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ORIGINAL ARTICLE

Funding of vocational training programmes for general practice/family medicine in Europe

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Abstract
Background/Objective: As financial arrangements for vocational training (VT) in general practice/family medicine seemed to differ among European countries, the VT committee of EURACT compiled an overview to permit comparison. *Methods:* A questionnaire with open and closed questions was e-mailed in March 2006 to representatives of the 34 different countries on the EURACT Council. *Results:* Thirty completed questionnaires were returned (88% response rate). The salary of the GP trainee during clinical training in GP/FM is paid by the state on its own or with others in 19 countries (63%), and is the same during community and hospital rotations in 22 countries (73%). The GP trainer gets extra payment for supervision and teaching in only 14 countries (47%). Structured VT programmes are fully or partly financed by the state in 17 countries (57%), with trainees being paid for working hours spent in seminars/coursework in 19 countries (63%). Funding was cited as the commonest challenge and strength regarding VT programmes (cited 20 and 11 times, respectively). *Conclusion:* Recommendations made regarding the provision of vocational training across Europe include a structured curriculum supported by adequate funding, the professional recognition of GP trainers, which includes a fair and appropriate salary, and equity of salary for GP trainees.

Key words: *Europe, family practice, funding, vocational education*

Introduction

EURACT—the European Academy of Teachers in General Practice—is the network organization responsible for education within WONCA-Europe, the European regional branch of WONCA—the World Organization of Family Doctors. Its main aim is to foster and maintain high standards of care in European general practice/family medicine (GP/FM) by promoting it as a discipline through learning and teaching. EURACT welcomes all teachers of general practice in the WONCA European region as individual members. Members of each country elect one representative to the EURACT Council, which is the ruling body of the Academy (1).

Financial arrangements for vocational training (VT)/speciality training programmes in GP/FM have not been given adequate attention. The implementation of postgraduate training for general practice in Europe was reported in 1994 by Evans (2) as "being delayed by inadequate numbers of training posts in hospitals, inadequate funding from governments, and the slow development of a sufficient number of general practice trainers". This problem was not confined to Europe, as, nearly a decade later, new arrangements to reinvigorate GP vocational training in Australia were judged to be at risk due to lack of long-term funding stability (3).

In 2003, UEMO—the European Union of General Practitioners—issued a *Declaration on Specific Training in General Practice/Family Medicine in Europe*, which unequivocally put the responsibility of financing of specific training on European healthcare

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systems (4). However, the financing of supportive structures in VT seems to be very different among European countries, and an overview did not exist. Therefore, the Speciality/Vocational Training Committee of EURACT decided in 2005 to undertake a study on the funding of vocational training for general practice in Europe and to compile such an overview to permit comparison.

Methods

A questionnaire consisting of 34 open and closed questions was drawn up during the winter of 2005–2006 by a small study team drawn from the VT Committee. After being pre-tested by other members of the VT Committee, the questionnaire was e-mailed in March 2006 to all members of the EURACT Council for completion, and returned to the study team for analysis. The replies were entered into a Microsoft Excel spreadsheet to enable analysis and comparison on a country basis. As this study was not on human subjects, it did not require ethical approval or informed consent. Preliminary results were presented during a workshop at the WONCA-Europe Conference in Florence, Italy, in August 2006.

Results

Out of the 34 Council members at the time, the completed questionnaire was returned by 30 countries (see Table I), resulting in a response rate of 88%.

Vocational training in each country

GP/FM is considered as a registered speciality in nearly all (28 of 30) countries, the exceptions being Austria and Italy. The replies to the questionnaire referred to the VT system representative of each country, except for Croatia, which has both normal VT and in-service training (with answers referring to VT), and Serbia & Montenegro, which described VT at a new school of medicine.

Table I. List of participating countries.

Albania	Greece	Portugal
Austria	Ireland	Romania
Belgium	Israel	Russia
Bosnia & Herzegovina	Italy	Serbia & Montenegro
Croatia	Latvia	Slovenia
Cyprus	Lithuania	Spain
Denmark	Malta	Sweden
Estonia	Netherlands	Switzerland
Finland	Norway	Turkey
Germany	Poland	United Kingdom (UK)

Funding during clinical training in GP/FM itself

At the time of the study, the trainee salary/income during clinical training in GP/FM was found to be the same as during hospital rotations in the majority of countries (22/30, 73%). In four countries (Austria, Denmark, Germany, and Switzerland), it is between 15 and 40% less than during hospital rotations, mainly due to the lack of extra payment for night duties during GP/FM rotations. The only country where a trainee is paid more (30%) during GP/FM rotations is Finland, due to higher salaries and a shortage of doctors in primary care. In Poland, not all trainees are paid, while Russian trainees earn no salary at all.

The salary/income of the trainee during clinical training in GP/FM is paid by various organizations according to country (see Table II). The state pays the salary on its own (either directly or through intermediaries) in 14 countries (47%) or in collaboration with other organizations in five other countries (another 17%).

The GP/FM supervising doctor (tutor/trainer) gets extra payment for his/her supervision and teaching in the 14 countries shown in Table III. In Spain, the tutor is paid in only one of the 17 regions of Spain, namely Catalunya (at 7–8% of normal income, and by the state and health insurance), while in the remaining 15 countries, the supervisor does not get paid extra for tutoring trainees.

An interesting question that was asked was: "Who gets any fees for the work of the trainee, his consultations and treatments?" The supervisor receives such fees in eight countries (namely, Austria, Belgium, Germany, Ireland, Malta [in private practice], the Netherlands, Switzerland, the UK), while

Table II. Organization(s) paying salary of trainee during GP training.

Organization	Country
State (directly or through intermediaries)	Albania, Croatia, Cyprus, Estonia, Greece, Ireland, Latvia, Lithuania, Malta*, Netherlands, Poland, Portugal, Turkey, UK
State and health centre/practice	Denmark, Finland
State and health insurance	Romania, Spain
State and supervisor	Belgium
Health centre/practice	Bosnia & Herzegovina, Serbia & Montenegro
Health insurance	Israel, Slovenia
Supervisor	Austria, Germany, Switzerland
Regional health assessor/regional authority	Italy, Sweden
Patient, local government, and national health security	Norway

*GP training planned to start in 2007.

Table III. Countries where GP trainers are paid extra for training and details of such payment.

Country	% of normal income	Payer
Belgium*	50%	health insurance
Denmark†	5%	state
Estonia	8–10%	state via university
Finland	<5%	health centre/group practice
Ireland	10%	state
Israel	1%	health insurance
Italy	10%	regional health assessor
Lithuania	30%	state (university)
Malta‡	25%	state
Netherlands	8%	national GP fund
Norway	almost nothing, but varies	national medical association
Russia§	8%	state
Slovenia	5–6%	health insurance
UK	8%	state

*Trainer/supervisor pays the trainee, and 50% of the trainee's payment is reimbursed by state to trainer.
†Trainer is paid during the initial stage of training only.
‡As anticipated in 2006.
§Part-time supervisors are paid, while full-timers are not.

the trainee gets to keep them in four countries (Cyprus, Israel, Norway, Portugal). In nine counties (Bosnia & Herzegovina, Denmark, Finland, Poland, Russia, Serbia & Montenegro, Slovenia, Sweden, Turkey), the fees are received by the health centre where the trainee works, while in most of the remaining nine countries (and in the Maltese public sector) there are no fees to pay.

Funding during hospital rotations

The salary/income of the GP/FM trainee in his/her hospital rotations is the same as the salary of trainees in other specialties in all the countries except Latvia (not known), Malta (no other local VT schemes), the Netherlands, and Sweden (individual salaries). In the Netherlands, the difference depends on the hospital, the speciality, and experience, while in Russia there is no salary in either the GP or the hospital rotation, although 30% have a state internship.

The salary (income) of the GP/FM trainee during his/her hospital rotations is paid by different organizations in the various countries, as shown in Table IV. Again, in the majority of cases, the salary is paid by the state, either on its own (14/30 countries, 47%) or in collaboration with other organizations (5/30 countries, 17%).

There are just six countries (see Table V) where the hospital supervising doctor (tutor/trainer) is paid extra for tutoring GP trainees. In Spain, the hospital supervisor is paid only in the Catalunya region (by the state and health insurance). The hospital supervising doctor gets no extra payment for teaching the GP trainee in the remaining 23 countries (77%), with the subject reported as being "a source of great frustration" in the UK.

Table IV. Organization(s) paying salary of GP trainee during hospital rotations.

Organization	Country
State (directly or through intermediaries)	Albania, Croatia, Cyprus, Estonia, Greece, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, Turkey, UK
State and health insurance	Spain, Switzerland
State and hospital	Ireland, Norway
State, hospital, and municipality	Finland
Health centre	Serbia & Montenegro
Health insurance	Israel, Slovenia
Hospital	Austria, Belgium, Denmark
Hospital and health insurance	Germany
Primary healthcare	Bosnia & Herzegovina
Regional health assessor/ regional authority	Italy, Sweden

As regards the question of who receives any fees for the work the GP trainee does in hospital, the trainee gets to keep them in just two countries (Cyprus and Portugal), while in Serbia & Montenegro they go to the health centre. In nine countries (Albania, Croatia, Latvia, Lithuania, Malta, Norway, Romania, Spain, the UK) nobody receives the fees, or there are none to be paid, while in the remaining 18 countries (60%), the money goes to the hospital.

Funding of structured VT programme/coursework

Apart from teaching sessions with his/her supervising doctor, the trainee has to attend a structured VT programme with coursework, seminars, etc. in all the countries except Austria and Greece. Of these 28 countries, such structured teaching is given during regular working hours in most of them (20/28), except for three where it takes place after hours (Croatia, Cyprus, Germany) and for another five

Table V. Countries where hospital supervisors are paid extra for tutoring GP trainees, and details of such payment.

Country	% of normal income	Payer
Albania		state
Estonia	8–10%	state via university to the practice
Finland	<5%	hospital (ordinary work)
Lithuania	30%	state (university)
Russia	15%	state
Slovenia	5–6%	health insurance

where it overlaps working hours and free time (Finland, Norway, Romania, Spain, Switzerland).

The trainee is paid a salary for the working hours spent in seminars/coursework in 19 countries (63%), excluding Albania, Austria, Bosnia & Herzegovina, Croatia, Cyprus, Germany, Greece, Latvia, Norway, Romania, and Spain. The organization or individual that pays this salary varies from country to country (see Table VI), but in nine of them it is the state. There is no course/seminar fee charged in most countries (22/30, 73%), but when required, such a fee is paid by the organization/individual listed in Table VII.

Table VIII reveals that teaching/seminars/courses are financed by the state on its own in 12 countries (40%), and in collaboration with other organizations in another five countries (another 17%). In Bosnia & Herzegovina, they are prepared free-of-charge by mentors or by residents, and are occasionally covered by pharmaceutical companies. In Greece, such activities are not funded in over 98% of cases.

Allowance for structured training

Only six out of the 30 European countries involved in this survey (20%) provide the trainee with a certain amount of money per year to be used for VT/professional development to be able to attend seminars, courses, etc. (see Table IX).

Personal learning plan

Participating countries were also asked if the trainee has a personal learning plan for VT training, with 13 (43%) replying in the affirmative: Belgium, Croatia, Estonia, Finland, Ireland, Malta, the Netherlands, Portugal, Russia, Serbia & Montenegro (for training in hospital), Slovenia, Sweden, and the UK.

Table VI. Organization/individual paying salary of GP trainee during working hours spent in seminars/coursework.

Organization/individual	Country
State (directly or through an intermediary)	Denmark, Estonia, Ireland, Malta, Poland, Portugal, Russia*, Turkey, UK
Health insurance fund	Israel, Slovenia
Regional health assessor/ regional authority	Italy, Sweden
Employer	Finland
Hospital	Switzerland
National GP fund	Netherlands
Primary healthcare centre	Serbia & Montenegro
Trainer	Belgium
University	Lithuania

*30% have state internship, while 70% pay themselves.

Table VII. Organization/individual paying course/seminar fee.

Organization/individual	Country
Trainee	Cyprus, Germany, Israel, Switzerland
Trainee or hospital	Austria
Trainee and state	Poland
Employer	Finland
National institute of health insurance	Slovenia
Employer/regional authority	Sweden

Advantages/disadvantages of VT programmes and funding

At the end of the questionnaire, participants were asked to mention one to three important obstacles, challenges, and threats, together with up to three possibilities, opportunities, and strengths, all regarding their country's VT programme and funding.

Table X lists the obstacles/challenges/threats that were identified. Twenty countries brought up funding problems, as lack of general funding and/or poor salaries (nine countries), as lack of significant funding of trainers (seven countries), or as no funding for educational activities and/or personal learning (four countries). Another five participants referred to unstructured VT as a problem, due to its being unofficial, non-specific, and/or uncontrolled. There were also four countries that complained that

Table VIII. Organization(s) funding GP teaching/seminars/courses.

Organization(s)	Country
State	Albania, Belgium, Denmark, Ireland, Latvia, Malta, Portugal, Romania, Russia, Spain, Turkey, UK
State, pharmaceutical companies	Cyprus
State, health centre/group practice	Netherlands
State, health centre, health insurance, pharmaceutical companies	Finland
State, health centre, district/ regional authority, medical associations, university, pharmaceutical companies	Sweden
State, university, pharmaceutical companies	Poland
Health centre/group practice	Serbia & Montenegro
Health insurance	Slovenia
Hospital, pharmaceutical companies	Switzerland
National medical association	Norway
Regional health assessor	Italy
Seminar fees	Germany
University	Estonia, Israel, Lithuania

Table IX. Countries providing an annual training allowance to GP trainees, with relevant details.

Country	Euros	% income	Payer	Arbiter re. use
Finland*			Health centre/ group practice	
Ireland	1000	2%	State	Director of training
Malta†	1150		State	Medical association and state
Russia‡				
Slovenia	416	2%	Health insurance	Trainee and trainer together
Sweden§	1000–2000	<5%	Regional authority	Trainee + trainer + director of VT

*Partly.
†Fixed CME allowance paid to all government doctors.
‡Only for trainees who have no state internship.
§In some regions.

trainees were given too much work and too little teaching.

Among the possibilities/opportunities/strengths shown in Table XI, 11 countries were satisfied with the funding available for their VT programmes. The quality and structure of VT was praised by six countries, while five respondents described the enthusiasm, idealism, and/or commitment shown by the trainers and trainees. Self-directed learning and/or a personal learning plan that was trainee oriented was reported in five cases.

Discussion

While there are a number of similarities in VT funding in Europe, there are also significant differences and great difficulties, and these merit due consideration regarding possible and important implications.

Table X. Obstacles, challenges, and threats regarding VT programmes and funding that were cited by more than one country.

Obstacles/challenges/threats	Citations	Percentage*
Lack of funding/poor salary	9	33%
Lack of significant funding of trainers	7	26%
Unstructured VT (unofficial/non-specific/uncontrolled)	5	19%
No funding of educational activities/ personal learning	4	15%
Too much work, too little teaching	4	15%
GP trainees considered inferior by other specialities	3	11%
Learning not hands-on	2	7%
No teaching sessions/meetings of trainees	2	7%
Too hospital-oriented	2	7%

*Of the 27 countries who replied to this question.

Table XI. Possibilities, opportunities, and strengths regarding VT programmes and funding that were cited by more than one country.

Possibilities/opportunities/strengths	Citations	Percentage*
Good/available funding	11	42%
Quality and structure of VT	6	23%
Enthusiastic/idealistic/committed trainers/trainees	5	19%
Trainee-oriented/self-directed learning/ personal learning plan	5	19%
Protected time for courses/seminars	4	15%

*Of the 26 countries who replied to this question.

The key similarities within the 30 analysed European systems were as follows:

- GP/FM is a registered specialty in 93% of the countries.
- In 93%, vocational training is structured, with coursework and seminars, and these take place during regular working hours in two-thirds of cases.
- The GP trainee's income was the same in community and hospital rotations in 73% of countries, and similar to that of a trainee in other hospital specialities in 87% of cases. In 63% of the countries, the salary of the GP trainee is paid by the state on its own or in collaboration with other organizations.
- In 80% of the participating countries, the trainee was not provided with an allowance for structured training.

The significant differences identified among European VT schemes and their funding were:

- The GP/FM trainer receives extra payment for supervision in 14 of the countries, while not being compensated for such duties in 16—nearly a 50:50 spilt.
- The state is involved in the funding of teaching/ seminars/courses (either on its own or with other organizations) in just over half the countries (57%).
- The participating countries were quite balanced regarding the use of a personal learning plan for VT training, with 43% making use of such a plan.

As family medicine is best learned in a GP setting, EURACT has recommended that VT should move from being merely time- and discipline-based to a curriculum that is driven by competencies and outcomes (5). While this is already the case in Denmark (6) and Sweden (7), there are plans in

Table XII. EURACT recommendations for equity and quality in the provision of vocational training across Europe.

No.	Recommendation
1	A structured curriculum for specialist/vocational training, with appropriate placements more focused towards general practice, and supported by protected time for teaching, courses, and seminars, personal learning plans, and other teaching resources
2	Adequate funding for structured vocational training
3	Professional recognition of trainers, which includes a fair and appropriate salary for teaching and supervisory duties
4	Equity of salary for GP trainees in community and hospital posts within their country, and for all trainees at a similar point in their careers in whatever speciality

hand in the UK and the USA for the improvement of specialist training in family medicine through the introduction of competency-based training (8), which is provided less in hospital and more in the community (9,10). However, for such plans to succeed in meeting the needs of GP trainees and their trainers, appropriate financial investment is required to provide the necessary human and infrastructural resources (8–10).

Limitations of study methods

One limitation of the study was that certain terms used in the questionnaire might have had different interpretations. For example, the word "state", besides referring to the state government, may have also been taken to refer to a regional government, while "hospital" funding may actually be financed by the state. Any such misunderstandings might have been avoided if a glossary had been used to define terms. Another possible limitation is that, from the time of the questionnaire until the publication of this study, the situation described in certain countries may have changed. This limitation may be tackled if the study is repeated at regular intervals.

Conclusion

Arising from this comparison of GP/FM specialist training and its funding in 30 European countries, this EURACT paper makes a number of recommendations regarding the provision of vocational training across Europe (see Table XII).

By ensuring equity in VT and its funding, these recommendations should improve the quality of teaching by facilitating enthusiasm, idealism, and commitment among trainers and trainees. However, it must be noted that, as countries are so different, these recommendations may need to be used according to each nation's individual context (characteristics and needs).

It is augured that the results and recommendations of this study will be used not just as an overview for comparative purposes, but also to seek support for improving individual programmes in order to ensure high quality in VT. Thus, it may benefit all those involved in the provision of specialist training in family medicine in countries across Europe and beyond.

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