently this discipline is not common in towns or cities but it could be very convenient in rural areas. In cities each family member often has his/her own GP. It means that General practice in towns is not so Family oriented as in the country.

### **CME**

There are plenty of educational activities for GPs in the Czech Republic. Although they are not compulsory (required strictly by the law) there is a big interest in them. Most seminars are for free, mainly thanks to the sponsorship by pharmaceutical companies. Certificates, credits and finally diplomas are then issued by the Czech Medical Chamber.

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

Since Dr. Bogrova has recently resigned. I was sent to Euract council as an observer. I work as a GP at St. Anne's Faculty Hospital in Brno. I am also active in BME as a lecturer of General Practice at the Faculty of Medicine, Masaryk University in Brno, CZ. A new Czech EURACT representative will be elected immediately when I return from this Council.

## **DENMARK**

### **Basic Medical Education**

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus).

The student intake at the 3 Universities have been augmented by about 80% because of prognosis telling about lack of doctors in DK for the next 10-15 years. A new thing will be: from 2004 the University in Odense stops with the "normal" examination with long written exams a 2 day OSCE examination is introduced!

### **Vocational training**

1. January 2004 specialist training for all 37 specialities was dramatically changed (1 year delay). Changes in regard to: length of training period / all trainees having a mentor / new blueprints and curricula for all specialities / more focus on training instead of "just work" / more formalised evaluation / "course-organisers" in all specialities / research training for all doctors. GP started already 1. Sept. 2003. Major problem right now: recruiting doctors to training posts in more "remote" areas in DK in "central" parts very big interest in getting a GP-training post.

You heard it all in Madeira!!!

### **Continuing Medical Education**

No compulsory CME but our national bodies (Danish Medical Association and GP's Union) propose that every GP should be able to document 200 hours CME over a 4 year period. A web-system for registration of your CME is provided by the Danish Medical Association. The registration is your personal and can't be looked by others.

PLP (personal learning plans) is now promoted for GP's but it is a long process to implement PLP's!

A trend: pharmaceutical companies are being pushed out of doctors CME.

Each year in November all GP's (and staff) are invited to a national 5-day event in Copenhagen ("Doctor-days") - a big national event - about one third participate. Special reduced price to trainees. Even the Swedes from the southern part of Sweden are now invited

### **Health Care**

A big issue in Danish health care is the lack of specialized doctors in the future - also in GP. It is a very dark cloud in the horizon. As many as 25 - 33% of GP's may be lacking in 10 years time.

The Danish College write 1-2 evidence based clinical guidelines every year - we have just sent out a new clinical guideline about "Palliative Care in primary-care-setting".

**My role as a Danish EURACT Council member:** unchanged from spring meeting!

## **ESTONIA**

### **Basic Medical Education**

No big changes.

Family medicine has its position in undergraduate curriculum:

- 1 week for the 2nd-year students;
- 4 weeks for the 6th-year students;
- 3 week practice period for the 6th-year students

### **Vocational training**

Not enough applicants for the residency training first time within last ten years.

Smaller competition in all specialities.

About 15% of medical faculty graduates continue residency abroad (Finland, Sweden)- the main reason is the remarkable salary difference.

### **Health care organisation**

No big changes, family medicine has a strong position in the health care system.

### **Academic Family Medicine**

6th Forum Balticum held in september- a research course for young GPs. About 100 participants from Estonia, Latvia, Lithuania, Sweden, Russia and UK.

A series of papers on evaluation of the Estonian Primary Health Care reform accepted for publication in October issue of the Croatian Medical Journal.

Positive feedback from the EURACT course in Krakow.

EURACT membership has increased by 25% (now we have 5 members!).

# **FINLAND**

## **Basic Medical Education**

There is a shortage of doctors in the public posts, and government has increased the annual student intake year after year. In 1995 the annual intake was 360, but now more than 630. This increase has huge influences on medical schools. E. g. the annual student intake of the Swedish-speaking faculty inside University of Helsinki is counted according to the whole country intake, and the size of the Swedish-speaking faculty has nearly doubled. University of Kuopio (in the North East part of Finland) has now the biggest medical school in Finland. The number of teachers has not been increased as much as the number of students, and medical teachers are worried about the situation. A surprise for the government was, when there were not enough nurses to apply to the specific education tailored for nurses to become doctors.

All faculties are trying to reorganise their curricula, and at the same time all the clinical disciplines are trying to place their education outside universities in the local hospitals and health care centres. This actually makes the shortage of doctors even worse when part of the capacity is used for teaching.

## **Vocational training**

No extra news, but the system in Finland is that after graduation trainees in all specialist curricula have to serve 9 months in the health centres, fully salaried, anyhow. But this system will also make a lot of supervisory capacity to be needed locally.

## **Continuing medical education**

The government has given 12 milj new money for CME, but has not earmarked it. It is given inside the general subsidy of state to the municipalities (including all the municipal services, schools, social services etc). The municipalities are free in using the subsidy of government and there is no possibility to control where the money in practice goes. Many actors in the CME field are interested to coordinate this money, but no one is willing to be coordinated. Universities, university hospitals and all institutes are interested in this money. CME is business also in Finland today, but assessing the learning needs or measuring the performance are not yet popular topics.

ROHTO - The Development Centre for Rational Pharmacotherapy is one of the actors with its own state funding to organise CME basing on needs of primary health care doctors and trying to involve also quality issues in the business and using active learning methods.

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

I have two new members from Turku, and one of the earlier members has promised to get back. So in practice I have three new members. I have also tried to find funding for the council meeting in 2005 or 2006 and also to find a group to help me.

# **GREECE**

## **Basic Medical Education**

No changes from the last meeting.

There is no exposure to PHC of the medical students of all 7 medical schools, except that one of the University of Crete (one month at the first year and 3 months at the last year of medical studies).

It is optimistic that a number of medical students that are taking part at a programme of practicing in Health Centres during summer holidays, are exposed to PHC and most of them find it very effective.

## **Specific training**

Finally, an important target has been achieved: there are 13 Regional Tutors of Specific Training in GP, all of them GPs. Additionally, each of them leads a group of Tutors (one for each training hospital of the region) the big majority of whom are GPs. This evolution, means that Specific Training is guided by GPs.

The second important step is to achieve a quite high level of harmonization by implementing a logbook all over the country. The future of Specific training looks rather optimistic.

It is also important that 100 new training posts were added; the new Health Minister promised 100 additional posts for every year. Although the waiting time (for starting ST) remains in average 4 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.

# **ITALY**

Here you can find the modifications which were undergoing since the last National Report for EURACT Council in Madeira, Portugal.

## **Basic Medical Education**

More steps for basic medical education are now organised in Italy. After having signed agreement between University of Modena and Italian College of General Practitioners, now we have experiences in some way in Bari, Genova, Pavia, Udine, Bologna) and a structured course is organised or in organising for students on sixth year. A course to prepare Tutors specifically for this topic as organised in each of these places.

The specific book for Tutors (the first one in Italy, printed by Italian College of GP) is on the tables in its second version (two chapters are from Nat. Rep.). The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection of tutors and practices.

In a conference in Modena, it was underlined the point of view of EURACT for undergraduate teaching and for VT teaching.

Now the problem is "political", the difficulties are big, the academic body not agreeing in its complex, all European WONCA Networks are out of the political decisional arena, some local leaders in G.P. trying to organise academic chairs posts by the old method "underground ways for friends of friends".

### **Postgraduate specialist training**

Since 2003, VT is changed as a real specialist certificate, with a three year course, one year in the practices. The VT School in Trento prepared a paper on total organisation based on European Agenda and core competences. Some of this work will be used, during EURACT Council as a base for discussion on preparing final version for Education Agenda and for VT Committee. A national Conference on VT will be managed in Rome in October, with presence of Igor Svab, and Health Ministry.

### **Continuing medical education**

It is obligatory for National Contract with NHS, to take 40 (before it was 32) hours of CME, (20 with Health Local Authorities, 20 with Scientific Societies or in other places of choice).

Now, we are managing a national CME system, with an accreditation of events, by credits and points attributed to events, 150 credits to collect in five years.

Many colleagues involved in teaching and research and the biggest Scientific Society (Italian College of General Practitioners) are not satisfied and they are studying to arrive to a system accrediting also curricula, active participation at congresses, and distance learning systems (more difficult to organise and value). Italian College is realising this having changed its bylaws with a system with membership and fellowship.

Generally, there is a fighting about "who" has to accreditate "whom": Government, General Medical Council, Local Medical Councils, Scientific Societies, a National College or Academy, Trust Doctors' Organisations.

After strong fighting, Scientific Societies are taken again in discussion, but, really, CME by Internet accreditation is not working well and points are attributed automatically not with real verification, with problems on getting real control on providers, different credit points just attributed to the same event in different cities, no real consideration about professional

quality. Debate is spreading and CME in difficulties with Italian College of GPs trying to put on the table his point of view, very similar at EURACT's point of view. Now, e-learning and distance education systems are on debate and development and they could be a big choice for the future.

## **Health Care**

New input in this field is coming from agreements between Local Health Authorities and GPs' organisations with health programmes finalised to objectives of result: on breast cancer screening, smoking cessation campaign (we brought two works about this topic at WONCA Europe Congress in Tampere). Also, Scientific Societies of GPs realised a common political and scientific document stopping a specialist initiative of not proven efficacy about prostate screening, also managed taking out GPs. but nothing in common was done after, debate on CME is teaching, and General Practice is now in strong danger on a political change toward an "american "way of primary care.

Regional devolution is going on profile, and GPs' role also as gatekeepers and mainly as specific professional (still lacking in Italy) is in strong debate!

## **Life as Council Member**

Several different medical associations and societies and medical schools published a translation of the New Definition, using formats of different length. WONCA was usually believed to be the real author: EURACT Council National Representative had to underline the role of EURACT with seasons spent on drafting and on getting consensus at Barcelona Conference.

Nat. Rep. got other seven papers of his published these months on European Journal of General Practice, on British Journal General Practice, on British Medical Journal, on Family Practice.

All were signed also as EURACT Council Member, and many were based on EURACT's concepts and documents. So EURACT was known in large population of GPs, the same for Italy, with translations and presentations.

Some members of EURACT - Italy asked to be involved with University of Maastricht on palliative care, one member is responsible for Hippocrates Programme for Italy in link with EURACT. Another two colleagues are managing regional courses and every time they like to receive patronage from EURACT Italy.

One EURACT member is involved in educational and research activities in A

## **LATVIA**

General practitioners institution exists in Latvia for ten years. During this time different changes in administration and financing of family medicine were introduced by the government. The result of these changes was decreasing interest of doctors in improvement of

education in family medicine, loss of motivation for young people to choose family doctors career.

### **Postgraduate education**

During the last years the number of those young doctors, who become family medicine residents after graduation, rapidly decreases due to poor financing. Only a few applicants started training this year, but the number of vacancies is growing. In spite of adverse situation teachers of the third year residents are being prepared, hoping for better conditions.

### **Continuous Professional Development**

We started active contacts with Lithuanian and Estonian colleagues (they have been in EURACT for a longer time) in order to improve different ways of CME - not only lecture and course in main disciplines. This year we started GP self training in small groups.

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

I became the national representative after attending the Leonardo EURACT course in May 2004 in Zakopane. In the beginning of September 2004 we organized a similar course for Latvian GP teachers in Riga. I acquired new understanding about EURACT activities during my first meeting as a council member in Aarhus.

## **LITHUANIA**

### **Health care system**

No important good news in health care system after joining EU. There is a general concern that in nearest future quite significant number of physicians will leave country for working abroad, some of them already did it. The problem is considered to increase in future. No concrete plans for improvement of financial situation in medicine in general or FM in particular, that also causes disappointment of medical staff throughout country and supports their intention to look for a better job abroad. Government seems to evaluate the situation as exaggerated, therefore no preventive measures are taken in current status.

### **BME**

No positive changes as far. 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. GP department in Vilnius University was reorganized a number of times during last years, and since September the 1<sup>st</sup> belongs to Department of Internal Medicine, Oncology and Family Medicine. Good news is that our new Head of the department (professor of internal medicine V. Sapoka) is quite enthusiastic about family medicine and its development, therefore supports our suggestions most important for future development and changes.

### **Vocational training**

New programme for vocational training in Family medicine is now developed in Vilnius University. It is important to mention that Educational Agenda, so widely presented during WONCA Amsterdam conference, was proposed to be taken as a basic strategy in development of programme. Hopefully if this programme is developed successfully, this will strengthen overall position of FM/GP at the University level.

## **CME/CPD**

Re-licensing procedure started this year and it may be that in future some changes will be introduced concerning CPD activities. For now only certificates of attendance signed by professional bodies or Universities are valid for licensing, that limits activities of pharmaceutical industry in arranging conferences. Actually, this is the main regulatory measure influencing quality (?) of CPD.

## **MALTA**

Dr Mario R Sammut MD MScH DipHSc

- EURACT Council Member for Malta
- Member of EUROPREV Coordinating Group
- Secretary for Education, Malta College of Family Doctors
- Assistant Lecturer in Family Medicine, University of Malta Medical School

### **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**

### **Health care**

No good news. Changes in the health care system: Capitation will shift more to fee for service system. Not clear if we will work with that system on January 2005 or January 2006?

Entrance fee for patients rejected by GP's!!

### **Basic medical education**

Every 5 years all Medical faculties are subject to an external quality review of their educational programme (Onderwijsvisiting).

Each Medical faculty prepares a self-report in a standardised format and the review committee visits for 3 days in a very strict time schedule.

### **Some important conclusions**

- All schools have a good quality programme
- Scientific reflection should be stimulated
- Clerkships should be more structured

*Some data*

<b>Numerus fixus</b>	<b>Students</b>
1992	1419
1996	1709
2000	1915
2004	2850
<b><i>First year pass rate</i></b>	<b>2002-2001</b>

Country	63%
Amsterdam (UvA)	62%
Maastricht	82%
Rotterdam	46%
Utrecht	73%
Groningen	69%
Nijmegen	70%
Amsterdam (VU)	35%
Leiden	68%

<i>MD after</i>	<b>6 years</b>	<b>7 years</b>
Country	7%	54%
Amsterdam (UvA)	0%	29%
Maastricht	22%	74%
Rotterdam	7%	45%
Utrecht	2%	43%
Groningen	11%	72%
Nijmegen	7%	74%
Amsterdam (VU)	1%	53%
Leiden	4%	45%

## **Report on the development of the Higher Professional Education course in Palliative Care in the Netherlands (Bernardina)**

### **Background**

In the Netherlands palliative care is provided by generalists, not by palliative care specialists. Patients want to die at home, if possible. Due to the ageing population and the growing number of deaths from cancer the contribution from primary care professionals to palliative care is expected to rise. GP's not only need to be prepared for a greater patient load in the near future, but also for palliative care patients with more complex problems. In these situations GPs, like other doctors providing palliative care, can be supported by multidisciplinary teams consisting of nurses, GPs, nursing home doctors and medical specialists.

(A number of) oncology specialists in hospitals expressed their need for education in palliative care.

### **HPE course in Palliative Care**

The first course started 3 years ago, with 50 GP'S. At this moment we run a course for 23 GPs and 20 nursing home doctors (Dutch nursing homes are institutions where doctors specialised in problems of elderly and disabled people are responsible for the management and care).

In November 2004 we will start a pilot for 15 medical oncology specialists. This pilot is a part of the present running HPE course. We wonder what parts of a course set up for GPs and nursing home doctors are applicable in a course for medical specialists. We expect that these courses can stimulate cooperation between different specialities.

### **Arguments for a course in palliative care for doctors of all specialities.**

There is a common path way for patients in need for palliative care from the point where cure ends, and care becomes more important.

Starting points:

- all specialists involved in palliative care have corresponding needs regarding communication skills, competence in symptom control, in psychosocial and spiritual aspects of care.
- A common educational pathway could be a way to reach this goal

### **Questions**

Who needs what? Which fields should be covered for them all? Can we use similar educational methods? Can one group play a facilitating role for the other groups? How much time can medical specialists set free to attend an extensive course in palliative care?

We certainly have more questions that will come up when we proceed in developing this project.

## **POLAND**

### **Undergraduate education**

No major change in this field. Although 100 hours curriculum has been agreed still many universities keeps smaller number, due to certain confusion about the legal status of the decision about it.

### **Postgraduate education**

More stable situation especially in financing of teaching units. The number of training posts is increasing slowly but steadily. There is still high number of applicants for the training, however in certain regions not all places used. Length and the contents of the programme remains the same.

### **Continuous Professional Development**

The CME company created by the College of Family Physicians, publisher of the Journal "Lekarz Rodzinny" (Family Physician) and professional organizer of GP congresses is fully operational now. Nine clinical, standardized teaching modules are offered periodically in major cities. The training sessions are attended by significant number of physicians. The educational journal of the College has started educational programme based on the content of each issue of the journal. Nearly 1000 physicians are taking part in it. The work on the Internet based distance-learning programme is in progress. It should be ready at the end of next year.

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

I have organized the Leonardo EURACT course in May in Zakopane, attended by teachers from 6 CE European countries. According to the initial evaluation it seems to be an important achievement.

## **PORTUGAL**

### **In general**

New Government, same Minister of Health, new Health Secretaries.

Medical Doctors and Nurses "under attack" in Hospitals - new contracts.

No news in what comes to Primary Care. New law mentioned in last report still not working

### **BME**

Trying to create first Medical School in Algarve (Faro). A lot of interest in BME in Europe.

Braga Medical School proposing 9 years Health Sciences + Medicine Doctorate.

### **VT**

New 4 years VT Programme (elaboration was coordinated by myself) approved by Medical Association. It's the first time we have in Portugal a Medical Association VT Programme approved for General Practice.

Now, it will be negotiated with the Government

### **CME**

Criteria for CME events approval now ready. To be approved by all Colleges.

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

One new Portuguese member joined EURACT.

ADSO, our Trainers and Teachers Association, started planning Teaching the Teachers courses for the next year, based on the new definition. I will supply EURACT documents.

Also willing to organize the "Rolling Course" in 2006 in collaboration with EURACT, and reproduce it afterwards.

ADSO accepted my proposition to translate, publish and distribute the "Educational Agenda".

I was at the Reykjavik UEMO meeting, where I had the opportunity to show some of EURACT work (CME-CPD, Definition, Educational Agenda, JDP).

A lot of people from UEMO showed interest in linking with EURACT.

## **ROMANIA**

### **Basic Medical Education**

- Family Medicine is studied within the 6<sup>th</sup> year
  - Lack of exposure to family medicine practice
  - Curriculum family medicine oriented
- 10 Medical Universities

### **Continuing Medical Education**

- Responsible body: the National College of Physicians
- 200 hours of CME in order to practice
- workshops, seminars, conferences, congresses, publishing medical articles or books, giving lectures or tutoring residents, different exams/titles obtained, subscriptions to medical journals.
- the first recertification will take place in 2005
- workshops on sexually transmitted diseases ♦ 5000 participants

### **Postgraduate specialist training**

- Compulsory in order to practice as family doctor
- Entrance after a national exam
- 3 years; 1 year and 3 month in the general practice
- Several in-training residency programs

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

- Report of the Funchal meeting
- Informing members about EURACT courses
- New members
- Keeping in touch and guiding JDP participants
- Sending the CPD document
- Presentation about CME to the National Conference from Suceava

- Exploring possibilities of organizing the rolling course and the Council meeting in my country

## **SLOVENIA**

### **Undergraduate education**

In the spring we I prepared curriculum for new medical school at University Maribor, which will be effective in year 2005/2006 (second year of medical school). We were refining some content items of the family medicine curriculum in the department in Ljubljana in for the academic year, which starts in October.

### **Vocational training**

The family practice part of vocational training workshops turned out very successful. It is a huge task for a relatively numerous group of participating GPs to fulfill high expectations of the residents. The next round will start in October.

### **CME**

The Bled course moved to Kranjska Gora and was very successful also due to a broad support of EURACT and its members. This year I was for the first time in charge for the organisation and local support of the event. 1<sup>st</sup> annual meeting of teachers in F/GP in Europe was organised at the end of the course. We attracted 56 participants from 12 countries to the course and additional 10 active participations to the conference (from three additional countries). Course directors and participants evaluated both events as very successful. We attracted participants from Bosnia and Hercegovina for the first time and we have plans to attract participants from other SE and African countries next year.

There are 10 other CME activities on the national level which were organised or are in the development for this year.

### **What Have I Done For Euract?**

I have organised the Bled course.

## **SWEDEN**

### **Basic Medical Education**

*No major changes* since previous meeting. The *differences* between the 6 medical faculties seem to continue. Uppsala University has not been able to agree on a new reformed medical curriculum (similar to those of other Universities eg Linköping)

# SWITZERLAND

## Basic Medical Education

In the common council of all Swiss Medical Faculties there has recently been accepted a consensus paper concerning the undergraduate education in general practice/family medicine stating for the first time that general practice / family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity. The initiative for this paper was launched by the still very small units for primary care at the universities, based on the Wonca Europe definition of general practice. This is a landmark for the still by no means unanimous acceptance of general practice as a specific discipline of its own.

The Swiss Catalogue of Learning Objectives for Undergraduate Medical Training, which was first composed two years ago based on the Dutch blueprint and which can be accessed (in English) at [www.smifk.ch](http://www.smifk.ch) and downloaded at <http://www.smifk.ch/Download.asp> is about to be revised for the first time. We hope (and work) for a still better recognition of the objectives that are especially important for general practice.

In all units for family medicine at the medical faculties my colleagues try hard to expand the contact-time of the students with patients in a primary-care setting and with problems specific for our speciality. Progress is slow, however.

## Specific training

In the field of vocational training we are about to revise the regulation for the curriculum and we base the learning goals also on the key features and core competencies listed in the Wonca Europe definition of general practice. We try to build in more ambulatory care in the 5 year's curriculum, which continues to be difficult as the training in primary-care practices is still not subsidised by the state or the insurances. So we are not able to guarantee a training post (even just for 3 months!) in a primary-care practice to every doctor in specialisation for primary care. Many just pass their 5 years of training in hospital posts, possibly part of it in ambulatory care in policlinics.

For the first time next year the postgraduate medical training (of all disciplines) has to undergo an accreditation by a state organisation for accreditation and quality assurance. We will see, whether this organisation will realise that something has to change in respect of the vocational training for primary care.

## Continuing professional development

There exists a "quality label" for CPD, stating that a certain course or meeting can be especially approved and recommended if all the following 6 conditions are fulfilled:

1. The meeting is not prepared just by specialists for the general practitioners, but a GP is directly involved from the beginning in the preparation and plays an important part at the meeting itself.
2. The learning objectives of the meeting are clearly stated and published in advance.

3. Adequate didactic methods are used, there is sufficient room for interaction and discussion
4. The meeting is evaluated by the participants
5. There are handouts which are clear and can be used in everyday's work in the surgery.
6. The official sponsoring charter of the Swiss association for general practice is respected.

So there are quite a few colleagues working to decide whether a certain CPD-event can get this label of quality-CPD.

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

As I was newly appointed as EURACT council-member I did not have the time to do anything for EURACT besides studying the papers of previous meetings.

## **TURKEY**

Sixth National Congress on Family Medicine was held in last May in Bursa with participation of 12 guest speakers from abroad.

Third Annual Conference will be held in May 2005 in Kuşadası and will be organised by my department. The main topic of the conference is "From family practice in primary care to the academic family medicine in the universities". We aim to develop the relations between family practitioners in primary care and family medicine academics in the universities. Our intention is to discuss projects relating to practice, teaching and research in general practice and jointly prepared by family doctors both practicing in primary care and working at the departments, in small groups during the conference.

### **Basic Medical Education**

There is nothing new, different from what I wrote in my country report for Leicester meeting.

### **Vocational Training**

It was planned to increase the number of family medicine training places. I mentioned this in my last report. As planned, this year about 700 new trainees have begun to their training period of three years. About 200 of them are registered in the vocational training programs of the departments of family medicine in the universities.

Although this development, practical training in general practice is still a big problem concerning vocational training, and also, of course, for BME. The Ministry of Health promised that the teaching opportunities in health care system, especially in primary care would be created and the relations with the departments in the universities would be developed. But, in practice, no apparent attempt from MoH still exist.

### **CME**

The most important CME activity in recent years is retraining program for practitioner physicians in primary care. I outlined the beginning of the process in my last report. The programme is fully ready. As university departments and teachers (mostly EURACT members), we are ready. But still we are waiting for the organisation and implementation of the training by MoH.

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

I must admit that my efforts for EURACT was insufficient last year. I was absent in Madeira. First of all, I was very busy in my university. I am chief co-ordinator of medical student training in my school for two years. Besides, I was involved in MoH activities for preparing retraining program for primary care physicians.

## **UNITED KINGDOM**

### **Basic Medical Education**

- School examinations no longer helpful in determining medical school entry - too many grade As.
- Greater number and longer placements in the community needed, for medical and other health care students

Teaching departments being merged in medical schools; funding driven by research output. General practice identity at risk.

### **Foundation programme**

- Two years post BME
- Wide variety of posts
- National curriculum
- General practice fighting for programme space
- Pilots now, full implementation August 2005

### **Specific training**

- New national curriculum being developed (based on EURACT)
- Changes in training for all specialty training from 2007
- Possible opportunity to increase proportion spent in GP
- Consequential problems for training capacity

### **Continuing professional development**

- Financial support for new entrants continues (HPE)
- Annual appraisal now happening
- No evidence that it has impacted on PDPs
- Quality controls for CME removed

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

- Short report Madeira
- Teachers' course Zacone
- Amsterdam WONCA meeting - Young Doctors, 3 Network, European Society Executive, Education Agenda
- EB teleconference
- Prepared A

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

**EURACT Council meeting**  
**September 22-25, 2004**  
**Aarhus, Denmark**

Since a quite big number of council members have recently joined Euract council and they are not so familiar with the various functions, there was a lack of responses to treasurer's mailing. It is expected that by the coming spring meeting all council members will function more effectively as local treasurers.

Concerning income it must be noticed that there was a pleasant surprise from UK; Leicester meeting produced a surplus for Euract, of almost 12000 euros.

Expenditure was kept in a reasonable level although there was a certain amount of money invested on activities like website and course sponsoring.

The general view of Euract financial situation is good, healthy and stable. A part of 25% of income comes from Wonca Europe but a part of 75% is based on membership fees. From the other hand, managing to keep expenditure under control having established a certain way of functioning, a healthy and stable situation was achieved.

It is important Euract to find new ways of development; new sources of income and new activities.

Concerning new economical sources should be considered like:

- Increasing number of members by offering more attractive products, by aiming to specific target groups.
- Being an educational organization, by seeking European projects on training and teaching; 'selling expertise' to projects on training health personnel, or staff of health funds etc.
- Organizing and developing 'schools' providing accreditation.

<b>Aarhus meeting, September 2004</b>	
<b>EXPENDITURE</b>	<b>Act.: 14-9-04</b>
<b>Meetings</b>	
Council	512,15
EB	1358,82
Travel reimbursement	1755
<b>Subtotal</b>	<b>3625,97</b>

<b>Administrative overheads</b>	
Secretarial travel	832,74
Postage	374,88
Office consumables	
Printing	1274,84
Copying	81,4
Teleconference	203,21
Miscellaneous	49,96
<b>Subtotal</b>	<b>2817,03</b>
<b>Finance costs</b>	
Bank fees-costs	143,18
<b>Activities</b>	
Website	4380
Course sponsoring	6000
<b>Subtotal</b>	<b>10380</b>
<b>Total</b>	<b>16966,18</b>

*Annex 3*  
**List of new EURACT Members**

**EURACT Council meeting**  
**September 22-25, 2004**  
**Aarhus, Denmark**

**Applications council meeting Aarhus, September, 22-25, 2004**

**Czech Republic**

1. Dr. Vladimir Marek
2. Dr. B. Seifert
3. Dr. P. Zeman
4. Dr. J. Lankova
5. Dr. C. Mucha
6. Dr. J. Vojtskova
7. Dr. V. Sevcikova

**Estonia**

1. Dr. Anneli RATsep

**Finland**

1. Dr. Katariina Korkeila
2. Dr. Jaana Franck

**Italy**

1. Dr. Pucci (paid to Leuven)
2. Dr. A. Giacosa (e- mail)
3. Dr. M. Manganelli (e- mail)
4. Dr. Paolo Colorio (e- mail)
5. Dr. Massimo Bisconsin (paid to Leuven)
6. Dr. B. Gorini (e-mail)
7. Dr. F. Zizzo

**Latvia**

1. Dr. Sarmite Veide

**Portugal**

1. Dr. Ana Sardinha

**Romania**

1. Dr. Madalina Manea

## **Serbia & Montenegro**

1. Dr. Dragica Nolic (e-mail)
2. Mr sci Dr Smiljka Radic (e-mail)
3. Dr Vesna Janjusevic (e-mail)

## **Sweden**

1. Ylva Johansson
2. Anders HAYkansson
3. Annika Eklund-GrAnberg

## **Turkey**

1. Dr. Demet BEK
2. Dr. Bektao Murat YALAIN
3. Dr. M. Kemal ALA?MOALU
4. Dr. Selda TEKA?NER
5. Dr. Vildan MEVSA?M

## **U.K.**

1. Dr. Prasanta Bhowmik
2. Dr Huw Morgan

*Annex 4*  
**Reports of Standing Committees**

**EURACT Council meeting**  
**September 22-25, 2004**  
**Aarhus, Denmark**

**Report of CME Committee**

CME COMMITTEE MEETING 24 September 2004

*Present:* Jan Heyrman, Mladenka Vrcic-Keglevic, Iuliana Popa, Bernardine Wanrooij, Ruta Riba, Paula Vainiomaki (chair and reporter).

*(Text originating from Madeira report in italics)*

According to a decision of Madeira council meeting, the chair for the committee was to be elected by committee members (in the first committee session of a council period). Paula Vainiomaki was proposed. She accepted the task and was elected to chair. The chair, assisted by Jan Heyrman, shortly explained main points of the committee work for the new member Ruta Riba.

According to the Madeira report, sent to CME group members 24<sup>th</sup> May 2004 and available in the Madeira meeting report send by Adam Windak to all, the following issues had been decided. *CME/CPD means any and all the ways by which physicians learn and change their practice. The overall aim of CME/CPD –group is to provide optimal care for patients. More defined objective lines could be 1) providing practical tools, instruments, methods and ways to individual teachers to help GPs to learn and change their practices to provide optimal care and 2) to have influence on strategy makers in order to make accreditation to promote active methods of learning.*

The group was now supposed to discuss more in a practical way, to check how the tasks for individual members of the group had been fulfilled and plan further measurements to achieve the tasks. In Madeira it had been agreed the first line of activities in the following way: *1) Tools for teachers: Tools, methods and instruments for teachers should be identified and assessed by the group. The distribution of suitable methods among GP teachers should be guaranteed. Focus should be on practical and easy methods.* After a long discussion it came out that the group is willing to publish an easy, simple and elementary book for the use of practicing GPs, including GP teachers, to start to develop their own professional development plan. It was suggested that academic level GP teachers need information of this issue as well, because CPD is a new issue. The content of the booklet was defined in principle and a timetable was scheduled. First Jan will send to all members the file he has done concerning CPD. Paula will write down the content as it was discussed in the meeting. After this Jan will place as much of the text he has already ready under the titles given in this meeting. After this the members are willing to write their own parts as discussed:

Introduction – Mladenka, Learning – Juliana, Learning opportunities – Mladenka, Learning plan – Paula, Portfolio – Paula, Prioritisation – left open, Glossary. Before next meeting we should be ready.

The second line of activities for the first objective was the following one as agreed in Madeira: 2. *Promoting the implementation of tools (to give the message and have CPD on the agenda): local workshops, statement from the group concerning suitable methods, local groups to give the message to local authorities. Articles and translations of the basic documents in local languages. Follow-up locally.* The group used main time for theoretical discussions, and implementation will be discussed later, but giving the message was supposed to happen using website.

Concerning connection and influence on strategy makers, the second line of main objectives, it came out that all measurements set last time were not done. 2) *Strategy makers: 1) Landscape of CME organisations as AMEE, UEMS, EACCME, ASPHER, WFME, etc. 2) Mladenka and Eva will clarify these before September (Paula promised to take the UEMS-EAACME part), 3) Mladenka prepares a draft plan with the idea that EURACT would establish an advisory body for CME/CPD standards at the European level (before next meeting), 4) Specific project plan, application in December. 5) Establishing a larger body with local representatives and experts.* Jan has participated in another project collecting information of accreditation bodies. Much information was available. Paula has printed out information concerning EACCME and UEMS, and sent the available web-addresses to the members. Bernardine had visited the web-sites. UEMO has to be contacted as an important stakeholder. It seemed to be too late to prepare an application before December as was planned.

*Paula Vainiomaki*

## **Report of Specific Training Committee**

Minutes from Aarhus, 24<sup>th</sup> of September 2004.

*Present:* Margus Lember, Monica Lindh, Fergus O'Kelly, Llukan Rrumbullaku, Bernhard Rindlisbacher, Roar Maagaard (chair).

*Absent:* Dolores Fores, Bernard Gay, Olga Kuznetsova, Janos Szabo.

Organisation of committee. As decided in Madeira a formal election of chair for the committee should take place. This election was done – and Roar was elected (for the Council period 2004-06).

The new representative from Switzerland, Bernhard Rindlisbacher joined our committee – a warm welcome to Bernhard!

We decided to concentrate on the 5 items we already decided in the Madeira meeting:

### **1. Trainee Assessment**

Margus' paper from the Madeira meeting had been a very useful starting paper about assessment- including a note on the Council-survey conducted at the Vilnius meeting.

This survey was presented at the meeting the Danish Colleagues – and the meeting with the Danes were fully dedicated to assessment. We all felt we had learnt a lot from the presentations and the workshops in relation to assessment.

In the committee we therefore concentrated on the assessment recommendations in the Educational agenda derived from the New Definitions.

We felt there was need for some changes in some of the recommended assessment methods – and we felt it would be useful with a general introductory chapter regarding different methods in (teaching/learning) and assessment (somewhat like the overview Knut Aspegren gave at the assessment meeting in Aarhus).

Our suggestions will be forwarded to Jan Heyrman – responsible for the Educational agenda.

**Responsible for re-reading the Educational Agenda and think of changes: all!**

**Responsible for collecting our suggestions in this area and feed-backing to Jan: Monica.**

## **2. Selection of trainees/recruitment of trainees**

In April/May a questionnaire was to all council members. 23 answers were received.

We decided to try to have answers from the missing ones.

We already now see very great variations in selection methods: from nearly no-one to more elaborate systems – and in some places non-GP-specialist are even doing the selection.

Further plan:

**Margus is going to make a literature review about the subject** (first paper found: Wolfgangs).

**Fergus and Llukan are going to ask for answers from missing countries – and afterwards they produce an overview.**

We are planning to run a workshop with this topic in WONCA Europe Conference in Kos Island, Sept. 2005 (showing diversities/demonstrating some examples/making recommendations?)

**Responsible for writing abstract before 15<sup>th</sup> February 2005: Roar.**

Our vision is to be able to obtain consensus regarding recommendations regarding this selection of trainees.

## **3. Structure and length of VT-programmes across Europe**

Jan Heyrman showed us the well-known Excelfile on the internet – but still not quite ready – it will soon be available at [www.euract.org](http://www.euract.org).

It had been a big item at the Junior Doctors' Workshop in Amsterdam in June: how can it be that there exists that big differences in the length and the structure of the different VT-programmes in Europe – the endpoint of training should be the same (i.e. the New Definitions)???

We feel it should be possible for us to come with some recommendations regarding length and structure of the VT-programmes – our ambition is still to be able to do this!

**Responsible for keeping this discussion alive in the VT-group till next meeting: Roar.**

#### **4. Financing/supporting VT-programmes**

Dolores had been responsible for making a survey-draft and a discussion paper – but as Dolores unfortunately was not present we discussed how to carry on.

It was felt as a very serious problem in many countries: in some countries nearly no supporting funds; in some countries pharmaceutical companies take part; in some countries the trainee has to by his practice-part before being trained.

So we still put these questions: Who is financing VT? How is the supporting structure around VT? Obstacles and possibilities. We wish to discover and describe the differences somewhat more in this field.

It might be a topic for the Council meeting in Sweden/Finland in 2006.

**Responsible for next steps: Dolores, Bernard and Monica – Bernard and Monica very willing to contribute!**

#### **5. Trainee forum?**

We as teachers have our forum in EURACT. Is there also a need for a European forum for trainees in GP?

Very much inspiration was obtained from the Junior Doctors' Project in combination with the Wonca Europe Conference in Amsterdam, June 2004. There are now EURACT initiatives underway in relation to the Junior Doctors – so we didn't feel we should take an initiative – but we feel ourselves as the natural sparring-partners for Junior Doctors in Vocational Training.

Responsible for messages to the group if a process is starting before next meeting in April 2005: **Roar.**

*Roar Maagaard*

#### **Report of Member Service Committee**

*Present:* Athanasios Simeonidis, Justin Allen, Janko Kersnik, Luis Filipe Gomez, Adam Windak;

*Chair:* Egle Zebiene

1. Egle Zebiene was confirmed as a chair of a Committee.
2. EURACT-Leonardo training the trainers course was confirmed to take place in Turkey, May 22-25, 2005 (approved by Council), and in Portugal, April-May 2006 (exact dates to be confirmed later). As decided earlier, EURACT will provide 6000

- EUR for each course for covering organizational expenses. Travel expenses have to be paid by participants themselves.
3. Countries that are invited to participate in the course 2005 in Turkey: Turkey, Greece, Albania, Romania, Bosnia and Herzegovina, Serbia, Czech Republic, Cyprus. As the number of participating countries is bigger than before, Okay Basak should confirm that accommodation expenses and meals can be covered by finances available. Number of participants: 32+ 5 faculty members. After confirmation of expenses E.Z. to write letters to country representatives about selection and participation rules for the course. Countries and procedure was confirmed by Council.
  4. For the EURACT-Leonardo course 2006 following countries will be invited: Portugal Spain, France, Ireland, Italy, Malta. Also some participants who want to participate in the course from other countries, may take part in the course, if their institution pays for it. Participation fee will be calculated later. Possibility to organize EURACT-Leonardo course in 2007 in Bled (Kranska Gora) will be considered during the next meeting.
  5. Sponsorship. It was decided by the Committee and confirmed by EURACT Council that sponsorship for the Bled course for 5 participants will be continued in 2005, covering participation fee and accommodation. Also idea for promoting International Teacher's Conference 2005 was supported by Council. As this is a new activity, and in 2004 the Conference was not attended very actively, decision was taken to provide sponsorship for 5 members, covering for them participation fee of 100 EUR. Sponsorship for the year 2006 to be re-considered during the Autumn 2005 meeting of EURACT Council. Participants who earlier were sponsored for Bled or CNGE courses may apply for Teachers' conference.
  6. Updates of EURACT website should be made after Aarhus meeting 2004, information about sponsorship updated.
  7. JA and AW are responsible for writing the article about EURACT-Leonardo course in order to promote this activity.
  8. Workshop based on materials of Rolling course to be held during the WONCA Europe Conference in Kos. One module from course programme was decided to run during the workshop. EZ to contact course faculty to decide which module will be demonstrated. Workshop will be developed during the EB meeting in January 2005, after that abstract will be sent to Conference organizers.
  9. Future actions:
    - AW and JA to write the article
    - E.Z to update the website information
    - OB to inform EZ about the financial situation of the Leonardo-EURACT 2005 course.
    - E.Z to contact countries participants of the course 2005, provide information about the selection and requirements of the course.
    - Course faculty to decide about the workshop in Kos.
    - EZ to write the abstract for Kos conference.

*Egle Zebiene*

Annex 5  
List of EURACT Council Members

**EURACT Council meeting**  
**September 22-25, 2004**  
**Aarhus, Denmark**

EURACT COUNCIL (addresses dd. September 2004)

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