

**Meeting of the Council
of the European Academy of Teachers
in General Practice (EURACT)
*held in Leicester, United Kingdom, September 10-13, 2003***

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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. Igor A

Program of the Meeting

Wednesday 10 September 2003

Pre-Council Executive Board Meeting

Session 1: Country Reports

Thursday 11 September 2003

Session 2: Business Meeting

General Practice Teaching in Europe: The State of the Art

Friday 12 September 2003

Sessions 3 & 4: Educational Agenda

Sessions 5 & 6: Committee meetings

Saturday 13 September 2003

Session 7: Miscellaneous/

Report of the Meeting

Wednesday 10 September 2003

Pre-Council Executive Board Meeting

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

- Prof. Jan Heyrman developed the project application for the ES to make an overview of VT over three years. The cost will be 4700 Euro. If the application is not approved, the EB will decide on possible financing from the EURACT budget.
- Prof. Igor Svab will send the final version of member's booklet to Agnes Goethuys. Dr. Justin Allen will write a welcome letter. Printing of 1000 copies will be done after elections. The booklet will be sent out to all members.
- Minutes from the EURACT General Meeting held in Ljubljana will be published on the web-site.
- Prof. Albert Hercek and Dr. Marten Kvist will remain auditors for the next two years.
- There is a need for an annual password for the resource part of the web-site. Dr. Athanasios Simeonidis will produce a simple discussion paper about the costs of different arrangements for it.
- Essential parts of the Council Meeting reports should be published on the web-site (from 2001).
- Web-links for organizations in collaboration will be put on the website if the e-mail address is provided by the Council Member.
- A certificate of membership will be designed for those countries, requiring one. Council Members will receive the electronic version and they will distribute it. EB will ask Dr. Filipe Gomes to design the template.
- EB will propose to the Council to co-opt Bernardina Wanrooij till the end of 2003.
- The application for 3000 EURO grant was submitted to European Society for organization of a Leonardo EURACT course. EURACT reserves 6000 Euro for this course (incl. 3000 from ES).
- A General Practice Teaching in Europe seminar will be conducted according to the original plan although we still have some problems. Prof. Igor Svab, Dr. Adam Windak and two English colleagues will facilitate workshops. Prof. Jan Heyrman will summarize the discussion.
- The Educational Agenda discussion will be led by Prof. Jan Heyrman. The work will start from the plenary session followed by work in three groups. At least Chapter 1 should be ready at the end of the current meeting. A clear strategy to continue should also be developed.
- 5 minutes/1 slide session will be chaired by Prof. Paula Vainiomä

Annex 1
**Review of national educational activities
after EURACT Council meeting
in Vilnius, 2003**

**EURACT Council meeting
September 10-13, 2003
Leicester, United Kingdom**

**COMPILATION REVIEW OF ACTIVITIES
LEICESTER MEETING, September 10-14, 2003**

- ALBANIA
- AUSTRIA
- BELGIUM
- BOSNIA & HERZEGOVINA
- CROATIA
- CZECH REPUBLIC
- DENMARK
- ESTONIA
- FINLAND
- FRANCE
- GERMANY
- GREECE
- HUNGARY
- IRELAND
- ISRAEL
- ITALY
- LITHUANIA
- NETHERLANDS
- NORWAY
- POLAND
- PORTUGAL
- ROMANIA
- SLOVAKIA
- SLOVENIA
- SPAIN
- 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 Postgraduate Training in Family Medicine in Albania is still two years. We are negotiating to extend the programme to 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.

AUSTRIA

Pregraduate education

The evaluation of the GP-lecturers by the students of the University in Vienna was very good. For the coming year there will be again a lot of students and a lot of GPs are involved in teaching at the university now. The summative examination was not passed by many students, but they will have a second chance and more detailed information about this situation should be known by the next meeting.

Postgraduate education

There is still no money for the teaching practices. Some new ideas are discussed, like while still being a member of the hospital staff and work for night duties, the trainee should be during day time in a teaching practice of a GP.

The taking over of a new GP-practice gets new regulations (EU laws make it necessary). It will be more difficult to find the proper follower, as there is a list of waiting GPs, set up by the Doctor` Chamber, that has to be followed. The list also includes a point system for the waiting GP.

CME

There will be another Winter-Conference on the Arlberg in January 2004 organised by the Austrian Society of GP (OEGAM).

Political situation

The insurance companies lack money, the politicians are discussing changes, but the situation for the GPs is still the same. After election in the Doctors Chamber a GP became the president of the Austrian Doctors Chamber again. The insurance companies are making a survey how easy it is to reach the GP-office for handicapped people and put much pressure to prescribe cheaper medications (generic products).

BELGIUM

Basic Medical Education

All of the medical faculties are preparing for the external visitation January 2005. It always is the moment for changes. It traditionally starts with the self-reflection document, and that means discussion and evaluation on the options and effect of the implemented innovations.

Vocational Training

The new introduction of limited places in clinical specialty training, which is operational now, causes the expected problems of GP recruitment: for the 100 GP training places, we for our department have at the beginning of the

BOSNIA AND HERZEGOVINA

Introduction

At the end of this academic year Family medicine in Bosnia Herzegovina have a lot of new specialists who start to work in different part of Bosnia and Herzegovina. In the same time many doctors have finished final exam after retraining program, therefore in this year family medicine has been implemented widely in practice. Health insurance, financing and payment system still do not follows development of family medicine in practice and education. There is still strong resist to accept family medicine as distinct and independence clinical discipline.

Undergraduate education

New curriculum in Medical faculties in four University centres in Bosnia Herzegovina (Sarajevo, Tuzla, Banja Luka, Mostar) has been accepted. Family medicine becomes the main clinical independence discipline for students in 6th.year. Additionally EURACT members accomplished to introduce family medicine as elective subject in early stage of study. Still there is continuing trend to increase number of students in all faculties, therefore we need many teachers in family medicine. University's payment system does not support this trend.

Postgraduate specialist training

A specialisation program in family medicine is going on successfully in all universities. This month new generation (52 residents) start to learn family medicine according to the accepted plan and program of specialisation. New teaching sites (satellite teaching centres) have been open. FMDs in all university are trying to keep international collaboration in all educational activities.

Postgraduate study in family medicine

There is not any change since last report.

Continuing medical education

There is not any change since last report.

What I have done in my country as EURACT member?

During last year my activity as a representative of Bosnia Herzegovina was:

To spread translated booklet WONCA

CROATIA

News from Health Insurance

Besides obligatory, an additional, voluntary, health insurance was introduced. In previous times, different types of participations (drugs, some diagnostic's tests, specialist consultation, hospitals) were paid directly by the patients. Now, they are covered by additional insurance. Certain groups of populations (about 40%) do not need to have additional insurance: children, school children and students, and people under a certain amount of income (poor people).

News from GP Association

Annual Conference was held in April in Zagreb. And the topics were "Acute respiratory diseases" and Respiratory allergies". About 800 GPs participated, almost 1/3 of all Croatian GPs, 120 scientific papers were presented (different quality). Annual Symposium, more related to organisational issues, will be held 5-7 October.

Undergraduate education

Is continuing on regular basis, GP/FM subject is at 6th year, last 4 weeks, a Handbook for Teachers and Student - **A Study Guide**, was finished. It contains: a description of subject, general objectives, organization and timetable, methods of evaluations and assessments, and description of each learning unit, including specific objectives, methods of teaching, organization and timetable.

Postgraduate education - Vocational training

Postgraduate education is a part of vocational training (organised teaching), but it can finished with master degree. Vocational Training, specialization, was not started this spring as we expected, but our minister promised next autumn (not believe to the politicians). As I described in previous reports, the profession and the departments of GP/FM are ready to accept a large number of trainees. It is planned to have about 150 trainees per year. This year, 5 courses for trainers were carried on and 145 finished their basic training course. Additionally, one CME workshop for trainers was held during the Conference.

CME

Is going on regular basis, as a part of recertification procedures.

Other news

"A. Stampar" School of Public Health was nominated as WHO Collaborative center for training in PHC, and me as Director, and I was also taken responsibility as Head of The Department of Family Medicine.

CZECH REPUBLIC

BME

There are no core changes in BME since May 2003. General practice is the subject of teaching at all seven Medical Schools in Czech Republic but in different extend and in different school years.

VT

The system of VT is the same. What is important is the conclusion of wide discussion about the institution of Family Doctor. This discussion was running among professional bodies in General Practice, Ministry of Health, GPs and patients. Common statement is as follows:

- current system of divided primary care with divided competencies and age categories of patients will still exist in near future. It means GPs for adults, GPs for children, gynecologists in primary care.
- the institution of Family Doctor will be developed as a new discipline for:
 - those GPs who are interested in it and need it for their work in some regions (e.g. rural regions)
 - making possible free movement of physicians in countries of EU
 - having measurement for FDs from countries of EU

There is no social order from patients and no professional necessity from the side of GPs and GP societies to establish FD via retraining all GPs in short time now. The level of providing primary care is not bad, it is comparable to this in European countries. We must also respect the wishes of patients. In many families each member has his/her own different GP and parents are used to go to GPs for children with their child. Despite, we will start with working on VT for FD soon.

CME

High level of all educational activities assigned by credits and certificates. Big interest of GPs. Still no recertification system.

Some main problems

- no gate keeping
- assessment of quality of care on professional level is missing
- easy access to secondary care
- expensive care
- less of money to primary care
- primary care is the basis of health care but (it seems) in written statements only

What I have done as a Euract Council member in the last period?

- translation and distribution of Wonca Document to all Medical Schools and to important persons as the basis for teaching
- leading the discussion via e-mail about this document with other Euract members and GP teachers
- information about Euract working agenda to all Euract members
- preparation of regular Annual meeting of all GP Departments Representatives in the end of September in Brno
- preliminary preparation CZ-SL meeting in Spring 2005 and consultation with important person in this matter
- distribution of CME booklets
- general promotion of Euract as organisation and its importance for teaching GP/FM in CR when the institution of FD is still missing (Conference in Brno in September)

DENMARK

Basic Medical Education

No recent major 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. Many of these extra students are from Sweden and many of them drop out early in the study making planning difficult so some overbooking is now taking place.

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!

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.

ESTONIA

On September 14th Estonia votes for membership in EU. There have been hot discussions on all spheres of life, including health care. One of the questions where there have been several opinions is how many Estonian doctors and nurses will move to the other European countries and how many unemployed doctors from EU countries will come to Estonia.

In medical education no major changes since May 2003. The current year is the first year when graduates from the University started their residency training just after 6 years of studies as there is no internship-year any more between undergraduate studies and specialist training.

Therefore the competition for the residency posts was quite heavy this year.

In health care the accessibility to the specialist care is decreasing which puts an additional pressure to the primary health care system. Government has changed the system of compensation for drugs with the aim to use more generics and increase patients' own co-payment.

At the beginning of October 2003 the Baltic conference of Family Medicine will be organised in Tartu. In September 2004 there will be an international research training course Forum Balticum also in Tartu- this is a Scandinavian-Baltic meeting held every second year since 1994. So there are several activities going on to keep everybody busy.

FINLAND

Basic medical education

Most striking news is the modifying education (this is not an official term), where nurses are educated to be doctors. This politically made decision gave permission to 25 nurses to start tailored medical education at the University of Turku. The nurses have to have three years experience within health care; and the education takes 6 years (as for medical students). Nurses have their own entrance examination and finally the applicants are even interviewed. The first class will start this fall. The reputation of our university may have suffered among other faculties and medical students. Most medical people think this does not solve our problems and is an expensive way of education, even the nurses will probably become good doctors after tailored education. According to the politicians this will solve our shortage of doctors!

Medical student intake has been increased. Anyhow, among general practise teachers there seems to be good spirit and even competition which one of the five faculties makes the best reforms. It is also officially decided to move medical education out of the university hospitals as much as possible.

Specialist training

General practice is doing well among all the specialties, even the causes for general practice oriented reforms are mainly manpower problems. Every specialist in all disciplines has to be trained in general practise for 9 months. This is much, but it has to be remembered there are no real internships included in the basic medical educations.

All specialist training will be partly moved out of the universities. Half of the training in most disciplines (except neurosurgery and such specialties) has to be performed out of the university hospitals.

There are also some new economical benefits for specialist training in family medicine.

Continuing medical education

Last year there was a countrywide project to help our health care. Experts within this project gave a recommendation to force the employers (municipalities) to organise continuing medical education to all workers within health care. Doctors are waiting now what will happen. There is a law in planning concerning this issue.

A Nordic Conference in Family Medicine was just held in Helsinki with 450 participants. It was successful and problems common in all Nordic countries were discussed.

What I Have Done For Euract?

I have tried to get new members among the general practise teachers, but haven't had success. Unfortunately I have lost two members. The key question seems to be the fact that there are not much member services available for members in countries where general practise is already advanced.

GERMANY

Basic Medical Education

The new federal regulations (Approbationsordnung, A

GREECE

General

Since national elections approache all political parties are talking about major and fundamental reforms on the health system which is going to be based (one more time) on a strong primary health care. Unfortunately, we experience the strange phenomenon according of which even if everyone agrees and supports the idea of a strong PHC nobody is doing something for it. I'm afraid that PHC is not a good idea!!!

BME

No changes at all!!

Specific training

The most remarkable evolution is that in a big number of training hospitals, the trainees supported by their tutor and assisted by the Association, organised a training programme tailored according to their needs. It seems that we experience a more demanded generation of trainees.

It is planned to develop a special course for the tutors aiming to a harmonisation of the specific training in different regions of the country.

CME

The most recent evolution is that the Association is trying to implement a credit system for the CME activities.

What have I done as a council member?

Promotion of Euract courses and conferences. Preparing the participation and contribution of Euract at the Wonca Europe 2005. Preparing a Euract School of training in Greece!!

IRELAND

There is little change to report since our last meeting.

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).

Postgraduate specialist training

There are eleven independent GP training programmes with a total intake of 84 trainees. It is hoped to expand the intake to 150 over the next few years. This might need a radical revision of how training is organised! More about this in future years.

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, many 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. In the interim all schemes will go to four years by 2005.

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 are to be introduced by the Medical Council this year for each of the different craft groups within the profession.

Health Care

There is a mixed public health and private care system, which was grossly under-funded throughout the 1980's during a period of financial hardship. We then enjoyed a much-improved financial situation for seven years, however the medical infrastructure is still badly in need of a great deal of investment to increase the numbers of acute hospital beds and general facilities. General Practice is still the poor relation in the medical family and does not receive proper funding. Funding is now again tight and so developments are again on the long finger.

Personal notes

I am a general practitioner for the last 25 years and am director of the Dublin GP training programme. I am also a part-time lecturer in the Department of General Practice, Trinity College Dublin. My daughter Siobhan qualified this year in Medicine and has started her Intern Year - a future EURACT member?

ISRAEL

This has been a quiet summer in Israel on the family medicine education scene since the Vilnius meeting. However there are some interesting developments to report.

BME

The Tel Aviv University faculty of medicine is undergoing reform of the undergraduate medical program. It will now have a vertically integrated curriculum based on teaching by systems. The clinical departments will have input in both the pre-clinical and clinical years. The program starts with an extensive program in behavioral medicine called

ITALY

Basic Medical Education

First steps for basic medical education are now organised in Italy. Now, we have signed agreement between University of Modena and Italian College of General Practitioners (and another one with University of Bari) and a structured course is organised since last November 2002, for students on sixth year. A course to prepare Tutors specifically for this topic was organised in Modena, medical journals wrote about, a specific book for Tutors (the first one in Italy, printed by Italian College) is on the tables, one chapter is mine. The topic is matter of discussion, finally, and it'll open the way forward (signed in Genova, at beginning in Milan, where I hope to contribute discussing all details about a teaching agenda for students). Big work, also, on teachers' selection. A conference in Modena, on 20th September will try to put a national political basis for BME in Italian General Practice. I was asked to underline the point of view of EURACT.

I was invited as lecturer and member of EURACT Council National Representative at several meetings during this period in University of Milan and Parma, to speak about teaching, accreditation, research (EGPRW), guidelines with specialists, and all concerning EURACT's activities.

Postgraduate specialist training

We have a postgraduate specialist training since 1994. This is a two year long training, managed in hospitals for one year, in district services for six months, in tutor GPs' practices for six months. Also, half of seminars are managed by GPs' teachers.

Now, we are preparing to change this training as a real specialist certificate, with a three year course, one year in the practices. It'll be since next course, beginning in October 2003. Teachers are paid for seminars, tutors are paid monthly, coursisits are paid at lowest level for hospital doctors, not yet (differently from previous years) obliged to refuse by law every contemporary other work.

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

After a period of prove, between January and December 2001, we are now going, since 01 April 2002, to real credit points. but .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

LITHUANIA

Basic medical education

Still introduction to family medicine starts on the 6th year of undergraduate studies. Now duration of the course is 2 weeks, basics of general practice are introduced during the course. We have some hope that after EURACT meeting in Vilnius, where some very important academic persons was present, we might try to introduce some training based on primary care earlier in the curriculum.

Vocational training

Since this year vocational training for Family Medicine is 3 years. Vocational training programme still needs to be more based on ambulatory care rather than hospital-based training, but in this aspect no major changes are announced yet. The big problem in Universities now is the very limited amount of young researchers and physicians which want to start their academic career, mostly due to the poor financial situation. Also each year less and less young doctors choose the vocational training in Family Medicine.

Continuous professional development

Some important steps have been taken during last year to limit enormous amount of one-drug conferences in Lithuania. Now only conferences and seminars which are organized by Universities can give doctors credit points for licensing. That was attempt to control information on medications as well as aggressive promotion of drugs.

NETHERLANDS

Basic medical education

The Visitation Committee has visited all Medical Schools and the final report is expected shortly. Direct verbal reports after each visitation indicate that the committee will focus on two topics in general:

- the presence of clinical encounters with patients in the first years of the curriculum
- (again) the clerkship

Several new curricula are now in year 3 or 4 of their 6-year programme. The focus is now the construction of year 6 which can become something of an internship. The student (it will still be a student) will get more responsibility.

Some specialties see this period as a pre-specialty training.

Postgraduate training

All departments are very active with the implementation of the new curriculum.

The number of available positions for GP's in training has been increased and there were enough applicants.

CME/HPT

No changes/no news.

Health Care

The current economic situation forces the government to cut in the budget. On September 16, the Queen will officially announce the Government plan. Among them will be removal of

physical therapy out of the health insurance fund. Women of 21 and older will have to pay for contraception. Couples will have to pay for their first IVF attempt by themselves.

It is not clear if the government will put money available for the practice nurse in general practices. If not, there will be much turmoil to come.

What have I done as Euract Council member?

I had several discussions regarding the WONCA 2004 meeting and the role of Euract.

POLAND

Undergraduate education

No major changes in the field of BME. New law about minimum curriculum in family medicine is still somewhere in the desks of civil servants. At the moment each school provides its own programme.

Postgraduate education

There is a shortage of training places. This situation lasts already since several years. Ministry of Health stopped financial support for the training centres nearly two years ago. Most of them (at least biggest ones) belong to the universities, which are not keen to devote large amount of money for the training of family physicians. So, although both technical possibilities and surplus of candidates exist, nothing can be done.

Continuous Professional Development

There is no formal regulation in this field. The Chamber of Physicians issued some kind of suggestions, however without any practical solution for it. CME is completely voluntary. The College of Family Physicians in Poland runs the CME school which provides workshops and seminars for GPs in whole country. This initiative is well admitted and on average two to three hundreds doctors attend each training session. There are two or three of them organized each week in different places. The fees of pharmaceutical companies, which want to have a booth on the conference, support the school. The work on the distance-learning programme is in progress.

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

EURACT was presented during the plenary session of the National Congress of Family Medicine, attended by twelve hundreds of doctors. The Board of the College of Family Physicians in Poland was informed about the rolling course plans.

PORTUGAL

In general

The new Primary Care Law, which was published some months ago, is not yet in the field - the need was felt to create a Commission to accompany its implementation. We hope some of GPs arguments are to be given some credit.

BME

Universities are now starting to change their General Practice programmes - following what's already being done in two of the newly created, sixth year is to be more practical, residential. We hope the GP Departments are to be stronger.

VT

There are winds of change, too, in what comes to Vocational Training. Our Minister of Health just produced a new law, changing the former Internate (we had 2 years of General Residency). We'll possibly have two branches - Medicine and Surgery - of a 1 or 2 years residency period, followed by 3 or 4 years of specific training. The College is now studying the law (so are the GP Association, Syndicates, and ADSO), and will soon pronounce for or against it. Most of us are for the end of the general residency, and for the 4th year GP training.

We have, for 2004, 182 new training places for General Practice. It's more than in 2003 (147), but only about 20% of the total. All the other specialties increased too.

CME

Nothing new to report.

Work done as a EURACT Council member

New Portuguese members have joined EURACT (a total of 3, including another

ROMANIA

Basic Medical Education

The undergraduate study of the Family Medicine seems to be neglected. Even there are courses and practical activities scheduled, most of the time the content has nothing to do with the discipline. Most of the teachers in Family Medicine have other specialities and most of the time the students are not spending any time in practices. The curriculum is based on the rehearsal of some clinical knowledge from other specialities.

Postgraduate specialist training

The rules for admission into the residency had been changed. Still there is a national exam but it is organized upon specialities in different medical universities. The doctors have to

choose from the beginning the speciality for which they are competing. The bibliography has also been changed-for the first time some foreign medical literature has to be studied. There are 600 places for residentship in Family Medicine this year.

Continuing Medical Education

The National College of Physicians is planning to introduce

SLOVAKIA

Health care

The Slovak health care system is in a permanent process of transformation in the last 12 years.

One of the most recent step of the reform is a new rule, approved by the Slovak Parliament, that each patient has to pay at each visiting of the primary care doctor a sum of 20,-Sk - (0,5 Euro).

There does not exist a rational reason for this. It does not help the doctors financialy at all, and the patients are angry and irritated, as for the last 50 years they were used to have the whole healt care service free of charge.

Undergraduate education

In accordance with the **EU Directive 93/16** all Slovak Medical schools started to put more stress on GP/FM teaching. There are four Medical schools in Slovakia, and at two of them there are yet no Departments of General practice and Family medicine, but teaching of General practice and Family medicine became a compulsory part of undergraduate educational at all of them. Medical students are obliged to spend 1 or 2 weeks at an accredited primary care teaching practice.

Postgraduate education

Vocational trainig for General Practice is 3 years. Future GP must spend two and half years on various hospital and polyclinic departments and there is a request for spending 6 months in teaching practice

SLOVENIA

Undergraduate education

Over the summer, I have managed to make a final proposal for the curriculum reform to the dean. It is a very difficult task, because nobody wants to change anything. I am seriously considering to resign from this job.

We are preparing some innovations to the family medicine curriculum in this academic year, which starts in October. It is a major revision.

Vocational training

The first round of vocational training workshops has ended. It was a huge task to start an entirely new programme which has demanded a lot of resources. The next round will start in a few weeks and we are considering improvements to the programme.

CME

I am writing that just before leaving for the Bled course. This year we are going to have a bit smaller audience than last year, but for the first time in history of the course, we have managed to get a participant from United Kingdom to attend.

The WONCA conference in Ljubljana is over, as you all know. The feedback we have got from the participants, was very positive. Reports from the conference have appeared in many journals, even in the British Journal of General Practice. I would like to thank all of you who participated and helped in making it a successful event.

What have I done for euract?

I have organised the Bled course and the WONCA conference where EURACT was promoted as the key organisation of teachers in family medicine in Europe.

SPAIN

Basic Medical Education

No recent major changes since the last report. Most undergraduate students from the different universities must spend some time in Primary Health Care settings as part of their undergraduate education, but the recognition of the universities to that task is in general not satisfactory for most of the primary care tutors involved. Tutors that teach students in the health centres are not paid, have not more protected time and only a very few proportion become an academic nomination. Also the time spent by the students in the health centres is too short and mostly at the end -last year- of the basic medical education

Vocational Training

The new program has been presented in different forums but still it has not been implemented, for different reasons (other specialities also want a longer program, increment of costs, shortage of tutors, next year we have regional and general elections, and who know.).

Continuing Medical Education

In Spain CME is still not compulsory but still the different medical bodies are very active and the opportunities very high for they that want to do it. The National Society (semFYC) and also the regional federated societies are offering a very high number of courses, workshops for their members, and usually the participation is very high. Expert GP's in the different topics are key speakers in almost all courses and they are very much

SWEDEN

Many official national GP organisations support a new proposal on the organisation of general practice in Sweden (PROTOS). It implies a more structured establishment with a list system, a defined assignment, a well organised CME , salary both by capitation and result. A system like this was recently successfully carried through in Norway and that structure is very much a model.

A lot of the general information on what is going on in Sweden is published on the website of SFAM (Swedish Association of General Practice) www.sfam.se (an English version is available)

Undergraduate teaching

The impact of general practice in the undergraduate curriculum is increasing mainly in the early stages of the training. In UmeÅY, a university town in the northern part of the country a new theme "professional development" has been developed. All through the years in the undergraduate teaching a thread of "communication", "doctor's role", "clinical skill", "personal supervision", "humanities" is running and the different activities are organised by the division of general practice. The same structure will be organised in other universities. In GA

SWITZERLAND

Basic medical education

For political reasons the reform of the 4.-6.th year is stopped. So we will continue in the old way for the next years, waiting for the next accreditation. The only thing we are going to change are the lecture blocks because the students don't appear anymore in usual lectures. It might be that they are not interesting enough, but we think as well that learning attitudes of the students have changed. So a new program has to be elaborated by the faculty where we as GP's contribute only a few. As I mentioned already in previous reports there are no important changes for GP during BME.

Postgraduate education

We had this year a great number of trainees that failed in the final GP exam. For this there are different reasons. As we have no structured VT, every doctor can try the exam. So we had a lot colleagues which failed in other specialities who tried to become a GP. Or our mostly

inhospital training is an insufficient training for the later GP-profession. So we are quite happy with the situation as we can show that our training doesn't work well, and that it's not so easy to become a GP when you failed somewhere else.

On the other hand no important changes within the system although we think to have proved the weakness of it.

CME

No news, we continue by supporting the local

TURKEY

Health reforms including in developing the primary care and family practice are being implemented very slowly because of resource insufficiency.

Annual conference was held last week in Sivas. The main topic of the conference was

UNITED KINGDOM

There is an increasing emphasis on multi-professional education and a new development is the setting up of an organisation called the NHS University. This has to be called the NHS-U at present as it has not been through the appropriate legal processes to be granted the title of

Annex 2 Hon. Treasurer Report

**EURACT Council meeting
September 10-13, 2003
Leicester, United Kingdom**

There were no major changes to the economical situation since the last meeting. But, it is rather remarkable to be reported that there is an income of 6307,22 euros as membership fees while there is a total amount of 4287,12 euros as expenditure coming from EB meeting expenses and administrative overheads and bank cost.

So, the general financial situation remains healthy and stable.

Annex 3 List of new EURACT Members

**EURACT Council meeting
September 10-13, 2003
Leicester, United Kingdom**

Applications council meeting Leicester, September 10-13, 2003

Italy

1. Dr. Nicola Buono
2. Dr. Norma Sartori
3. Dr. Fabrizio Valcanover
4. Dr. Romano Paduano
5. Dr. Maria Stella Padula
6. Dr. Alessandro Filippi
7. Dr. Aurelio Sessa
8. Dr. Giuseppe Ventriglia

Portugal

1. Correia de Sousa, Jaime
2. Brito de SA!, Armando
3. GalvALo, Cristina

Sweden

1. Dr. Monica Lindh

Hungary

1. Dr. Rurik Imre (fax)

Austria

1. Dr. Wolfgang Spiegel (fax)
2. Dr. Hoffmann-Dorninger

Turkey

1. Dr. Isik Gonenc - Haydarpasa Numune Hastanesi, Istanbul.
2. Dr. Dilek Toprak - Afyon Kocatepe University, Afyon.
3. Dr. Mehmet SargA1n - Kartal Devlet Hastanesi - Istanbul.

Annex 4 Reports of Standing Committees

**EURACT Council meeting
September 10-13, 2003
Leicester, United Kingdom**

Report of CME Committee

CPD/CME COMMITTEE 12th September 2003

Present: Filipe Gomes, Jan Heyrman, Eva Jurgova, Juliana Popa, Paula VainioMA

Annex 5 Notes from EURACT General Meeting in Ljubljana

EURACT Council meeting
September 10-13, 2003
Leicester, United Kingdom

Minutes from EURACT General Meeting held on June 19th 2003 in Ljubljana

1. The President, Dr Justin Allen, open the meeting by welcoming all those present. There were 13 council members and 26 other members present at the meeting.
2. The minutes of the previous meeting, which had been held on June 6, 2001 in Tampere were distributed and approved.
3. The President then gave his second report to a general meeting. He outlined the activities of the EURACT since the previous general meeting, starting with the progress of the New Definition statement through the consensus conference in Barcelona, the special conference in Noordwijk and its final adoption at the London conference in June 2002. Further work is still in progress in developing the education agenda that arises from the definition and core competencies. He went on to describe organisational changes within council with four permanent committees covering Basic Medical Education, Specific Training, Continuing Medical Education and Member Services. The chairpersons were introduced to the general meeting. During 2002 there had been a proposal that EURACT and the other network organisations of the European Society should lose their special relationship within the latter organisation and their place on the Executive Board. He described the subsequent work of the Constitutional Working Party and their report which was adopted during this Ljubljana conference, which confirms the status and autonomy of the network organisations at least for the next three years, when the process will be reviewed. Other activities of the organisation were outlined including the regular courses which are run each year in France and Slovenia and the plans for new courses. He finally reported on new membership figures, which have risen to 590. The full text of this is an appendix to these minutes.
4. The Treasurer then gave his report. *Please ask Sakis to fill in the text here.*
5. The auditors, Professor Albert Herceck, and Dr MAYrten Kvist were not able to be at the general meeting. However their written reports approving the accounts presented by the Treasurer were presented to the meeting.
6. Changes to the constitution were proposed by the President.
 - a. Membership fees: the following rates were agreed for introduction in 2004.
 - The standard membership fee, for those countries with a per capita GDP greater than \$15,000 per annum will be Euro 50.
 - A reduced membership fee, for those countries with a per capita GDP between \$10,000 and \$15,000 per annum will be Euro 20.
 - The lowest membership fee, for those countries with a per capita GDP of less than \$10,000 will be Euro 10.
 - It was also agreed that these increases could be staged with the approval of council in the three countries currently in the Euro 20 category.
 - b. Bylaw changes - the following minor amendments were proposed and approved:
 - To the Preamble - replace the word