

**Meeting of the Council
of the European Academy of Teachers
in General Practice (EURACT)
*held in Eger, Hungary, April 4-7, 2001***

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List of Participants

Members present:

- Dr. Justin Allen, United Kingdom, President
- Dr. Adam Windak, Poland, Secretary
- Dr. Athanasios Simeonidis, Greece, Treasurer
- Prof. Jan Heyrman, Belgium, EB member
- Dr. Igor A

Program of the Meeting

Wednesday 4 April 2001

Session 1: Joining the new and the old

Thursday 5 April 2001

Session 2: Business meeting

Session 3: Active learning in Tampere

Session 4: One slide five minutes presentations

Friday 6 April 2001

Session 5: Preparations for the Barcelona Conference

Session 6: Standing Committees

Session 7: Supporting Committees

Saturday 7 April 2001

Session 8: Barcelona conference-continued

Session 9: Reports and final decisions

Post-Conference Executive Board meeting

Summary of EURACT Council decisions Eger 2001

Report of the Meeting

Wednesday 4 April 2001

Session 1: Joining the new and the old

The President of EURACT Professor Jan Heyrman welcomed the Council Members of the Spring 2001 meeting. This was the first meeting after the election of the new Council and seven new members came to the meeting. New members from Albania (dr. Llukan Rrumbullaku), Bosnia-Herzegovina (Prof. Muharem Zildzic), Ireland (dr. Fergus D. O' Kelly), Italy (dr. Francesco Carelli), Rumania (dr. Iuliana Popa) and Sweden (dr. Bengt Mattsson) introduced themselves to the Council, describing their background, current work and personal fields of interest. Dr. Ivana Bogrova who was elected the new representative from Czech Republic could not attend the meeting due to the illness of her mother.

Afterwards the existing members of the Council briefly introduced themselves to the new members. The country news on paper were distributed and read by the council members. Silent reading was followed by questions and a plenary discussion of selected issues.

Thursday 5 April 2001

Session 2: Business meeting

At the beginning the report from the previous meeting in Kusadasi was discussed. No major comments were made. The report was approved.

The list of new applicants to the Academy was presented to the Council (8 from Bosnia, 1 from Croatia, 1 from France, 5 from Italy, 2 from Lithuania, 3 from Norway, 1 from Finland, 1 from Portugal, 8 from Russia, 10 from Turkey). All of them were approved. The names of the members approved in particular countries is available in Annex 7.

The problem of raising the membership in several countries was presented. The contents of the benefit package for members was discussed. The issue was shifted to a

Annex 1
**Review of national educational activities
after EURACT Council meeting in Kusadasi, 2001**

**EURACT Council meeting
April 4-7, 2001
Eger, Hungary**

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

ALBANIA

Dr. Llukan Rrumbullaku
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Tirana

The preliminary work for setting up the department of family medicine started in 1994. On January 1995 two of the lecturers were sent for training (3 months) in University of Utah, Salt Lake City, USA. On October 1995 with the support of PHARE Project, 3 lecturers were trained for 9 months in the Royal Free Hospital School of Medicine, University of London and one in Brussels, Belgium.

Actually the department of family medicine is one of the departments of Faculty of Medicine and provides postgraduate training in family medicine. There are four full-time lecturers and several part-time lecturers in this department.

The postgraduate training in family medicine in Albania started on January 1997 (duration two years). Until now 45 physicians have completed the training in family medicine. The department plans in the near future to increase the number of physicians participating the training and to extend the training in three years (one year will be spent completely in community under the tutorial of already trained

physicians). The department will try also to introduce family medicine as an academic discipline in the curricula of medical students.

Short term training (3 months) for general physicians was supported by PHARE project and was carried out by 4 groups of doctors (4 doctors each) in Tirana, Shkodra, Korca and Vlora. The trainers were trained for 6 months in Glasgow, Scotland. Nearly one third of the physicians in primary care (more than 500) were trained through this programme.

AUSTRIA

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Pregraduate education

The new medical curriculum will start in autumn 2001. The preparations at all 3 universities (Vienna, Graz and Innsbruck) are still going on. The first year will be an entrance phase for the students with a summative examination at the end.

Family medicine/General Practice will be part of this orientation phase. The number of students who will start studying medicine in Vienna will be about 1400 (in Graz and Innsbruck about 500 students each university).

The examination at the end of the first year should cut down the students number to about 600 in Vienna and those students should have the chance to get a good medical education with a problem-oriented curriculum within a shorter study time compared to now.

From autumn 2001 all students have to pay 800 Euro per year for their studies.

Within the universities big changes are going on and big discussions are opened (shorter contracts for assistants and professors, more women for top posts, more money for research, better teaching for the students...etc.)

Postgraduate education

From January 2001 G.P. Training practices are financed for the trainees from the Ministry of Health at any time. So that trainees can come to the G.P. Training Practices right after graduation (while waiting for the Vocational training post in hospital).

There is still no payment for the trainer of the Training practice for teaching.

Training courses for trainees have started all over Austria.

The Austrian Society of General Practice (A

BELGIUM

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Basic Medical Education

The curriculum reform proceeds at all Flemish universities: blocks and lines means integration of related topics into blocks of a limited number of weeks, and lines all over the different years in a concept of growing experience. In our university, we are very much involved in the "person, community and environment" line. We organise the first patient and practice contact in the second year, community health care organisation in the third year, primary and secondary care cooperation in the 4th year and prevention and environment in the 5th year. Parallel with this, we are involved in the communication training over the same 4 years. It is very new and promising.

Our department is asked by the faculty to propose a network structure for a new style "epidemiology department" that relates as well to the community epidemiology, clinical epidemiology and biomedical statistics. A new challenge.

Postgraduate specialist training

New "primary health care network" training program : learn to see your practice not merely as an individual caregiving place, but as a part of the primary care level in the health care organisation. We spent a complete month of our 1st year training program on this. It was a success : students were enthusiastic, our 15 academic teaching practices opened up their action fields, and the local networks showed the best of their cooperation. The minister herself came to the final congress day that ended the new training program.

In the Flemish interuniversity specialist training program, a new educational model is discussed: the selfdirected learning program, based on the "social constructivistic learning theory". There is a lot of IT support related to this, with students dispersed all over the country in their teaching practices. Introduction of a rather fundamental change means a lot of discussion at all levels: human resources, individual expectations, finances and power balances.

Continuing medical education

From CME to CPD: I introduced successfully the concepts of our EQUIP/EURACT preliminary document in an invitational conference by the "organisation of medical scientific societies". There is a lot of enthusiasm for it. Next year a national open conference on this topic is envisaged.

In parallel the government proceeds (slowly) with a fundamental change in the re-accreditation procedures. The accreditation board will be placed under a national board for the quality promotion, bringing CME (and the credit system based on seminars and lectures) more close to quality improvement (by peer review, competence and performance review)

Health care

The wealth of ministries for health at the different Belgian levels also has some advantages: they all ask universities to make decision preparing studies for them. Suddenly our department is asked to deliver conceptual plans on territoriality of care, integrated care management planning, health indicators in primary care, health status and care needs instruments etc. We became a very busy department.

BOSNIA & HERZEGOVINA

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Introduction

Since of the end of the war Bosnia and Herzegovina is engaged in process of health care system reform. This is based on the development of family medicine as a foundation of reformed primary care system. All process started with partnership with the Department of family medicine of Queen's University Canada. Project Queen's Family medicine development program in Bosnia Herzegovina (director prof. dr. J. Hodgetts) funded by SIDA, Canadian government and international community (World Bank Basic Health Project).

Undergraduate Medical Education

The academic department of family medicine (DFM) established in four University centres in Bosnia Herzegovina (Sarajevo, Tuzla, Banja Luka, Mostar). Tuzla DFM got from the beginning full departmental status and responsibilities within the Faculty of Medicine what gradually happened and with the other centres. DFM introduces and develops special undergraduate program in Family medicine for medical students. This new curriculum and equipment in teaching centres (part of FMD) provides students: access to the most recent medical literature, an evidence-based medicine approach to problem solving and decision making, improving their clinical skills, communication skills, critical appraisal skills and motivation for independent learning. New methods of evaluation specially OSCE -(Objective, Structured Clinical

Examination) and increased exposure to positive primary care experiences help to students to think about family medicine like first choice in their future careers.

Postgraduate specialist training

A specialisation programme in Family medicine started on Sept.1 199 under the leadership of the Queen's University Family medicine development program. A project funded by the Canadian government. Duration of specialisation lasts 2 or 3 years depending on past work experience specialty or re training qualifications and individual needs for education.

The plan and program was officially accepted and now it runs all over Bosnia and Herzegovina. Over 150 residents in Family medicine in 11 Family medicine Teaching Sites work under standardized didactic program which is oriented on getting clinical and problem management skills. Evaluation and certification board established from four University with international participation. New evaluation's methods measure not only knowledge, but appropriate communication skills, professional and ethical attitudes towards patients and other health care workers. FMD in four University now is preparing now examination methods which will consist of two parts: SAMEQs (short answer modified essay questions) and OSCE.

Postgraduate study in family medicine

The established working group is running for a new curriculum in postgraduate study in Family medicine that can be accepted by official organs of each faculty. This very important plan and other activities is going to start this academic year with intention that this activities and final certification in getting master's and PhD degree will be recognised beyond the borders of Bosnia Herzegovina. Project: Development of an International Family medicine Master of Science Programme by distance Learning interFaMM) would be very useful for the future of Family medicine in Bosnia Herzegovina. Family medicine doctors, participants in this study will be future leaders in education, practice and research so those activities present essential part of the overall reform process.

Continuing medical education

Large numbers of physicians and other health professionals are participating in peer group and other community development activities aimed at improving the level of primary care. EU PHARE Program and MSF Family Medicine Training Program in Bosnia Herzegovina lasted until 2001.

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Family doctors are nowadays widely accepted in the Estonian health care system- good news. On the other hand, more and more tasks without appropriate funding is tried to put into our contract- not so good news. After big changes in primary care in 1990s now government is planning a radical reform of specialist care diminishing number of hospital beds. It can be effective only with development of long-term care and social support but the latter part of the reform is not so well planned yet.

In coming three years our undergraduate teaching is going to change: one-year postgraduate internship will be changed into 6-month undergraduate internship. It means the model of medical education 6+1+residency (3-5 years) will change into 6+residency (3-5years). There are threats that general practical training before specialist training will be too short, therefore all programs for residencies will be reviewed in order to increase common trunk training at the beginning of residency.

Funding of residencies in family medicine seems quite favourable in coming years. The retraining programs for previous district doctors to become family doctors are coming closer to the end: in 2003 the last groups will finish and thereafter residency will be the only way to specialize in family medicine.

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Basic Medical Education

Numerous clausus after the first year raises to 4100 students: it was necessary to compensate for the decreasing number of doctors. A new program will start in October for the 3 last years of BME (4th, 5th and 6th): it is a big change because the certificates of specialities will disappear. Transverse modules about physio-pathologic mechanisms, anatomic systems, public health problems, are proposed and GP teachers are involved in the teaching process. Practical training in general practice is also planned, but unfortunately, there is no money for it. After 6 years, the

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General

It seems that we are going to experience another reform of the health system. As it was reported in last council meeting the negotiations (government-health professionals-insurance companies) on the reform of the health system were to end in last November. In January, the first law was voted according to which the decentralisation of the health services of the Ministry was realised. There are now 17 regional-mini- Ministries. The rest part of the reform concerning the funding system and the Primary Health Care is still article of negotiations.

BME

As it was reported many times, no one of the 7 medical schools (except that one of Crete) have included in their programme any lesson, course or seminar in general practice. It is very important and worth mentioning the fact that a group of medical students of the University of Ioannina, sent a letter to ELEGEIA (Greek Association of GPs), requesting more information about our discipline; ELEGEIA responding to this demand is going to organise a series of meetings, round-table discussions to meet students' needs.

We hope that very soon every medical school will have a general practice department.

Specific training

No changes concerning the curriculum and the content of the specific training. The main problems are: a) the specific training is mostly hospital centred, b) the trainees are trained by specialists-with the exception of 10 months in Health Center-, c) the majority of tutors is specialists.

CME

Since CME is under the responsibility of ELEGEIA, things are much better than in BME and ST. So, concerning CME activities it would be interesting to be reported that the following activities have already been planned:

- Teaching the teachers course (30 hours); annual
- Management of hypertension in PHC; two series of 4 courses (6 hours), every three months.
- Management of hypelipidemia in PHC; two series of 4 courses (6 hours) every three months.
- Management of depression in PHC; a series of 10 courses (4 hours) all over Greece.
- Teaching management of health services (30 hours); annual (*planning*).
- Teaching assessment methods (30 hours); annual (*planning*).
- Establishment of credit system; unofficial initiative of ELEGEIA.

ISRAEL

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In the past 6 months we have seen continued growth and development in family medicine in Israel. In Tel Aviv we are pleased to announce the promotion of Euract member Michael Weingarten to full professor. Eli Kitai is a new professor in family medicine heading the undergraduate department and Simon Zalewski is a new lecturer.

In BME Shmuel Reiss reports from Haifa on a new course for undergraduate students on the Holocaust and medicine. This is tied to a multi-national research grant together with schools in Germany and Austria. In Tel Aviv the integrated program of behavioral sciences in medicine continues to grow.

In vocational training, Haifa has completed curricular reform to make residency education more relevant to everyday general practice. The program is called

ITALY

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Basic Medical Education

No basic medical education is yet organised by law in Italy. Now, in 2001, we have some experimental courses taken in Udine, in Monza and in Modena, for students in their sixth year of curriculum. These courses are managed as local agreements

between groups of doctors and local University. No payment is there. There are few seminars, and a tutor system. In Milan, I'm organising a tutor system with a University's Chair for students at their final certification level (sixth year end, before exams before thesis discussion).

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. Teachers are paid for seminars, tutors are paid monthly, coursisists are paid at lowest level for hospital doctors, obliged to refuse by law every contemporary other work.

Continuing medical education

It was obligatory for National Contract with NHS, to take 32 hours of CME, (16 with Health Local Authorities, 16 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.

There is a six month period of prove between January and June 2001. Meanwhile, we are studying how it's working to arrive at a system accrediting also curricula, active participation at congresses, and distance learning systems (more difficult to organise and value).

Also, there is a fighting about

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Development of Family Medicine in Lithuania is considered to be a stable process, even if it is going slower than expected. Private GPs are expanding their activities, but the time until now is too short to make any decisions about their success. Financial problems of government are also influencing in a negative way the status of health care system. At the same time due to problems in the health care organisation and patient dissatisfaction with delivery of health care services, the idea about privatisation of primary health care services seems reasonable. The main problem with the implementation of health care strategies is changing leaders of the MoH. We have had 4 Health Care Ministers during the previous 4 years.

Teaching of Family medicine is undergoing some changes too. The decision to introduce a Family medicine as a discipline as early as on the 3rd year of studies, is already made in Vilnius University. Also program of family medicine teaching is changing towards a patient-centred approach, including longer time for studies of psychology during the course.

Continuing Medical Education requires major organisational changes too. The future of the CME is under intensive discussions now- what organisations will be responsible for CME in Family Medicine, which ones will be allowed to organise the courses, can professional organisations of specialists organise the CME for family.

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Basic Medical Education

All 8 medical schools are reorganizing BME. Many elements of PBL are integrated in the new curricula. Other features are: early contacts with patients, growth of responsibility for the students, and growing involvement of primary care/general practice.

Postgraduate training

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

Also in this area a lot of innovation is planned and in preparation. New is the emphasis on learning the practice and a more individual (tailor made) curriculum for the trainees. For the assessment use will be made of a portfolio system. Another new element is 'differentiation' (sports medicine, ophthalmology, management, research, education etc.). In due course a connection with the Higher Professional Training programme will be established.

Many more GPs are needed than are in training. The interest in GP-training is not encouraging.

CME/HPT

A lot of debate about the involvement of pharmaceutical industries in the CME-programmes! Each GP has to show that he 'did' 40 hrs of CME, for reimbursement.

The Higher Professional training Programme (HPT) gets gradually on a structural and national position. Recently a training programme in palliative care started with the participation of 50 GPs. Other programmes will follow soon.

Health care

The national association of GPs is organising another strike to put pressure on the minister, to provide more funds for practice management and to make the profession more attractive.

The establishment of regional GP-call centres, more or less related to hospitals, is in full swing. This movement is supported by the government and the health insurance companies. It is clear that the workload of being on call is reduced by these centres.

NORWAY

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POLAND

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Undergraduate education

Some progress in negotiations about the minimum for undergraduate teaching in family medicine. The Board of Higher Education □ an independent body consisting of representatives of universities and attached to the Ministry of Education proposes now 50 hours. We are still fighting for 100 hours. Results however are uncertain at the moment.

Postgraduate education

There is shortage of training places for family physicians. The Ministry of Health wants to stimulate vocational training in this discipline and allocate in it at least 1000 places a year. Incentives and possible solutions are sought. New law about medical profession is in parliament. Some articles (accreditation of the courses, clear rules for financing) can stimulate further development of the training. We have to wait.

Continuous Professional Development

The School of Tutors started by the College of Family Physicians in Poland was big success. Graduates started their peer-review groups and some of them developed even quite good QA projects. New edition of the school is planned. The application for financing is submitted to the Ministry.

ROMANIA

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National items

Romania is experiencing the early stages of healthcare reform. The previous hospital oriented system is changing into a primary care focused one. Therefore the position and status of family doctor is strengthening. Nowadays the family doctors fulfill the gate keeping function, have their own lists of patients, and are no more employed, being paid mainly by capitation. Furthermore the addressability to primary care significantly increased. As a result this specialty became interesting and the number of family doctors increased. Untrained doctors are still allowed to practice as family doctors.

Basic Medical Education

In the last years there were set up Departments of Family Medicine in the accredited Medical Universities. Some of them occurred by the transformation of formerly Ambulatory Care Departments (Internal Medicine) and their Heads are not family doctors, but newly employed staffs are. Unfortunately there are not too many changes in the educational curriculum, the main focus being also in internal medicine.

Postgraduate specialist training

The postgraduate training in Family Medicine was introduced in early 90s. The entrance into the Residency Program is based on a national contest and the number of positions is regulated by the Government (approximately 500 per year). Unfortunately this is not mandatory for practicing Family Medicine. The Residency Program last 3 years; 15 months is in primary care facilities, under the supervision of trainers in Family Medicine. In the last 10 years the educational curriculum was significantly improved accordingly with the primary care domain.

Continuing Medical Education

The CME became compulsory for all medical practitioners since 1999. There is also an accreditation system for CME events. The CME system is linked with the accreditation and revalidation of medical practitioners. This task is fulfilled by the Romanian College of Physicians. The accreditation of doctors is based on the

accumulation of 200 credit points in 4 years. There is not qualitative assurance of CME events.

Until 1998, different Departments of the Medical Universities organized educational events for GPs. Since 1998 there were organized programs for training the trainers in Family Medicine, some of them in cooperation with external programs (Matra, Nicare) and The Ministry of Health established a new position in medical postgraduate training for Family doctors: the trainer in Family Medicine. Now the trainers in family medicine are involved in the CME events for family doctors.

Conclusions

- The Development of Family Medicine is already a reality but it seems to be a difficult process.
- The main issues in Family Doctors' education are domain orientation and quality assurance.

SLOVAKIA

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Undergraduate education

At two, out of four Medical schools in Slovakia, there are still no Departments of General practice and Family medicine, although teaching of General practice and Family medicine is 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.

New **Document on Medical Education** has been recently prepared by the Ministry of Health and submitted for ratification to the government, taking in consideration the *EU Directive 93/16 - to facilitate the free movement of doctors*. In accordance with the mentioned document all Slovak Medical schools will need to put more stress on GP/FM teaching.

Postgraduate education

The duration of the Vocational training for General Practice is 3 years. Future GP must spend two years on 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.), and there is a request for spending 6 months in a Teaching practice. There is still lack of teaching practices, so 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 more and more often becoming a reality.

Continuous Medical Education

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

The principle is that different courses and lectures, organised by Slovak Postgraduate Academy of Medicine in Bratislava, Regional medical educational bodies or 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, every 5 years.

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 main and chronical problem of our health care. The explanation would need another separate sheet of paper.

SLOVENIA

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Pregraduate education

At all levels new forms of curriculums are going to be established at all our five medical schools. Although everyone is convinced that GP's should have more and more influence on these curriculums usually the money is missing. So all the efforts of our colleagues are not very successful, but we hold on. As the problems within all our medical schools are more or less the same the idea of reducing the number of schools from 5 to 3 has already shown up. After the next accreditation in 2003 or 4 we will see further on as the government has threatened to spend less money if this accreditation would not be the way they want it. In regard to this situation a group of private hospitals is planning to open their own medical school. This would be the first private medical school in our country since a very long time.

Postgraduate education

We still have our 5-years VT mostly in hospital posts with a 6-months training as an assistant doctor in general practice. Unfortunately these 6 months are still voluntary, but we offer a very good 1 to 1 (trainee-theacher) training-situation. This seems to be so attractive that a lot of trainees take the opportunity, and we do not have enough training places. From this year on the final exam is obligatory to get the title of a specialist in general practice. Every year about 120 persons pass the exam so there will be no shortage of doctors in the next 5-10 years, but the amount of women is rising every year so that we think the situation could change within this time. Students numbers are constantly high.

By the end of this year, as an innovation, every medical teaching institution, has to define their posts, goals, and other possibilities on medical education at all levels. Centralized this will be an information base for our doctors after medical school to plan their VT.

CME

We try to continue to raise the influence of GP's on all CME-activities, mostly based on local sections of the GP's association. That means, that for example local practitioners work together with the regional hospital to organize workshops. When all

the conditions, the GP's association has established are fulfilled the workshop gets the label "recommended by the GP's association".

Politics

As economics in Switzerland are going better we hoped that political influence on the Health system might lower. But never the less a flood of new laws and a raising influence of insurance companies make GP's life more and more difficult.

TURKEY

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Basic Medical Education

The number of universities which have a family medicine department has been 27 (out of 39 medical faculties currently being studied medicine). Dokuz Eylul University in Izmir is one of the biggest universities of Turkey, and there were a strong resistance from public health academicians against establishment of Family Medicine Department. But a few months ago the department was established and our sixth associate professor (she is a EURACT member) has been appointing to the head of the department nowadays.

Although number of teaching hours differs significantly family medicine is taught at all medical schools having department of family medicine. The academic career of family medicine is gaining a lot of interest for family physicians. New positions are opened for family medicine in the universities. As was mentioned before (in my past reports) a doctor graduating medical school can start practising as a GP without specific training. So the ever increasing contribution of family medicine departments to the basic medical education is having much more importance.

The second medical education congress will be held at the end of this month in Izmir. That will be a broader forum during which all contemporary innovations in medical education including community based medicine and contribution of FM to BME will be discussed. As the departments of FM we will be there and will participate in discussions in small group studies and with poster presentations.

In spite of this good progress in BME there has been a paradoxical and unwanted development concerning academic promotion in FM. As I mentioned in my presentation at the joint session before the last council meeting in Ankara, the career tracks for becoming professor in FM are the same as in any other medical discipline. The most critical stage of this track is the Board exam for promotion to associate professor. But this year the Turkish Council of Higher Education has proposed new regulations of this exam. If these regulations are accepted there will be

no exam of Board in the field of FM (The bizarre reason for this is that family medicine does not have sufficient professor for setting the Board) . It is difficult to predict what happens in that case. For about one month we have been trying to change this unexpected situation.

Postgraduate specific training

No changes concerning the curriculum and the content of the postgraduate specific training. It is still exclusively hospital-based (at least in the teaching hospitals of MoH). The draft law for regulation of specialisation in all disciplines including family medicine is still waiting for being enacted.

Continuing medical education

No progress concerning the re-training of the medical graduates practising in primary health care. The Turkish Association of Family Physicians are preparing a detailed program for proposing to the other institutions involved in the re-training process (medical schools, Ministry of Health, Turkish Medical Chamber and other GP organisations). The 5th National Congress of Family Medicine will be held in Adana at the end of this October. We hope we are able to present and discuss this program at the congress.

Health care

Nothing changed. Big confusion and uncertainty regarding what should be done. We have still been experiencing negotiations on the reform of the health system.

UNITED KINGDOM

Dr. Justin Allen
Countesthorpe Health Centre
Central Street
Countesthorpe
Leicester LE8 5QJ

We seem beset by disasters at present. Since we last met in Kusadasi we have had a winter of heavy rainfall causing severe flooding in many parts of the country, another major rail accident (in which one of our members was seriously injured □ fortunately now recovering), a stock market collapse (presumably also affecting most countries to a greater or lesser extent) and now the farming crisis caused by foot and mouth disease. This last problem has been exacerbated by the pan-European nature of modern farming, with stock moving large distances both within the UK and also to and from other countries. Family doctors in affected areas are having to deal with the many stress problems produced in their communities, which have been devastated by this problem.

In the midst of all these problems there continue to be major changes in the health care system as the government tries to remedy the deficiencies of years of underspending initiated by

Annex 2 EURACT Budget 2001

EURACT Council meeting
April 4-7, 2001
Eger, Hungary

			<i>in BEF (1E=40,33BEF)</i>	
EXPENDITURES	Actual 2000		Forecast 2001	
Meetings				
Council	126 537	3,163,4	130 000	3250
EB	81 215	2,030,3	250 000	6250
Travel reimbursement	72 626	1815,6	250 000	6250
Sundry costs				
<i>Subtotal</i>	<i>280 378</i>	<i>7,009,3</i>	<i>630 000</i>	<i>15750</i>
Administrative overheads				
KUL secretariat cost	100 000	2 500	100 000	2 500
Secretariat travel	36 690	917,2	40 000	1 000
UK secretariat cost	0		50 000	1 250
Postage	10 916	272,9	12 000	300
Office consumables	0		5 000	125
Copying	4 610	115,2	7 000	175
Printing	34 091	852,2	50 000	1 250
Telecommunication	0		10 000	250
Miscellaneous	0		0	
<i>Subtotal</i>	<i>186 307</i>	<i>4,657,5</i>	<i>274 000</i>	<i>6 850</i>
Activities				
Task forces	0		200 000	5 000
Projects funding	0		550 000	13 750
Website	96 816	2,420,4	100 000	21 250
Other				
<i>Subtotal</i>	<i>96 816</i>	<i>2,420,4</i>	<i>850 000</i>	<i>21 250</i>

Finance costs				
Bank fees	3 755	93,8	4 000	100
Exchange losses	0		1000	25
<i>Subtotal</i>	<i>3 755</i>	<i>93,8</i>	<i>5 000</i>	<i>125</i>
Total	567 256	14 181	1 759 000	43 975

Annex 3 New Rules for Cooption

EURACT Council meeting
April 4-7, 2001
Eger, Hungary

New rules for cooptation

Bylaws

h. The President, with the concurrence of Council, may invite observers from all organizations in collaborative relations with the Academy, and may invite up to two other observers to all or part of a meeting. Such observers will be entitled to speak but not to vote on any issue.

i. The council may co-opt up to two additional members at any time as full voting members.

Definition

- coopting members should be a special, not obligatory procedure for the council.
- there is a basic difference between observers and coopted members.
 - Observers represent important organisations in collaboration. They are supported for travel but also for the council costs by their organisation. In some cases there is a mutual representation of the council in the representative body of this organisation.
 - Cooptation relates to an active decision that the link with an organisation of body is so important that the council wants to officialize this.

Procedure

- the council can decide on establishing and retiring the status of coopted member to the council.
- the status of coopted member is installed for a clear reason, towards a defined position, and with a specific task within EURACT, or to represent or liaise with an organisation or body.
- It must be clearly defined if this position is established for all the time that the task is apparent, or that there is a link with the defined organisation.

Budget

- a coopted member on the financial level has the same status as a regular council member : travel expenses are normally covered by the person himself, or the organisation he/she is related to or is representing. Hosting costs during the normal council meeting are covered by the local organiser to the same extent that these costs are covered for the other council members.

- if travel expenses are for some reason not covered, the coopted member can apply for travel support. The regime relates to the membership fee level of the country where the coopted member works.

Annex 4 Reports of Standing Committees

EURACT Council meeting
April 4-7, 2001
Eger, Hungary

Report of Specific Training Committee

Members: Justin Allen, Dolores Fores, Gertraud Rothe, Ivar Ostergaard, Okay Basak, Egle Zebiene
Chairing: Margus Lember

The committee decided to write a letter on behalf of EURACT to the European Society of General Practice/ WONCA Region Europe expressing its position on the latest developments in the European structures advising legislation on medical education. Justin will draft the letter, then distribute to the committee members.

The topics for the Tampere conference on specific training: selection of trainers and training practices (chaired by Egle Zebiene) and on retraining (chaired by Margus Lember). Both groups held a meeting for planning the workshop in Tampere.

The selection of trainers and training practices document is almost ready, it will be discussed at the Tampere conference, thereafter distributed to the council members and proposed for the council discussion in Barcelona.

A topic of retraining gained general interest among the committee members and it was decided to continue to work on this topic after the Tampere conference.

A connection to BME group was proposed in order to discuss jointly common selection criteria for undergraduate teachers and residency trainers.

Margus Lember

Report of CME Committee

Eger, 6th April 2001, Paula, Mladenka, Juliana, Eva, Dag, Sakis, Jan

Jan's understanding and proposition for lifelong learning and its three systems to be taken into account in the further preparation

	Formal CME	CPD	QI
	Knowledge	Competence	Performance
<i>Focus</i>	Doctor	Doctor and practice	Practice
<i>Accreditation</i>	Credits, sessions	Involvement	Outcome

What are the consequences of our policy paper to Medical Education

Our paper will require basic changes in BME and VT. Be aware: General Practice is not only filling gaps of medical education! Most the topics mentioned below could belong to other disciplines as well. All the elements have to be learned as early as possible, but some of the topics are maybe most easily covered during vocational training.

1. Preparing to life-long learning

- Basic principles of learning and studying; different learning styles and strategies, how am I learning best? Which kind of learning strategies I should use in different situations? Self-knowledge is needed, and it has to be built during BME already.
- Skills for continuously updating knowledge; how to make literature search, how to use the databases technically in practice, how to read critically, search-elements, how to make a literature search, how to make an overview of main results.
- Skills for identifying learning needs, how to assess learning needs, not only from your own development's point of view, but also from patients' and health care's point of view.
- Be aware of maintaining the right attitude during medical education to prevent the resistance towards quality work during the later career.

2. Skills for team-learning and multidisciplinary learning; to be able to be member in task-related groups. Communication skills and leadership skills

3. Basics of Quality Work (to be worked further with EQUIP)

- value of guidelines, quality circle, audit etc
- skills to assess one's own work (should be an internal need, but include also patients', and health care's needs)

4. Management skills (practice, resources, change management, time, leadership)
Cost efficiency

There are other required changes as well

Changes in the re-accreditation system. We have to make our own re-accreditation system before the authorities. Are making their own ones. Is it the portfolio system?

Preparations for Tampere

Some topics should be selected to be discussed. More preparations are made in EQUIP meeting before Tampere (Paula will participate).

Paula VainiomA

Annex 5 Reports of Supporting Committees

**EURACT Council meeting
April 4-7, 2001
Eger, Hungary**

Report of Member Service Committee

Participants: Dolores Fores, Ivar Ostergard, Bernard Gay, Andreas Rothenbuhler, Igor Svab, Margus Lember, Mladenka Vrcic-Keglevic, Egle Zebiene (chair).

Main discussion run during the meeting was about practical steps to be taken for support of EURACT members.

E.Z. presented summary and proposals from last Committee meeting. Decision was made to provide sponsorship for 2 teaching the teachers courses that are run under the patronage of EURACT: course in Bled and course run in Riom. 5 places in each course to be sponsored for EURACT members (see business plan).

Selection criteria for applications were discussed to be presented to Council. Business plan approved by Committee members.

Dolores raised the issue about additional support to be provided for national representatives to increase interest of teachers to become the members of EURACT. It was decided to include this problem to the agenda for future meetings so it could be discussed more.

Business plan

1. ***Recommendation of activity***
 - 5 sponsored places for Bled teaching the teachers course 2001,
 - 5 sponsored places for Riom course 2001.
2. ***Aim of the organisation to which it relates***
 - a.

Annex 6 Treasurer's Financial Report

**EURACT Council meeting
April 4-7, 2001
Eger, Hungary**

EURACT Council meeting, Eger, 4-7 April 2001

Concerning the expenses must be reported that:

- The council meetings and the EB meeting costs are raised as forecast of 2001 since the increasing needs of the Barcelona meeting and the linked conference.
- The increased figure for travel reimbursement has to do with new rules (mentioned below) and the enlargement of the council members.
- The figures concerning the expenses for activities show that we don't spend enough money to projects although there is a good amount of money available for funding several activities.

Concerning the incomes it is clear that we are in a stable situation succeeding in having a good balance for the year 2000; as a result of that the surplus remained almost similar with the previous one. This situation is likely to change if we consider that the subsidy of WONCA □ ESGP/FM is of the year 2000 and till the end of the year we are going to get another 15,200 Euros as subsidy for the year 2001.

So, the message is that we have to be more active planning more new activities, projects.

Reimbursement rules

For those countries of 5 Euros fees it is going to be reimbursed the 90% of the travel expenses; for the countries of 20 Euros fees the 45% of their travel expenses is going to be reimbursed. No reimbursement exists for the countries of 40 Euros fees.

- It must be reminded that division into three groups is according to the GNP:
 - A GNP of less than 5000 \$/per capita correspond to 5 E fees.
 - A GNP of more than 5000\$ but less than 10000\$ correspond to 20 E fees.
 - A GNP more than 10000\$ correspond to 40 E fees.
- It must be also reminded that applications for reimbursement have to be sent to Treasurer and the secretariat office in Leuven (Mrs. Agnes Goethuys) three weeks before the meeting.
- Another deadline that has to be in mind is the **15th of December** of each year as the latest date of:
 - Transferring money from the national account to the central EURACT account.
 - Sending information on what is the amount of money to be transferred or to be brought in cash in spring meeting, and the list of paying members (to treasurer ad the secretariat office in Leuven).

Reimbursement list

Following the above mentioned rules and according the applications the following council members were reimbursed:

- Muharem Zildzic: 270 DM
- Okay Basak: 855 DM
- Llukan Rrumbullaku: 710 DM
- Iuliana Popa: 220 DM
- Margus Lember: 750 DM
- Eva Jurgova: 600 DM
- Egle Zebiene: 455 DM

Athanasios Simeonidis

Annex 7 List of new EURACT members

EURACT Council meeting
April 4-7, 2001
Eger, Hungary

Applications council meeting Eger, April 2001

Bosnia & Herzegovina

1. Dr. H. Mevludin
2. Dr. A. Tulumovic
3. Dr. S. Herenda
4. Dr. A. Kocic
5. Dr. E. Alibasic
6. Dr. A. Suljic
7. Dr. J. Jasic
8. Dr. Z. Bejdic

Croatia

1. Nevenka Vinter-Repalust

Finland

1. Dr. S. Sanjakoski-Peltola

France

1. Dr. S. Gilberg

Italy

1. Dr. Filippo Zizzo (paid directly to Leuven)
2. Dr. Baruchello Mario (paid directly to Leuven no PIF)
3. Dr. Amerigo Pelizzola
4. Dr. Angelo Impiduglia
5. Dr. Alex Lieto
6. Ferrario Enrico

Lithuania

1. Eduardas Razgauskas,
2. Vytautas Kasiulevicius.

Norway

1. Dr. B. BJorvatn

2. Dr. E. Meland
3. Dr. A. Baerheim

Portugal

1. Prof. Luciano Couto (has paid directly to Leuven)

Russia

1. Dr. M. Dotsenko
2. Prof. I. Denisov
3. Prof. A. Ivanov
4. Dr. A. Reze
5. Dr. E. Tchernienko
6. Dr. Chegaeva
7. Dr. Shpionkova
8. Dr. Belokrinitsky

Turkey

1. Dr. SelA

Annex 8 List of EURACT Council Members

EURACT Council meeting
April 4-7, 2001
Eger, Hungary

EURACT COUNCIL (addresses dd. 04/04/2001)

NAME	ADDRESS	COUNTRY	TELEPHONE NUMBER	FAX NUMBER	E-mail
Dr. Llukan Rrumbullaku	Rr. Durresit, 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	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	387-35-283- 177	zildzic@yahoo.com
Dr. Mladenka Vrcic-Keglevic	School of Public Health				

