

of the Council
of the European Academy of Teachers
in General Practice (EURACT)
held in Dublin, Ireland, September 25-28, 2002

- LIST OF PARTICIPANTS
- PROGRAM OF THE MEETING
- REPORT OF THE MEETING
 - Pre-Council Executive Board meeting
 - Session 1: Country reports
 - Session 2: Business meeting
 - Session 3: Committee meetings
 - Session 4: EURACT as a membership organization
 - Session 5: "5 minutes 1 slide"
 - Session 6: Common EURACT and EQuIP statement on CPD
 - Session 7: Educational agenda
 - Session 8: Future meetings
 - Post-Council EB meeting
 - Summary of EURACT Council decisions
- ANNEX 1: Review of national activities
- ANNEX 2: Hon. Treasurer report
- ANNEX 3: List of new EURACT members
- ANNEX 4: Reports of Standing Committees
 - Continuous Medical Education
 - Basic Medical Education
 - Specific Training Group
 - Member Service Committee
- ANNEX 5: Continuing Professional Development in Primary Health Care
- ANNEX 6: List of Council members

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 25 September 2002

Pre-Council Executive Board Meeting

Session 1: Country Reports

Thursday 26 September 2002

Session 2: Business meeting

Session 3: Committee meetings

Friday 27 September 2002

Session 4: EURACT as a membership organization and colleges/associations

Session 5:

Report of the Meeting

Wednesday 25 September 2002

Pre-Council Executive Board Meeting

The Executive Board met just before the Council Meeting and discussed several issues. Subjects discussed and decisions made are as follows:

- The survey of current situation in Vocational Training will be available on our Web-site in a few weeks. The survey of CME should be ready after the coming Council meeting. These overviews will be updated once a year (before the Council meeting). At the moment only 16 replies have been received. This work needs to be completed soon. The Situation with BME is much more complicated. The BME Group needs to consider the possibility to find an acceptable scheme.
- Portuguese representative □ Dr Gomes is coming to the meeting although he is not a EURACT member yet. First the Council needs to accept the Portuguese members and then the election will be organized.
- The situation in Russia is still unclear. Talks with Dr. Kuzniecowa did not produce any results. We have probably explored most of the possibilities and we need to stop our efforts at this stage.
- Dr. Athanasios Simeonidis and Dr. Justin Allen tried to use Internet connection to have a telephone conference. It worked, but we do not know how it will work with a bigger number of participants. In October we will try to connect all EB members together. Dr. Simeonidis will be responsible for it.
- No message from Iuliana Popa. The Rumanian Conference was cancelled. At the moment there is no further action planned.
- There is very little progress on the assessment course. Dr. Justin Allen talked to Prof. Lesley Southgate who is going to work on it, but the results cannot be expected earlier than at the end of 2003. The Member Service Committee is going to explore the possibility to organize something instead of it.
- Dr. Mladenka Vrcic-Kegevic, as a course director, is unhappy with the status of EURACT in relation to the Dubrovnik course. She cannot accept the term

Annex 1
**Review of national educational activities
after EURACT Council meeting in Maastricht, 2002**

**EURACT Council meeting
September 25-28, 2002
Dublin, Ireland**

COMPILATION REVIEW OF ACTIVITIES DUBLIN MEETING

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

ALBANIA

A radical primary health care-oriented reform of the medical services is now under way, calling for adequate revision in medical education towards family medicine.

Basic Medical Education

The Basic Medical Education is mostly hospital-oriented and primary health care elements are only now being systematically included. 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. Actually we are negotiating to extend the programme to three years and to reorganise the curriculum, but due to economic constraints this can not be guaranteed for this year. Half of the training period will be spent in primary health care under the supervision of qualified family doctors.

Continuous Medical Education

For updating skills and improving the quality of care, Continuous Medical Education is considered to be very important. We are trying to use all the resources available and the international help for developing a CME curriculum for the doctors who have completed the Postgraduate Training. Two training courses (three days each) were organised this year in collaboration with the organisation Partnership in International Medical Education and the Postgraduate Medical School of Brighton, UK:

AUSTRIA

Pregraduate education

The implementation of the new curriculum for 150 students at the university of Vienna went very well. The evaluation of the impact of General practice (lectures, seminars and practice-visit) was very good. So in October 2002 the new curriculum will be offered to all students (estimated for about 1200 in Vienna, and 500 in Graz and Innsbruck).

There are big changes at the University and the medical faculty became independent from the whole university (on economic and personal basis).

The election process for the Professor of general practice at the Department of Pre- and Postgraduate Education at the University of Vienna is still going on. Prof. Maier is still the head of the Institute and there is a big group of G.Ps from Vienna and Lower and Upper Austria (20-25 GPs), who are sharing the teaching. The payment of the University is very little or nothing, but everybody has his or her office as regular income. A training to improve the teaching has started.

Prof. Chris van Well comes to Vienna on Monday 23rd of Sept to discuss at the University in Vienna the document of WONCA of the European Definition of G.P/F.M.

Postgraduate education

The Ministry of Health offers salary -payment for the trainees in G.P.teaching practices also at the beginning of VT again and so many trainees take this chance. There are much more applicants for the G.P.training practices but the budget has not been increased for many years.

The quality of the hospital training is discussed and there are evaluation programs like f.i. "visitation of the training place" developed.

Due to the good working final exam of VT the trainees participate in a voluntary theoretical seminar-program about General Practice locally organized by the Austrian Society of G.P. and the Doctors Chamber.

CME

Drug-prescription is a big topic now and there are quality circles established for economic prescribing.

As the Winter Conference was a big success there will be the 2nd Winter Conference of General Practice organised by the Austrian Society of GP from the 18th to the 25th of January 2003 in Lech am Arlberg.

BELGIUM

Basic Medical Education

The academic year started again. According to the "Bologna rules" we had to change our educational programs into a more European bachelor and masters structure. Universities made networks with higher training schools and brought the different education programs more in line. There is a lot of competition between universities.

Vocational Training

We created a new inter-university program of

BOSNIA AND HERZEGOVINA

Basic Medical Education

There have been no so many changes in this last period. Four Medical Faculty and four Family medicine departments are developing the same curriculum. On the end of this academic year all departments made the final exam in the same time and with the same type of written examination. Practical part of examination included 15 different stations of OSCE in Medical faculty University Tuzla. To promote appropriate assessment in family medicine discipline in all faculties in Sarajevo at June of this year FMDs organized workshop with international participants for all teachers in Bosnia and Herzegovina with topic: □ How to create new OSCE stations and how to implement it for students on undergraduate level. □ All EURACT members participated in these activities. The lack of appropriate support and recognition from Universities can slow down all process of implementation family medicine as academic discipline.

Postgraduate education: specialist training

At September of this year new generation of residents in family medicine finished 3 years training program and we spread network of specialists in family medicine I Bosnia and Herzegovina for new 40 doctors. It is the most important event for the health care system reform and full implementation of family medicine in the practice.

The second important event happened in the same month: In the conference of family medicine in Tuzla officially started retraining program in family medicine for many doctors who work in primary care level. Queens University Family medicine development program- Canada, World Bank (CIDA) and Federal ministry of health involved in it. In the same time have started and retraining program for nurses. Our members of FMD are included in this educational activity as teachers in practice and supervisors.

CME

Usual educational activities based on annual program.

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, specialistic's consulatation, hospitals) were paid directly by the patients. Now, they are covered by additional insurance. Certain groups of populations do not need to have additional insurance: children, school children and students, and people under a certain ammount of income (poore people).

News from GP Assotiation

Annual Conference was held in May in Dubrovnik, about 800 GPs participated, almost 1/3 of all Croatian GPs, 120 scientific's papers were presented (different quality). Michael Boland, president of World WONCA, was giving introductory speech as well as Chris van Weel. The other two scientific meetings (symposiums) will be held in October and November. A topic of the first is "The reforms in Health Care servicis and their implications on GP/FM". The second is devoted to the professionals working in Primary Health Care, including nurses and public nurses, and the main topic is education.

Undergraduate education

Is continuing on regular basis, GP/FM subject is at 6th year, last 4 weeks, a Hanbook for Teachers and Student - **A Study Guide**, is going to be finished these days. 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 deegre. Vocational Training, specialization, is not going to start in a planned number this outum, but our minister promised nex year (not believe to the polititians). As I described in previous report (Maastricht), the profession and the departments of GP/FM are ready to accept a large number of trainees. Several courses for trainers are planed to the end of the year.

CME

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

CZECH REPUBLIC

The period of last several months we can called "period of preparation of changes in system of medical education".

In April 2002 experts group of EC through its office TAIEX/=Technical Assisence Information Exchange Office/have evaluated our system of medical education.

The aim - approaching and integrating the system of education for medical proffessionals incl. GPs with the situation in EU according The European Directive 2001/19/EC.

Conclusions for General Medicine

- **BME** - no problems in total duration of BME education /6 years/ and also in theory and practice proportion, focusing on practical educational methods in last school year.
Main problem for most of Medical Schools - the lack of teaching practities and teaching literature
- **VT** - changes are needed
 - to cancel second grade of VT in GM
 - to construct educational agenda and intergate it with EUthe possibility of Family Doctor institution establishing
Problem - most of GPs for adults and also for children do not agree with Family Doctor institution/retraining? parallel systems? competition?
- **CME** - current system will go on in near future
The main features:
 - compulsory CME
 - collecting Certificates and Credits for participation on educational activities, for lectures, publications and training abroad
 - five years period, than CME Diploma
 - no recertification, only checking by Czech medical Chamber

Problem with evaluation of GPs will have to be solved in near future.

Good message - GPs are interesting in CME activities very much.

Many various high quality seminars, courses and conferences are organized around the whole country.

New rules should valid since January 2003 if they would be approved by Parliament. Performing of this new system will be hard and long lasting work.

DENMARK

Basic medical education

No recent major changes since last meeting.

3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Copenhagen is introducing PBL in the curriculum. Financial problems (espc. in Aarhus) has made changes in general practice training (shorter time as students in GP). In Odense GP is very much integrated in BME together with the other specialities (i. e. if you deal with GI-problems you get the input from internal medicine, surgery and GP).

The student intake at the 3 Universties have been augmented by about 80 % because of prognosis telling about lack of doctors in DK for the next 10-15 years.

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.

A system for PLP (personal learning plans) has recently been provided to all GP's.

Vocational training

There is one big educational issue going on in Denmark for the moment: specialist training for all 42 specialities has to be dramatically changed from 2003 □ not by January 1'st as planned □ but with some months 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

ESTONIA

The biggest change in the medical curriculum is incorporating a general internship, previously the first postgraduate year after 6 years of undergraduate studies, into the 6th undergraduate year. For the family medicine it gives 3 more study weeks during the 6th year (making totally 7 weeks at the 6th year) and a special exam of family medicine at the end.

The postgraduate curriculum is unchanged, it is 3 postgraduate years of residency.

A new system of doctors' recertification is under discussion with the previous system of compulsory CME abolished. CME is highly recommended and professional organizations are at the position to define the final requirements for CME. A general agreement seems to be that recertification after every 5 years should be kept, incentives for doctors to pass this recertification must be found.

The department of family medicine at the Tartu University celebrated its 10th anniversary at the end of august, it is considered one of the most modern clinical departments at our medical faculty due to a variety of its teaching methods.

FINLAND

Basic medical education

There is a shortage of doctors; and especially of GPs. To help this problem, Minister of Education (background: nurse) made a proposal that medical schools should offer a parallel track in BME. This track would be offered for nurses only, and it should be individually tailored. Nurses could already be committed to stay at their working places (even in the countryside) and they could remain as doctors there after qualification. Two of our five faculties had to plan this track already six months ago. They rejected the idea as very expensive and not helping. According to European rules the education should be long enough, not only 4 years as had been suggested. In addition, a shortage of nurses is proposed to come in the very near future as well.

During this fall the discussion started again, the last three faculties are now

GERMANY

Basic Medical Education

Surprisingly fast the new federal regulations (Approbationsordnung, A

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

Since last July half of the tutors in all hospitals involved in specific training of GP are General Practitioners qualified trainers. It is expected that this evolution will influence the quality of the training. It still remains a big resistance of hospital specialists on general practice.

It is also expected by the end of the year the hospital training posts to be duplicated. The waiting time for entering specific training raised from 3 to 4 years, but still remains attractive.

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. Next November is going to be held the Training the trainers course, may be the most popular course in Greece. It is remarkable that this course is the daughter of similar courses under the Euract patronage.

IRELAND

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 75 trainees. It is intended to expand the intake to 100 over the next couple of years, with the addition of one or two new schemes. For the last ten years places on the training schemes are highly prized and training schemes have attracted the highest calibre of graduate. A national conference was held to discuss the expansion of numbers in

training and also 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.

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 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 now enjoy a much-improved financial situation, however the medical infrastructure is 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.

ITALY

Basic Medical Education

First steps for basic medical education are now (finally !) to be organised in Italy. Now, since May 2002, we have an official agreement between University of Modena and Italian College of General Practitioners (and another one with University of Bari) to organise a structured course for students on sixth year to be taken in practices for four weeks. A course to prepare Tutors specifically for this topic was organised in Modena, medical journals wrote about, a book for Tutors is on printing. The topic is matter of discussion, finally, and it'll open the way forward. As structured, a little payment will be provided for Director of Course and for 30 Tutors.

I was invited as lecturer and member of EURACT Council National Representative at several meetings during this year in University of Milan and Parma, to speak about teaching, accreditation, research (EGPRW) and all about 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 2002. Teachers are paid for seminars, tutors are paid monthly, coursisists 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 changing its bylaws with a system with membership and fellowship.

Generally, there is a fighting about

LITHUANIA

Health Care System

Development of General Practice in Lithuania can be considered as stable process now. Unfortunately, development of private practices has slowed down, mainly due to problems in financing of primary care institutions. So, the expected process of changing primary health care providers from big polyclinics to small private practices is actually almost stopped.

Vocational training

It looks that we are going to face the same problems in training GPs as other Eastern and Central European countries □ reduced number of postgraduate trainees choosing general practice as the desired discipline. This year was the first one when number of GP training places at the Universities exceeded number of applications.

Postgraduate training

Good news □ Lithuanian Society of General Practice Teachers already translated The European Definition of General Practice/Family Medicine into Lithuanian. The definition will be issued during few following weeks and distributed in Universities, Ministry of Health and other institutions. We hope that this will provide more information about FM, and strengthen the position of FM in our country.

Future

Lithuanian GP teachers are looking forward to hosting the next EURACT meeting in Vilnius, Lithuania, Spring 2003.

NETHERLANDS

General

The document on the future of general practice has been accepted by The Dutch College and The Dutch Association of GP/FM. Based on this document new priorities will have to be set, both politically as well as regarding education.

As a shortage of GP's is on the way, there is an urgent need to speed up the process of delegation, so patient list-size can be increased (2500 up to 3500/4000?).

Basic Medical Education

Several schools are setting up a new curriculum with more direct patient contacts in earlier years. It is, however, becoming much more difficult to consolidate the participation of GP's trained in education.

The reorganisation of educational programmes according to the Bachelor-Masters structure is now in process for almost all studies, except medicine. For the time being it will remain a six-year course.

Within a year we will probably see the first experiments with the Bachelor-Masters structure in medicine.

Postgraduate Training (no new developments since the last report)

The GP training is a national programme, but executed by the 8 departments of general practice. Each department has its own

POLAND

Undergraduate education

No major changes in the field of BME. We are still waiting for a final approval of the Board for Higher Education to rise minimum curriculum in family medicine up to 80 hours. Due to the financial constrains the decision is continuously postponed.

Postgraduate education

Rather unstable situation. This year for the first time since 8 years there was no any single residency post founded by Ministry of Health. The authorities declare that this is only due to temporary financial problems. On the same time there are still many candidates who want to start their training. However there is still lack of training places and only part of them (about 60%) can really enter the training, but all of them without salary from the government. On the same time Ministry of Health gave money to the universities to pay for postgraduate training. We have to compete for this money with specialists. Results uncertain.

Continuous Professional Development

A little progress in this field. Still the process dominated by pharmaceutical companies

Other issues

In June 2002 we celebrated 10th anniversary of the College, currently chaired by me. On this occasion we held a huge Congress in Warsaw with over 1000 participants. The Congress revealed a big success of our organization, however it showed also a scope of the problems existing in the society of family physicians.

ROMANIA

Basic Medical Education

The Departments of Family Medicine from the Medical Universities established new curriculum, which are no more primary health care oriented than the former ones. The Departments' personnel scheme was enlarged; the newly employed staffs are not only family doctors but also all sorts of specialists.

The training in Family Medicine lasts at least 3 weeks (45 hours of practice who should take place in a GP setting and 30 hours of courses).

Postgraduate specialist training

There have been no major changes into the Residentsip Program since the last meeting.

The National Center for Postgraduate Education is about to organize the second in-training residency program in Family Medicine for those family doctors who have no VT. The training scheme and the curriculum will be the same as in the previous program. It is intended that the teachers will be the trainers in Family Medicine.

Continuing Medical Education

A common decision of The Ministry of Education and of The Ministry of Health stated that all the postgraduate training has to be organized only by Universities. Taking into account that the family doctors are very rarely working in the Universities the only conclusion could be that, from now on, the CME for family doctors would be provided mainly by specialists. This decision also supposes the exclusion of the trainers in Family Medicine from the educational process even if they have already worked in CME and in VT having also the recognition of the Ministry of Health. This seems difficult to understand as long as the National Center for Postgraduate Education is preparing a new curriculum for training the trainers accredited at the national level.

Family Medicine

In June officially started the QualityMed project sponsored by The Dutch Ministry of Foreign Affairs. The project will be implemented by the Center for Studies in Family Medicine and a group of enthusiastic family doctors (most of them are trainers in Family Medicine) started the training necessary in order to produce several guidelines. The invited experts are Dutch and Romanian teachers.

SLOVAKIA

Undergraduate education

There are still no Departments of General practice and Family medicine at two, out of four, Medical schools in Slovakia, although the teaching of General practice and Family medicine became a compulsory part of undergraduate educational at all Slovak Medical Schools. At those Medical schools, where none Department of GP/FM is established, teaching of GP is provided by the Internal medicine Departments. General practitioners are involved in the practical part of teaching - medical students are obliged to spend at least one week at an accredited primary care teaching practice.

Postgraduate education

Duration of the Specific training for General Practice is 3 years. Every new graduated doctor, who has decided to become a GP, has to spend at least two years in various hospital and polyclinic departments (1 year Internal medicine, 3-4 months Surgery and Traumatology, 1-2 months ENT, Emergency, Dermatology, Neurology, Urology, Psychiatry or Gynecology, etc.). There is also a request for spending 6 months in a Teaching practice, but the lack of teaching practices is the reason why the last

mentioned condition is in many cases not fulfilled in practice. The process of accreditation of teaching practices is in progress, so finally also the stay in a teaching practice is slowly becoming a reality.

Continuous Medical Education

CME is based on: "*CREDIT POINT SYSTEM CME IN GENERAL PRACTICE*". It was introduced in January 1998, as an initiative of Slovak Association of Private Physicians. Later on it was accepted and supported by SPAM (Slovak Postgraduate Academy of Medicine), institution responsible for whole postgraduate medical education in Slovakia as well as by the MOH. CME is now accepted with real respect.

Courses and lectures, organised by 1/ SPAM in Bratislava, 2/ Regional medical educational bodies or 3/ Pharmaceutical companies, are bonused with certain number of credit poits.

GP's are obliged to prove the attendance of educational activities by collecting certain number of credit points (200 points per year). The evaluation is in the competence of elected representatives of the Regional Medical Chamber and is provided every 5 years as "recertification". Recertification is one of the conditions for renovation of GP's contract with the Health insurance companies.

Courses organised for CME are mainly focused on 1/ Practice management, 2/ Health financing, 3/ Cost effective drug prescription, 4/ Primary care development, 5/ Introduction of new diagnostic and treatment guidelines and 6/ Clinical practice.

Health care

Total lack of money is the permanent problem of our health care. The explanation would be difficult and complicated.

SLOVENIA

Undergraduate education

The curriculum reform at the medical faculty is moving on slowly and with some resistance.

We have just had a major discussion about the changes in the undergraduate programme for the academic year 2002/2003.

But the main breakthrough was the publication of the textbook on family medicine. The book is rather heavy (800 pages) and is a major improvement from our textbook ten years ago. We have already sold half of all copies, which is an incredible success for the summer period.

Vocational training

We still have major problems with the medical chamber regarding vocational training. The workshops we have introduced as the organised form of vocational training in general practice are not being paid, so we had to stop for a while. Further negotiations with the representatives of the chamber and the association of the directors of health centres are being prepared and hopefully we are going to be successful.

There is still a problem because the internist who is appointing examiners for the final exam of vocational training is still appointing other specialists to our end exam! We are furious, but there is little we can do. He has been informed about the situation and policies in Europe, but he just does not care.

CME

The Bled course was (again) a major success. The topic was medical errors and we have had almost 30 participants from all over Europe and about 20 Slovenian participants. 13 countries were represented. We have got a lot of coverage from the media and have even made it to the front page of a national magazine.

Preparations for the WONCA 2003 conference are well under way. The deadline for application of abstracts is October 31st. We are hoping for a good contribution from EURACT.

SPAIN

Basic Medical Education

In Spain at the University in order to be recognized a discipline as a knowledge Area there are different requirements. It is necessary to have homogeneous knowledge objectives, to prove an historical tradition and to have a national and international research field. In an extensive document semfyc has presented all that requirements to the last Deans Conference and again our old fashioned university has not accepted that family medicine is a different knowledge area. One Annex of the document was the last WONCA definition of the core content of Family Medicine/General Practice in Europe. That means that for at least the next four years we are not going to have family medicine Departments in our country. But in 21 of the 27 Medical Schools an important proportion of family doctors have some different kinds of teaching activity: In three universities the Family Medicine is a mandatory subject, in other eight universities the subject is optional, but with a very good acceptance by the students, in other seventeen universities the students have mandatory stages in primary care health centres and finally in ten universities that kind of stages are on a voluntary basis.

Vocational training

We are still very active in that field. Since the establishment of the speciality in 1978 more that 18000 trainees have been educated, and we still teach 1800 new residents each year in 53 Teaching Units with an amount of 750 health centres and 2900 tutors.

As you know we have a compulsory three years programme, in which more than 50% of the time is spent by the trainees in primary health care settings.

Continuing professional development

The national society (SEMFYC) and also the regional societies are very active in offering different kinds of courses (clinical, methodological, quality, communication,) presentational and also distance activities accredited by a national/regional body, but if still the participation is not compulsory for the ordinary GP's a great number of doctors, specially the younger ones take part in them.

The Ministry of Education with the collaboration of semfYc has developed an OSCE, in order to give the qualification of specialist in family and community medicine to doctors that graduated before 1995, and the number of participants will be of about 1000 people.

Higher professional training

Different teaching activities are directed to tutors in the different regions, and just now in Barcelona we have a national meeting with the participation of teachers of all over the country, and the topics to be discussed are again formative and summative assessment, the accreditation model and the new proposal for a four years programme for the speciality.

Also different master degrees are offered in different parts of the country, mostly organized by different bodies: university, other institutions with the support of the local scientific society.

SWEDEN

In general

The newly established *Institute of Family Medicine* (IFM) (started on the 1st of March this year) has gone ahead on its attempt to stimulate and encourage CME among GPs (and other primary health care personnel like district nurses, physiotherapists, midwives) and also to inspire research/developmental work and vocational training. In January next year the 1st conference for Vocational Trainees will take place in Stockholm with the backing of IFM.

The first evaluation of the "Nationella handlingsplanen" (*The National Action Plan - NHP*) will be presented at a General Practice meeting in December in GA

SWITZERLAND

Basic medical education

The reformed third year of our curriculum is over. Although after all the evaluations, with a lot of things to change, we think it is successful. We will continue with the system of topic-centered lectures in the morning and workshops in small groups in the afternoon. Twice an OSCE after each semester with credit points (ECTS) stands for the assessment.

For political reasons the reform of the 4.-6. year is stopped. So we continue with the system of rotation of the same small groups within every speciality (still without general practice). At beginning and end of this two years period (4 and 5) takes place a block of lectures with a substantial part of GP's organising these topic-centered activities, bringing together different specialists and a GP.

From our department we concentrate our fight for the implementation of a 4-weeks block in the 5th year in GP. That means 140 students in 140 teaching practices. Half day they would follow practice routine, the rest of the time they deal with 1 or 2 patients and 1 halfday per week they gather into groups for a workshop. But up to now, for the lack of money, it is still put on ice.

Postgraduate education

We still run our 6 months practice training, because of the same boring money store, as a pilot in the frame of a study to get some research funds. So we cannot declare it as compulsory and a lot of trainees reach final exam without any practice training. For the moment this story seems to be blocked for years. The national society organises every year some 1-day courses as preparation for the individual practice start. So no great news from this side.

CME

In comparison to my last report no important changes have taken place. But we see an increasing number of quality-circles mostly on local initiatives by small groups of practitioners. For the moment they work very separately, the outcome is not transmitted to others. Something we will try to change from the different departments of our 5 medical schools to collect these data and encourage research work.

Politics

The politicians have stopped the plans of the private medical school, for the moment it seems to be buried. The implementation of the new tarif is deferred year after year, what leaves us in uncertainty with changes every year.

More and more women start medical schools, the total number of students remain the same.

Older doctors leave their practices without a successor, the first sign of shortage we fear to become substantial within some years.

In sum, the most problems of health policy are frequently discussed but remain unsolved.

TURKEY

I mentioned two new changes in primary care organisation in Turkey in my last report. One of the changes was concerning with the financing system of primary care services and all services provided in primary care that were free of charge except medication before, would be paid by users as in secondary care hospitals. Because one third of people in Turkey was uninsured, this change created a new barrier to access into health care system as expected. Health care use of people from primary care began to decline just within the first year of its implementation.

Undergraduate Education

The development of family medicine in universities is faster than its development in general in the country. A trend towards medical education in community settings is getting more prominent in medical schools. Nowadays Ministry of Health and universities has been negotiating on a protocol of improving relationship between medical education and national health services and providing resources in the national health care system to be used by medical schools. With this protocol, training of medical students in general practice will be implemented. This is also a very important step in order for family medicine residents to be trained in general practice. Thus, the relations based on individual efforts and initiatives on regional level will have been recognised and developed on national level.

Vocational Training

The law for regulation of specialisation in medicine being waited for several years has at last been enacted. Within the draft law, the duration of family medicine residency training was three years, with two years of hospital rotations and one year of training in general practice. But the law newly enacted contains only a total time of 3 years for family medicine vocational training. As for other disciplines, a special commission will be appointed for other details. This commission is expected to come together and to prepare instructions about details of the vocational training in the following months. Some EURACT members including me will become members of this commission. Now we are working on a proposal to be introduced to the commission. This proposal is going to include a framework program for family medicine vocational training in accordance with the EU directives and the EURACT statements.

We hope that our relations with the Ministry of Health will improve with these developments and we will have opportunities for making attempts for the other basic issues of family practice and education.

CME

Participation to CME activities is not compulsory and there is no requirements and recertification. The responsible bodies for CME are university departments, teaching hospitals, medical association and national scientific specialty societies. Doctors

participating in the CME activities have CME credits from Turkish Medical Association. Activities of CME are paid by pharmaceutical companies or by doctors' own pocket.

UNITED KINGDOM

Changes in the health service continue to grow in spite of pleas for a period of stability. This was how I started my last report and this remains true □ the pleas of professionals are again ignored. A new body to supervise training is being set up, appointed by ministers, and replacing the current bodies derived from the profession. Another new initiative is a proposal to completely revise the most junior training grade in hospital (the SHO), against an impossibly short timescale □ this is the grade in which those training to be GPs work and so will have a major impact on vocational training (see below).

Workforce shortages have become the major issue, with shortages for both GPs and specialist doctors, nurses, midwives, health visitors, radiographers and many more. Years of suppressing salary increases in this group of workers has had an entirely predictable effect in lowering recruitment and retention. In some parts of the country retiring GPs are proving impossible to replace, and their neighbours are beginning to refuse to take on their patients. Having taken a long time to recognise the problem, the government is putting large amounts of funding into increasing undergraduate places, and supporting postgraduate training, but is having difficulty in keeping up with retirements.

Since we last met a further investigation into the most notorious GP of all time, Harold Shipman, has been published. It indicated that he may have brought about the deaths of more than 190 of his patients, and there is strong suspicion on about 60 more. The repercussions of this will be felt for a considerable time

Basic Medical Education

An expansion in graduate entry courses is currently under way, with a four-year clinical course for those with a science based first university degree. Two universities will have completely new medical faculties for degree entrants only. New methods of determining financial support for universities, determined by an assessment of research output only, is a new threat to general practice departments, which are smaller than specialist departments, but deliver a much greater proportion of the teaching curriculum.

Vocational Training

Plans have now been published by the government on the new supervisory body for training, which will cover both specialist and general practice training. This means that general practice will lose its own competent authority, and is at risk of losing power and influence over its own training programmes. This my main concern, but another concern is that the ruling council of the new body will be appointed by the

government rather than by the profession. The second major change is to the SHO grade in hospital, which is where GP trainees currently spend 18 – 24 months of their training programme. At first sight this would appear to be proposing a reduction in GP training to two years, but I am assured that this is not the intention. I remain unconvinced, in view of the desperate need to train more GPs.

Continuing professional development

The main change here is being driven by negotiations on a new GP contract, which may well remove the financial incentive for CPD, and consolidate it into a number of optional quality payments, and a requirement to have a personal development plan informed by a mandatory appraisal annually, and 5 yearly reaccreditation. The other issue which is gaining considerable momentum at present is a move towards multiprofessional learning, with all members of the primary care team attending CPD sessions together, particularly when looking at a team approach – for example to the prevention of coronary heart disease.

Annex 2 Hon. Treasurer Report

**EURACT Council meeting
September 25-28, 2002
Dublin, Ireland**

It seems that council members has to put some more energy to their duties as national financial reporters. 17 out of 30 countries have reported information on members and fees on time. The result of this situation is the incomplete budget. It would be very helpful if we managed to collect the appropriate information which is needed to make plans.

Concerning the income we can notice the increasing membership fees of individuals and the decreasing fees of organizations; this may address us to a scepticism and probably to changes in terms of communication and relationships to organizations. A high surplus is still existing; it is important to find out new fields to invest money.

Concerning the expenses it seems that, although there is an increase of all meeting expenses as a result of the enlargement of the council and the EB, we are not so effective in spending money. It is remarkable that there is a decrease of the administrative expenses.

Concerning potential fields of investing money it could be reported the funding 1) of more courses □in terms of trainers' expenses and trainees as well , 2) of the development of the website, 3) of more publications.

Athanasios Simeonidis

Annex 3 List of new EURACT members

**EURACT Council meeting
September 25-28, 2002
Dublin, Ireland**

New members to be approved council meeting Dublin September 2002

Bosnia & Herzegovina

1. Rajna Tepic
2. Kosana Stanetic
3. Verica Petrovic
4. Maja Racic
5. Zana Radovanovic
6. Drasko Kupresak

Czech Republic

1. Vaclav Benes

Denmark

1. Dr. P. Koefoed
2. Dr. Lisbeth Errebo-Knudsen
3. Dr. Frank Andersen

Finland

1. Martina Torppa

Germany

1. Eva Hummers-Pradier, GA

Annex 4 Report of Standing Committees

**EURACT Council meeting
September 25-28, 2002
Dublin, Ireland**

Report of CME Committee

Committee meeting CME/CPD, Dublin meeting 26th September, 2002

Present: Paula Vainioma

Annex 5 Continuing Professional Development in Primary Health Care

**EURACT Council meeting
September 25-28, 2002
Dublin, Ireland**

Annex 6 List of EURACT Council Members

EURACT Council meeting
September 25-28, 2002
Dublin, Ireland

EURACT COUNCIL (addresses dd. November 2002)

NAME	ADDRESS	COUNTRY	TELEPHONE NUMBER	FAX NUMBER	E-mail
Dr. Llukan Rrumbullaku	Rr. Duresit, P. 85, Sh. 7, N. 57 Tirana	Albania	355-4-220275	355-4-363615 355-4-241979	llukanrr@icc-al.org
Dr. Gertraud Rothe	Sternwartestrasse 6/23 A- 1180 Wien	Austria	43-1-47-83-415 (work) 43-1-47-98- 145 (home)	43-1-47-98- 145	gertraud.rothe@univie.ac.at
Prof. Jan Heyrman (<i>Exec. Board Member</i>)	Catholic University Leuven Kapucijnenvoer 33/Blok J B-3000 Leuven	Belgium	32-16-337464 (work) 32-16-325454 (practice) 32-16- 406421 (home)	32-16-220920 (practice) 32- 16-337480 (univ.)	jan.heyrman@med.kuleuven.ac.be agnes.goethuys@med.kuleuven.ac.be
Prof. Dr. Muharem Zildzic	Dept. of Family Medicine University of Tuzla, Med. Faculty Univerzitska Broj 1 75000 Tuzla	Bosnia & Herzegovina	387-35-283-177 387- 35-702-702 (home)	387-35-283- 177	zildzic@yahoo.com
Dr. Mladenka Vrcic-Keglevic	School of Public Health				