

Annex 1

**Review of national educational activities
After EURACT Council meeting
in Turku, May 2006**

**EURACT Council meeting
October 11-15, 2006
Praha, Czech Republic**

COMPILATION REVIEW OF ACTIVITIES

Praha Meeting, October 11-15, 2006

ALBANIA

Basic Medical Education (BME)

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

Postgraduate Training (PT)

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

Continuous Medical Education (CME)

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

We have designed also a short-term programme for training in Family Medicine and we have applied it in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID. Based on this training that seems to be very successful we have designed and proposed a training schedule for use across the country. The training was replicated in all the Prefecture where the pilot centers are.

After that the proposed training was planned to be applied in four more Prefectures through the Pro Shendetit project also funded by USAID. At the beginning in 2 of these Prefectures 7 trainers for each Prefecture were selected and trained.

It was also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to this course leading to an accreditation system. So we selected also 7 trainers from the prefecture where the pilot centers are in order to start the programme of CME. This programme is now in operation with two topics every month.

We organized last year the **Leonardo-EURACT Course** with the 21 trainers already selected.

After that we selected and trained 14 trainers from the third Prefecture. We organized on March for the second time in Albania the **Leonardo-EURACT Course** with these trainers.

Later on we selected 7 trainers from the fourth Prefecture and applied again the same model. The training of trainers in this Prefecture was completed in July.

The selection of trainers in all cases was performed according to EURACT criteria.

The trainers from the three Prefectures are training now the rest of doctors in their districts. The first training sessions were done under the supervision of the Lecturers of the Department of the Family Medicine.

The trainers of the fourth Prefecture will start to train the other doctors next month after the **Leonardo-EURACT course**.

AUSTRIA

Basic Medical Education

The European Textbook of Family Medicine has finally been published. Authors from Austria co-authored the chapter "musculoskeletal care" and "myofascial pain".

Although the four Austrian medical faculties/medical universities did well in the last years with regards to implementing general practice teaching in their curricula there are some problems with regards to general practice teaching.

There is a reduced clinical attachment programme in general practice in the 5th and 6th year at the Medical University of Vienna (MUW). General practice has now a role in different blocks of the curriculum in all Austrian medical schools.

The newly "Student's Platform for General Practice" introduced at MUW by Manfred Maier met students interests and seems to develop into an important initiative for other medical schools. It is designed to offer students who are interested in PC a platform for exchange experienced GP clinicians and teachers.

Andreas Soennichsen (coming from Marburg/Germany) took up his position as professor and head of the newly created "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg this spring.

Continuing Medical Education

CME for general practitioners are widely offered in all of the nine Austrian provinces but the methods used are primarily not connected with daily practice. The most common format of CME for GPs still is plenary lectures by specialists. CME is compulsory for all Austrian physicians by law but currently it is not enforced (e.g. by punishments for doctors who do not refresh their CME diploma). But the Austrian Society of General Practice and its medical societies strive to offer GP tailored CME interventions as do some other institutions e.g. the Centre for General Practice of the Viennese Medical Chamber.

Vocational Training in General Practice

There was a invitational meeting at the Austrian Ministry of Health devoted to clarify the question "Does Austria need Family Medicine specialists (September 21, 2006). There are serious endeavors to develop a 6 years specialty training curriculum for GP/FM in Austria instead of the current 3 years. But in general, GP trainees complain about the poor quality of their hospital training. GP trainees are usually abused to keep the system going and perform clinical routine work.

As national equivalent to the Vasco da Gama Movement Austrian GP trainees, who are still in their vocational training, formed a new body for professional and social exchange called **Young General Practitioners Austria** ("Junge-Allgemeinmedizin-Österreich", JAMÖ).

EURACT Austria

I received a letter and a poster with official congratulations addressed to EURACT Austria for its successful organisation of the EURACT CM in Vienna (11/06) by the mayor of the City of Vienna. Due to careful spending EURACT Austria was able to return Euro 3.100. - to the Austrian Society of General Practice (ÖGAM), the main sponsor of the Council Meeting.

BELGIUM

Basic Medical Education

More students than last year starts the specialty training in GP: is the "dip" finished ? We are in preparation for the introduction of one month of apprenticeship in GP for all students in their 6th year. It is hard to find enough places and still keep the quality.

Vocational training

Almost 100 graduates start the brand new "master degree in Family Medicine" in the last months. This is considerably lower number than the 180 places that are available. But still, they start with big enthusiasm. In the area of the "master", they should produce 100 master thesises within two years. It will be a considerable effort for the academic staff to guide these projects to a adequate quality level and still maintain the link with the practices and the practice work.

Continuing Medical Education/ CPD

No changes, no new evolutions

The evolution towards a unified organisation for Flemish General Practice

The long work to unify as well the "scientific" society of General Practitioners and the "professional" union of local GP organisations (kringen/cercles) to one single organisation for all Flemish General Practitioners did not yet lead to a positive and active working organisation. There are a lot of difficult legal and organisational problems that prevent the real start of such an new professional body.

Health Care

For the first time in Belgian healthcare history, the minister of health succeeded in keeping control on the annual budget. There is even a surplus, which gives room for some new initiatives. But there are a lot of candidates for new initiatives.

The starters support for new GP's is operational from this month on. A young starting GP gets a 15.000€ interest free loan to cover practice expenses. If the practice is situated in an underserved GP area, a starting GP can get a supplementary gift of 20.000€ not refundable if the practice stays active for at least 5 years. There is a clear definition of what is an underserved area. Within the budget space that is available, the minister promised to start other initiatives to support secretariat and informatisation of established practices.

BOSNIA & HERZEGOVINA

Association of family physicians in Bosnia and Herzegovina was established in 2000 but its work and position generally was very insufficient during last three years. Next important step for family physicians is strengthening of our Association regarding its structure, more effective work and leadership position.

Undergraduate education

No changes in this part of education. It is running during 6th year of Medical faculty. Standardization of undergraduate education and preparing a book for students are next steps in this field of education.

Specialization program

This program is running from 1999 and new generation of residents started specialization program in September this year while 57 residents finished their program and are waiting for final exam, which will be very soon. International committee with Canadian and local experts in Family medicine will lead this written exam (SAMPS form). For further improving teaching process, all Family medicine mentors will be involved in several "Workshops on Clinical Skills in FM". Workshops will be organized and supported by Canadian colleagues from Queen's University in Kingston who are still involved in family medicine education in B&H. During these workshops Core Curriculum in Clinical Skills for FM will be developed and resource material on clinical skills (book, CDs) for use in the future (undergraduate education and specialization). Also, topics for academic half days during specialization program will be harmonized in all Departments of FM in B&H.

CME/CPD

Fourth generation of 87 general practitioners and 210 nurses successfully finished Program of Additional Training (PAT) in July 2006 having final written exam. This is national educational program for better and faster implementation of FM in the whole country and it will last until 2010. From the beginning of October 2006 next generation of participants will start with this kind of education until July 2007. Previously supported by Canadian physicians and nurses this program is, within the last two years, led by local academic staff completely.

What I have done as EURACT member

After spring meeting I delivered written report. At the WONCA Conference in Florence I was actively involved in several sessions with Italian colleagues and I have chaired one oral session.

CROATIA

News from the country

Health Service Reforms are ongoing process, but it haven been seen a consistent strategy yet. A Health Service Law has been accepted in the Parliament. The attempt to introduce a comprehensive payment for GPs services has been rejected. A capitation remain the only one option. Scientific Conference, has been organised by The Croatian Association of GP/FP has finished with great success. More than 1200 GPs have participated, with around 200 scientific papers. A group of Croatian GPs, including trainees, participated at WONCA Conference, at Florence.

Basic Medical Education

Many changes are going on within the medical schools. The two mains are: a) changing a curriculum regarding "The Bologna process", introducing more active learning methods, ECTS, and more electives; b) Family Medicine subject was expanding to 6 weeks. Department of FM has proposed elective subject at each study year.

Vocational Training

A big changes have happened in this area. 450 trainees are at different stages of training. 110 trainees undertook specialistic exam in November 2005 and April and September 2006. It was comprehensive exam consisting of two phases. First is preparatory, they should submit portfolio, 8 essays, log-book, and trainers report of achievement and assessment form of professional competence. The second is consisting of written test (120 MCQ and 30 EMQ), OSCE (25 stations) and oral in front of three members jury. 12% of trainees did not pass the exam. External peer-review of exam was performed and the comments are satisfactory. A textbook for VT is in progress. A new VT curriculum is under the discussion.

CME

It is going on as usually, many courses and teaching sessions were held, because it is obligatory for relicencing procedures and it is hard to change from CME to CPD.

What have I done for EURACT

The Croatians members were informed about EURACT activities, provided by materials (Educational agenda), and whole profession was informed as a report in Croatian Journal of Family Physicians and during annual conference. Dubrovnik Course «Training of Teachers in GP/FM» was held from 9 May to 13 May 2006, with 25 participants.

CYPRUS**CZECH REPUBLIC**

We have a new Minister of Health, second one since the last report and altogether the 12th-one in the past 9 years. We do not know how long he will last as we are expecting early elections. Though we are trying hard to do are best. In general there are no major changes in educational agenda since the last report.

Basic Medical Education

No changes in the Czech BME.

Vocational Training

VT still lasts 5 years, but negotiations for shortening to 4 years are in course. We are still struggling to assure sufficient funding for VT.

CME/CPD

CME is well developed; we are starting to include e-learning educational activities. However, the e-learning is not yet recognized by Czech Medical Chamber as a valid CME method and is not certified.

What have I done as Euract Representative?

Organizing the autumn 06 meeting of Euract council in Praha.

Organizing the interactive conference on e-learning methods.

DENMARKBasic Medical Education

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

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate “internship” for all doctors. Government wants to reduce this 18 months basic training to 12 months – and rumours said compulsory GP-training for all might be on its way out! – But we have struggled hard trying to influence decision-makers – and latest news is that it seems that 6 months in GP also will be a compulsory and natural part of all young doctors training in Denmark – especially this will enable the coordinated and collaborating health care system.

Continuing medical education

Repetition from last time: No compulsory CME/CPD – 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 personal web-system for registration of your CME is provided by the Danish Medical Association.

Personal Learning Plans have been introduced as a principle some time ago – now evaluated: very difficult to make the GP’s use this system – in spite of its benefits!

In late autumn 2006 we had our yearly national course (“Lægedage 2006” – 5 days) – and for second time no sponsors at all for this course. Sponsoring of our CME is on its way out in Denmark!

Health care

A repetition: A new contract for GP in action from April 1st. We are satisfied – and the health authorities, too. A nice economic rise, and new elements: more focus (and more money) on preventive measures – and much more focus on how GP’s should be responsible for care for chronic diseases – in cooperation with the patient, the municipality and secondary health care system. Diabetes is selected as the first example for this “chronic care model”.

From 1st January 2007 the organization in Denmark is changed: from 230 municipalities to 100; and from 15 counties to 5 regions in stead. GP's organizations have to change as well.

My role as a Danish EURACT Council member:

As Council member and as president of the Danish College trying to integrate EURACT in the Danish educational landscape – and advertising the new Educational Agenda to all devoted to medical teaching in general practice. Latest I have especially emphasized our new website.

ESTONIA

Basic medical education

Family medicine has its position in undergraduate curriculum, no big changes recently.

Vocational training

In 2006 family medicine got enough trainees, however, the speciality is not among the top choices among the graduates. About 25 % of the graduates of the medical school do not start vocational training in Estonia but move to work in Finland or Western European countries due to salary differences.

Health care organisation

Family medicine has a strong position in the health care system. In the plans of the Ministry of Social Affairs the primary health care should take more responsibility in health care, more services are planned for primary care.

However, due to shortage of personnel it is not easy to implement new changes.

The Estonian Society of Family Doctors celebrated its 15th anniversary this autumn.

Personally, I was appointed as a vice dean of the Medical Faculty of the Tartu University responsible for vocational training in all specialities.

FINLAND

Health Care

Winds of change are blowing in the Finnish health care:

1) Concerning organisation of health care, there is a constant debate going on. The state wishes to form bigger PHC units (at least for 20 000 inhabitants) to guarantee good service; and Finnish municipalities owning public PHC units wish to stay independent service providers and not to unite.

2) In order to decrease differences in access to care, new regulations for access to non-emergency treatment were launched in 2005. Timeframes for access to non-emergency treatment were set: access to an initial assessment by a PHC professional, normally a physician, within three days, access to an assessment by an outpatient department of a specialised healthcare unit within three weeks of referring, access to medically justified treatment within three and no later than in six months. In PHC, among many other things, development of telephone consultations at first contact and careful recording of decisions made during these consultations were to be organised. According to the official information, the regulations have been followed quite successfully and the aims have been achieved. But the regulations seem to have considerably changed the GPs work. There have been recognised also “negative” impacts, e.g. patients with acute respiratory infections seem to have been treated by GPs’ more often than earlier. This probably was not the aim.

3) Finnish Medical Association will have elections for council delegates this fall. After seeing the applicants’ list, change is to be expected also there. Young doctors’ groups have nominated so many nominees that senior hospital- and PHC doctors may face a totally new situation.

Basic Medical Education

The main problem is the high intake of medical students. This issue has been debated also publicly in TV, radio and newspapers. It has been stated that the quality of medical education is in danger, when there are neither enough teachers nor facilities. E.g. in Turku University, the lowest intake was 75 students. This fall we took in 157 medical students (including 25 nurses to be trained to physicians), and in addition 25 new dentistry students for the same preclinical education. This means bigger groups and more and more teaching duties. Faculties are trying to solve this problem using health care outside the universities as teaching units, and the state is paying subsidy for municipalities.

Specialist Training

There are a lot of posts available for specialist training in PHC. General practice is relatively popular, when there is shortage of GPs everywhere in Finland. This means less time for supervision and tutoring, and trainees are mainly used as medical manpower.

CPD and CME

CPD is voluntary even though we discuss about obligatory CME and develop methods how to realise it, if the system will be regulated. Pharmacotherapy Development Centre has been one of the new organisations putting emphasis on active, participatory CME/CPD methods. In addition, audit methods have been used in many PHC centres successfully to assist development and quality improvement (this has – anyhow – happened mainly through support of pharmaceutical industry).

What have I done for EURACT

Council meeting in Turku made EURACT familiar for many GP teachers. Also Educational agenda has been much more known since May. I am also happy to carry four new members to be accepted in Prague meeting.

FRANCE**GEORGIA****GERMANY**Basic Medical Education

General practice can be chosen by students as an elective of four months in the 'practical year', the 6th year, but most medical schools are still not willing to pay GP practices for this attachment, although it is part of the federal regulations (Approbationsordnung) for BME.

E. Baum and W. Niebling from the subgroup 'Medical Schools' (Chair: Erika Baum, Marburg) of The German Society of General Practice and Family Medicine (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin (DEGAM)) (the scientific society) have again published a detailed overview of equipment and education in BME at German medical schools (40 Jahre DEGAM: Allgemeinmedizin an der Hochschule: Ist-Zustand und Ausblick. Zeitschrift fuer Allgemeinmedizin 200;82(9):415-9). 13 out of 36 medical schools have posts for regular professors in general practice departments.

The German Society of Medical Education (Gesellschaft für Medizinische Ausbildung, German Section of AMEE) will have its annual conference on November 10-12, 2006 in Cologne; this years main topic is 'Basic medical education in primary care'. A number of German EURACT members will present papers (see www.gma2006.de). Jan Heyrman will give a lecture about EURACT's Educational Agenda.

Annual reports of all departments and teacher groups of general practice in the 36 German medical schools about their teaching can be found on www.uniklinik-freiburg.de/allgemeinmedizin/live/index.html.

Vocational Training

No changes: The new 5 year VT as outlined in my Autumn 2003 report has been put in operation in the majority of States, but there are some variations. There are still incompatibilities with regulations of the European Community. Probably the whole VT will be 'reformed' again.

Health care system

In Germany we have a pronounced institutional separation between public health services, hospitals (inpatient care) and office based physicians (both GPs and specialists). There is still free access to medical care and no real gatekeeping by general practitioners. Shortage of GPs especially in the East and in rural areas is increasing. GPs are frustrated with continuous reforms and increasing administrative workload. 2006 has seen several protest marches of physicians, especially GPs, in Berlin and other big cities with thousands of participants.

What have I done as a council member for EURACT in Germany?

In November 2005 I have presented EURACT's Educational Agenda to the annual meeting of university teachers in general practice (Gesellschaft der Hochschullehrer für Allgemeinmedizin, GHA; chair: Wilhelm Niebling, Freiburg) in Cologne. Membership of EURACT in Germany remains stable at 20 members, now representing 16 medical schools and networking with all educational and scientific organisations (DEGAM, GHA, GMA, EGPRN, VdGM).

GREECEBasic Medical Education

Awaiting for this October the implementation of pregraduate exposure [theoretical and practical] of medical students of the two largest medical faculties of the country (that is Athens and Thessaloniki). Unfortunately the persons charged with this mission are not trained GPs but Professors and Lecturers of other disciplines (Internal Medicine in Athens and Internal Medicine and Social Medicine in Thessaloniki). I am also actually investigating some rumors about the same process in the Medical Faculty of Patras.

Specific training

The Committee on Education – Training of GPs is preparing an audit about the Log Book of Vocational Training implementation and use (procedure delayed by the recent elections for the Executive Board of ELEGEIA).

Although the existing political promise about the creation of new posts of vocational training, a change of the head of the Greek Ministry of Health cancelled for the moment or postponed (let us hope) this procedure.

CME

Although the Greek Association of GPs is the only medical body which is developing, organising, running and funding CME programmes in the country, in the perspective of even better dissemination and global implementation, there is a question of the creation of an even more comprehensive program posed to the Committee on Education and Training. News and orientations should be available until EURACT Spring Council.

Health System

A new proposition of law on the future organization and restructuring of the Primary Health Care (PHC) sector and the Health System in Greece has been presented by the Minister of Health. Not all points are positive for the evolution of GPM and PHC.

HUNGARY

IRELAND

Undergraduate:

The numbers of non-EU medical students has been limited to its present level of about 350 and the numbers of national/EU students will double over the next few years to 700 per annum. Many of the extra numbers will be by graduate entry and the various schools are grappling with this change at this time.

Two important Government reports were published last year which recognize that we need more local medical graduates and have recommended that the intake of national/EU students doubles to 700 per year. Further that the number of non EU students does not increase any further and that we should develop a graduate entry programme alongside the traditional school leaving programme.

This will have a significant impact on how medical education is delivered in Ireland in the near future.

Posrgraduate:

The number of GP Trainees is set to increase significantly in the next two years. Three years ago it was at 75 per annum; this will double to 150 by 2008. This will mean a number of new programmes will be started. Further the numbers of GP's who will take up posts as Trainers will increase to between 350 and 400 as all GP training is now 4 years long. A recent survey shows that 43% of GPs in the country are involved in teaching at undergraduate or postgraduate level so this will have to increase to accommodate the increase in numbers of GP trainees.

GP training courses remain very popular with recently graduated doctors and nationally there are two candidates for every post. GP trainees are currently of the highest calibre.

GP Practice:

There are new negotiations currently being held for contracts for GPs and specialists between the medical organizations and Government. These are rather fractious and the profession as a whole is getting a bad press following a recent scandal involving a hospital specialist. The politicians are using the current negative climate to maximize their wish list at as little cost!

Personal:

My daughter Siobhan is now in her 1st year of her GP attachments and is enjoying it greatly. Mark started his 2nd undergraduate medical year. Conor graduated with a Commerce degree and has yet to decide on his next move! I was recently promoted to Clinical Professor and was greatly supported by two of the Euract council members who honeyed words clearly show that they understand the word "blarney"!

ISRAEL

Developments in Family Medicine in Israel in the past six months were overshadowed by the tragic events in the North this summer. Now that the shooting has stopped we hope we can get back to some kind of negotiation and rebuilding. Perhaps medicine can play a role in this as we have a lot to learn from each other.

BME

On a happier note, progress continues in the Tel Aviv region with a process of accreditation of the seven small departments in the centre of the country as recognized teaching department of the Sackler Faculty of Medicine at Tel Aviv University. This will lead the way for university appointments for many of our undergraduate teachers. Students are still required to do a family presentation including a genogram, tests of family function and impressions of the reciprocal influences of family and health and disease during their month-clerkship. There is still debate on the role of this project and we hope to study this aspect of our program. The Tel Aviv student clerkship was redesigned using the WONCA definition and the EURACT educational agenda and the new program was presented at the WONCA meeting in Florence.

VT

The compulsory research project for trainees is continuing to bear fruit in many departments around the country. Publications are beginning to appear from resident projects and one study on smoking cessation was presented in Florence by a trainee from Kfar Saba. New courses for trainees such as cross-cultural medicine and a comprehensive approach to pain management will be given this year. We have 75 candidates for the final exam for specialization in family medicine coming up at the end of this month.

CME

There are innovations in continuing education for family doctors in the centre of the country. Dr. Andre Matalon runs a Balint group for GP trainers, and a teaching the teachers forum for tutors and trainers and I run a research forum for trainers so that they can keep up with their trainees. There are plans to restore the national teacher training course as we have conducted in past years.

EURACT activities

Israeli teachers continue to enjoy EURACT courses, with a trainee from Be'er Sheva attending the Leonardo course in Portugal, many attending EURACT workshops in Florence and Yosef Avni from Afula at the Bled course this year. We plan to send our prize-winning teachers to EURACT courses as a reward for their mostly unpaid efforts.

Personal Notes

I am happy to report that one month ago I received word of my promotion to senior lecturer in the Faculty at Tel Aviv University. This came as a result of five years of writing and re-writing many papers. Many thanks to all the EURACT colleagues with whom I have collaborated on publications because you have a share in this honour too.

ITALY

Basic Medical Education

More steps for basic medical education are now organised in Italy. After the first agreement signed between University of Modena and Italian College of General Practitioners, now we have various kind of experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, with courses and lessons and tutorships (even if usually not in a really structured module) for students on fifth and sixth year.

A course is organised for Tutors specifically for an unique aim: the post-graduating national exams to get professional license. These ones are really Tutors for the University, working in every town where an University of Medicine is seated, and in charge to deeply exam the new doctors giving a structured scheme of scores, in this way judging what these students learned during six years in University, usually not been prepared at all on Primary Care specific competences. The problems are "political", and there are still many difficulties, because the academic body is still not agreeing in its majority (but consensus is growing), and because all European WONCA Networks are out of the political decisional arena (now EURACT National Representative is trying to be always there, active and super-parts in a national context really divided in Societies and Trust Associations. The success could be facilitated if enough supported by a strong EURACT position).

Postgraduate specialist training

VT is not yet changed into a real specialist certificate, with a three year course, one year in the practices. This schedule (not as specialty) is managed only in some Regions, more able to use money; others are still at two years or stopped at all.

The VT School in Trento prepared a paper on total organisation based on EURACT Educational Agenda and core competences. The National Task Force on Undergraduate and VT met twice in Treviso and in Rome and two big mail-lists work strongly all the time, exchanging and developing ideas in progress.

The EURACT National Representative presented everywhere the Educational Agenda and launched and proposed realistically an Italian version of it.

(see in other paragraphs what were the developments :))

Continuing medical education

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

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

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

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

After strong fighting, Scientific Societies are taken again in discussion, but, really, CME by Internet accreditation is not working well and points are attributed automatically not with real verification, with problems on getting real control on providers, different credit – points just attributed to the same event in different cities, no real consideration about professional quality..... Debate is spreading and CME is in difficulties, with Italian College of GPs trying to put on the table his point of view, very similar to EURACT’s point of view. Now, e-learning and distance education systems are on debate and development and they could be a big choice for the future.

Health Care

The National Health System is getting one of the worst period in its life with cuttings, inquiries, conflicts, problems. So, GPs are on the highest level of frustration and burn out since years. As example, also with WONCA Europe Congress for the first time in Italy, sponsorships were not allowed for Family Medicine, companies involvement is disincentived and everything for Family Medicine is considered of second level, but at first level as control for finances guards and magistrates.

Life as Council Member

The National Representative translated the EURACT Statement on Selection for Teachers and Tutors. Now it is consulted and used for selection in VT in one Region, for national exams in some Universities, and we hope to get a national use.

Also, he pressed and convinced that EURACT Educational Agenda needed a national translation, and in short time, with nine colleagues, all EURACT members, one colleague in charge for print, with Nat. Rep. supervising and managing and enrolling five male as well as four female EURACT Italy members, divided as working in Northern, in Central and in Southern Italy, members for at least four different Italian Societies, the miracle happened ... and we have many paper copies of Italian EURACT Educational Agenda to be used according to necessities, and with versions on different web , owners Regional Schools and Societies. One will be put on EURACT website. The official presentation was made in Florence during WONCA Europe Congress at EURACT Workshop on E.E.A.

The Nat. Rep. got other papers of his published on the European Journal of General Practice, on British Journal General Practice (also as Editorial) , on Family Practice, on Slovenian Journal of Family Medicine and on weekly Italian magazines (just every time with themes concerning EURACT, three expressly only on EURACT). So EURACT persists to be known, as it was in all these long years in Council.

The National Representative was appointed also for this year as Professor for General Practice at University of Milan for students at 5th and 6th year (winning all four chairs) and for specializing doctors in Internal medicine with enlargement of duties; the Dean charged him to open the academic year with a lecture on dyspepsia in the GP setting.

The National Representative, was charged to organize the international side for a National High Level Meeting in Como, where EURACT's leader role was finally accepted and was put into the philosophy of the meeting.

New members for EURACT are still coming, all from different geographic areas and from different GPs Societies (Csermeg, Snamid, SIMG, SNAMI, FIMMG, local P.C. schools), so EURACT – Italy persists as absolutely the biggest international society in Italy and the most visible on journals and on internet. Now, as we have lost some members really convinced not to receive enough feedback, and because of reception of some membership applications not really as educational or bypassing the rules of application, just only to “create internal problems“, the operative members met to discuss how to manage this situation at the best as soon as possible. It was decided to present an official proposal to the next Council Meeting in Prague.

A colleague is still taking an office as secretary, looking at managing internal relationships and feedback.; another one is in charge for all concerning translations; another one for managing all concerning possible meetings.

About WONCA in Florence , the National Representative was in the International Advisory Board, and in charge as reviewer and as chairman, and to give feedback about all EURACT workshops. The personal presentations were fifteen as presentations, workshops or symposia. The Italian participation was the biggest till now....but not so much because of the bad situation indicated in the paragraph “health care“ and the lack of real political willing towards GP in Italy. Many of EURACT Italy members were directly or indirectly, more or less involved (I thank so many doctors: Valle, Di Marco, Rieve, Nati, Bruschelli, Calzini, Stimamiglio, Petrazzuoli, Buono, Sauro, Parisi, Carosino, Valcanover, Colorio, Sartori, Gorini, Lieto, Zizzo, Piccoliori, Rivolta, Bagnoli, Valenti, Assorgi, Cacici, Migliavacca, Sorghi). The leaders have to fight for this: Florence style and time have to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline. They have to be successful, because they can, as the WONCA Europe President said clearly and strongly at the symposium on “the Academic level: when, who, where, how“, Italian Nat. Rep. organised inviting also, with other leaders, the World WONCA Elected President.

LATVIA

Health Care system.

After hard fighting, situation in Family Medicine (FM) becomes stable last year. Financing is still insufficient, but doctors are quietly doing their job. We can feel lack of doctors in FM. This speciality is not very attractive for young people.

Basic medical education.

Teaching of FM still is going on in two universities of Riga. Time of studies is 6 year. Specialization in FM takes place on the last year. Students have not only theoretical cours in FM as previously, but they have practical studies also.

Vocational training.

Our prospective family doctors have 3 years long vocational training. They go through different specialized clinics during 2 years. Last year trainees is working under guidance of experienced FM practoner in his clinic. Subjects related with theoretical side of FM was taught by representatives of different other spetialities.

Last years we have our Ph.dr. students in FM. They are doing lecturing for tainees now. It is step forward.

CME/CPD.

As in many other countrys we have licensing system, where doctors have collect 200 credit hours during 5 years. Main source of these credits are attendance of couoses, organized by Assotiation of FM, listening of lectures in different specialities conected with FM. Last years we started small group work with patient demonstration, discustions in range of nearest colleagues. New system of licensing is on preparation stage. It is worked out for activation of selfeducation and scientific work in FM.

As a EURACT Council member I introduced board of Assotiation of FM, all EURACT members with council meeting activities and „The EURCT Educational Agenda“.Colleagues appreciate great and important work of creating this document and prepare to translate it in latvian.

LITHUANIA

Health Care system

The real problem for the health care system becomes shortage of physicians in the country. The most significant problems that causes in countryside, but lately in regional towns, especially in primary care

level, but also in the hospitals. Increasing gap between the salaries of PHC physicians and specialists also does not encourage the young doctors to choose GP specialty.

BME

No significant news so far. Teaching of FM in Vilnius University still going on during the last term of the year 5, only 48 hours are dedicated to General Practice. This includes group work, seminars, visits to FM centers and time in practice.

Vocational training

As a consequence of the problems the specialty has in the overall health care system, this year there were less applicants for the GP residency program than places available for training. Vocational training schemes lately are for 3 years and include significant time in Family Practice. Trainees are exposed to the FM work in different health care settings, including countryside practices, state owned outpatient clinics and private primary care centers. Also training in specialized clinics as ENT, ophthalmology, are more oriented to ambulatory care problems, rather than hospital – based pathology. VT program is becoming more structured in a way of tasks the GP trainee should perform, and skills to acquire.

CME/CPD

Activities are mainly influenced by the current licensing system, with 200 credit hours to be collected during the 5 year period. Only activities that are organized together with Universities or professional organizations, can be included for licensing. No personal learning plans introduced for CPD yet. Lately the tendency of Universities to organize more courses and seminars based on modern teaching methods has been noticed, so GPs value more from the time spent on learning. The problem still remains about the content educational activities, as free choice of the topics often lead to the improvement of knowledge in the same clinical area, which may cause certain lack of balance between areas of expertise of the physician.

MALTA

Basic Medical Education

- Since 2001, University Department of Family Medicine (6 part-time lecturers) providing undergraduate teaching (lectures, tutorials, community attachments) to 3rd, 4th and 5th year medical students.

Vocational Training

- June 2005: National Coordinator of Specialist Training Programme in Family Medicine appointed by Department of Primary Health Care.
- **NEW**: April 2006: 5 GP Trainees appointed.
- **NEW**: May 17-20, 2006: 6 Maltese GPs participated in Leonardo EURACT Course for Trainers in Family Medicine, Portugal, and are to replicate course in Malta in 2007.
- **NEW**: June 2006: MCFD-RCGP Advanced Module on Appraisal and Mentoring for Teachers of Family Medicine held in Malta (financed by European Social Funds).
- **NEW**: September 2006: interviews for more GP Trainees.
- **NEW**: October 2006: MCFD-RCGP Workshop on Assessment for Teachers of Family Medicine due to held in Malta (financed by European Social Funds).
- **NEW**: Specialist Training Programme in Family Medicine, due to start in 2006, postponed until trainers and government reach agreement on trainers' conditions of work.

Continuing Medical Education

- Since 1990, a Continuing Professional Development Programme is held by the Malta College of Family Doctors in the form of a meeting in each term of the academic year (Autumn, Winter, Spring).
- Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units.
- **NEW**: June 2006: First ever university degree in Family Medicine (Diploma in Primary Care / General Practice) obtained in Malta by group of 11 Family Doctors through distance learning from the University of Ulster. These are now due to prepare their Masters dissertations during 2006-7.
- **NEW**: 2005-7: Diploma in Family Practice being organised by Malta College of Family Doctors.
- **NEW**: 2006: Draft programme for postgraduate Masters in Family Medicine prepared by University Department of Family Medicine.

Malta Health System

- In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Over 300 family doctors have been nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors.
- **NEW:** July 28, 2006: Inaugural full Membership of Malta College of Family Doctors (MMCFD) awarded by acquired rights to family doctors accepted on Specialist Register of Family Doctors.

Council Member Activities

- **NEW:** May 17-20, 2006: One of 6 Maltese GPs who participated in Leonardo EURACT Course for Trainers in Family Medicine, Portugal.
- **NEW:** June 27 – July 1, 2006: Organised MCFD-RCGP Advanced Module on Appraisal and Mentoring for Teachers of Family Medicine in Malta (financed by European Social Funds).
- **NEW:** August 27-30, 2006: Contributor to 3 workshops at WONCA Europe 2006 Conference (Florence, Italy), namely (1) EURACT - The Funding Of Vocational Training Programmes For General Practice / Family Medicine In Europe; (2) EUROPREV Survey On Counseling Physical Activity In Daily Practice; (3) Mediterranean Setting For General Practice / Family Medicine: The Specificities And The Difficulties, What, Why And How To Get Forward.
- **NEW:** October 20-21, 2006: Organising MCFD CPD Meeting: Update on Palliative Care for Family Doctors.

NETHERLANDS

Health Care

We had our change in the health care system effective January 1st 2006. Every citizen has the same basic health insurance which provides everyone with the basic health care package, to which the care of the GP and normal hospital care belongs. Additional packages cover special provisions such as homeopathy, laser therapy, and more.

Since many people changed their health insurance to another company, and could change back before April 1st we had great difficulty billing to the health insurance companies. Computer programmes were not ready, had the normal flaws when they were ready but not tested.

Things are getting back to normal: the computer programs are functioning and we are getting our money.

We now are getting ready for the debate on the contract for 2007.

Basic medical education

The BaMa structure has been introduced for the first year students in Medicine. The normal 6 year program has been cut in two parts: the Bachelor (3 years) and the Master (3 years). For students with a related Biomedical Bachelor degree some medical schools will offer a Master in Medicine and Science (4 years). Policy makers think that we will need these doctor-scientists for what is called: "translational medicine", bringing the knowledge from basic sciences to the health care setting of the patient. Maastricht wil start with around 30 slots for this combined Master. We will have the opportunity to select candidates and experiment with a more student tailored approach. This would mean that students make their own choices on what to study depending on competencies already mastered. Furthermore we would like to find a way to avoid the normal rotations scheme, but have students see patients from very early on.

Vocational training

The shortage of GP's will be less then predicted since practice nurses are entering the practice. The Capacity Committee has advised the government to set the number of new trainees around 570-590 a year. But the minister has decreased the number to 516 a year saying that this will be enough. Given the current number of students entering medical school we will face a problem of limited post graduation training posts in all specialties in a few years.

Other specialties are getting ready for educational changes in their specialty training programmes like introducing portfolio, clinical observation, video consultation, communication skills. All vocational training schemes have expertise to offer.

CME/PDP

The current system of gathering of at least 40 hours of CME per year is being criticized since there is no guarantee that the CME followed is the CME needed, since there are great difficulties with the implementation of changes in the practice, since the pharmaceutical industry almost only offers CME linked to health problems they have something to offer for.

On the level of further personal development or differentiation into a certain topic the Dutch College of General Practitioners has, with the help of the universities, set up Advanced Courses on for instance Palliative Care (Bernardina's activities), COPD, Mental health problems. GP's who have such special skills/competencies can ask to be

registered in a special registry. It is believed that this will enhance the quality of the work and it is hoped that health insurance companies will reimburse these special activities.

NORWAY

POLAND

Undergraduate education:

Family medicine is taught on the undergraduate level at all medical university schools in Poland. Nearly all of them provide minimum of 100 teaching hours to all students. However still some departments organize a lot of educational activities outside of general practice.

Postgraduate education:

There is a strong opposition against newly planned regulations allowing to work in PHC exclusively graduates of vocational training in family medicine. Especially internists are very active in this field arguing that they as well as paediatricians should have equal with family doctors rights to work in PHC. One of the professors enjoying a lot of respect in the medical society wrote an open letter to the Minister asking for the change of his opinion in this field. Some medical journals and internet portals invite physicians to support it. This is of course a crucial issue for the future of vocational training in Poland.

Continuous Professional Development:

No major changes in the existing credit based re-certification programme, which attracts many physicians to the traditional conferences with ex-cathedra lecturing. The contents in many cases is still strongly influenced by pharmaceutical companies.

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

After the holiday break new series of the Leonardo EURACT courses have been started. Personally I run most of them, supervising the rest. Work on Polish adoption of EURACT Educational Agenda is in good progress. We should be able to publish it this year.

PORTUGAL

In general

Groups of Doctors, Nurses and administrative staff got together to create more than 100 of the new “Family Health Unities” (USFs). Twenty of them are already approved. Computerising is starting. Still waiting, however, for some more legal status.

Minister of Health started reforms on Continuity of Care units and Emergency units, both on primary and secondary care. Also news on referral programmes – with very few input from GP!

Changes on extra hours duty payment and retirement rules probably to provoke “war” with Doctors and Nurses...

Also very controversial new rules making patients paying small amounts of money for surgery and Hospital admission.

Basic Medical Education

Nothing new.

Vocational Training

Still waiting for new GP 4 year VT Programme application.

Work done as a EURACT Council member

Only one Portuguese member joined EURACT, but more are to come.

The “Rolling Course”, was very successfully held in Monchique, in May. In preparation two Portuguese Courses to be held until February (20 participants each). There will be also participants from Brazil.

Portuguese version of the EURACT Educational Agenda ready to publish – there was some delay in revising it and new financing was needed. The Portuguese short version is ready.

I am going to present EEA in a important educational meeting in Brazil. The Portuguese short version of 2005

Definition will also be presented and distributed in Brazil (500 copies).

I took part in two workshops in Firenze – one on EURACT Educational Agenda (with Jan), the other on multicultural issues (with Francesco). And, also, I was one of the VdaG tutors appointed by EURACT.

Special note

I was invited by the Brazilian Society of Family and Community Medicine (GP/FM) to participate in their Meeting in Gramado, RS. There I made a presentation on EURACT Educational Agenda (I used some of Igor material), Definition and other related subjects.

I also brought to Brazil 500 copies of the Portuguese edition of the Definition 2005 short version. And I offered to our Brazilian colleagues the Portuguese translation of the EEA.

They were very enthusiastic about EURACT and the documents.

ROMANIA

Basic Medical Education

The departments of general practice are growing and improving their activities. They often participate with presentation at the conferences of GP and they are also organizing conferences for GPs.

The curriculum for BME is taking into account the basic ideas of the new definition of general practice. The lectures are still very used as teaching method. The students are also learning in practices supervised by trainers.

Postgraduate specialist training

A project aiming the improvement of the Romanian VT in GP started in Craiova. The staff of the GP department from the local medical school and also some local GP trainers is working together with the specialists from the Amsterdam medical school for developing a new model of VT.

The national exam for vocational training will be organized in November.

Continuing Medical Education

There are CME programs (workshops run by GP trainers) at a national level and also local symposiums mainly sponsored by pharmaceutical industry. Several national conferences of the GPs were organized by local branches of The National Society of GPs with lots of participants.

Even CME is compulsory for recertification, there is no protected time for it and the participation to these educational events is possible mainly in weekends or in spare time.

General practice

The selling of the practices to the GP's is about to be continued despite some local difficulties. The price of the square meter is established by law varying from urban to rural areas.

Starting with the 1st of October, the GPs will be actively involved in the management of diabetes mellitus type II. They will be allowed to prescribe oral medication according with the specialist recommendation.

The GPs have to face a lot of bureaucracy and frequently changes of the laws that are governing their activity (lists of drugs free of charge or with compensation, professional responsibilities towards their patients, the local sanitary authorities and the insurance houses e.g.).

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

- Report of the Turku meeting for the Romanian members, information about EURACT course and conference, Florence conference e.g.
- Presentations about EURACT activities & documents and about CME in Europe at The National GP Conference held in Alba Iulia.

RUSSIA

SERBIA

Basic Medical Education

The first academic year in which the new subject "Clinical practice - Doctor in the community" was established, has passed. At the end of May a celebration was organized in the Gala Hall of Assembly of the City of Belgrade. The best presentations of students were showed. Students of the second year showed their work in primary health care, their contacts with the families, coordinated by doctors of primary level, mostly by general practitioners. Students, organizers - representatives of the School of Medicine, University of Belgrade, representatives of the City of Belgrade, expressed their satisfaction. General practitioners were satisfied, too. Collaboration of primary health care and the School of Medicine can be a chance for the recognition of the general practice as a subject at the undergraduate level.

Vocational Training

On June 8th and 9th, 2006, another Leonardo course for mentors in general practice was organized with the support of the School of Medicine of Novi Sad, in Novi Sad. Nineteen mentors from northern part of the country participated. Again, doctors and organizers expressed and reported their satisfaction.

CME

Preparation of the course named: “Communication skills for general practitioners- basic course” for general practitioners in the School of Medicine, University of Belgrade, is, hopefully, about to be approved by the Programme Council. The initiative and organization of the named course was undertaken by the members of the Department of General Practice, the School of Medicine, University of Belgrade. Following the rules of the Centre for CME, course is made as a project of collaboration of the Departments of: General Practice, Social Medicine and Sociology, the School of Medicine, University of Belgrade.

What I have done as EURACT Council member

- Report on Turku meeting for all EURACT members and all members of the Department of General Practice, the School of Medicine, University of Belgrade
- Report on behalf of all coordinators of subject: “Clinical practice - Doctor in the community” during celebration in the Gala Hall of Assembly of the City of Belgrade, about activities of doctors of primary level in the named subject
- Participation in the Leonardo course for mentors in general practice in Novi Sad in June 2006
- Preparations of the Leonardo Course planned to be held in Belgrade, on 5th and 6th of October, 2006. Fourty five general practitioners from Serbia have been invited. Seven lecturers are going to have their parts during the course which is going to take place in Clinical Centre of Serbia. Collaboration with the Vice- dean for postgraduate studies and support of the Head of the Department of General Practice, the School of Medicine, University of Belgrade, is established. One of 7 lecturers taking part in the Course
- Preparation of the Leonardo Course in Novi Sad planned to be carried out on 27th and 28th of October, 2006. One of the planned lecturers taking part in the Course
- Preparation of Leonardo Course in Pirot, planned to be held by the end of 2006. One of the planned lecturers taking part in the Course
- Motivating colleagues to join EURACT. We have 3 more applicants for EURACT, one of them is PhD, second one is master of science, and all three are mentors in general practice in the northern part of the country.
- Report about EURACT and EURACT activities: Bled Course, Leonardo Course, Educational Agenda, ... during the National Conference of General Practice at Kopaonik, at 25th of September, 2006

SLOVAKIA

General information

Family medicine is still not accepted as an independent medical specialization - discipline.

Primary health care is provided by two types of doctors:

- 1) diagnostic and treatment of the population from 0 to 18 years is provided by “District pediatricians”
- 2) the care for population over 18 years is provided by “General practitioners” (who are in principle not “general” at all, as they only care for ADULT population).

Undergraduate education

There are 4 Medical schools in Slovakia in total. At 3 out of them “Family medicine” (FM) is taught as separate medical discipline, but more – less on theoretical level.

Principles of Primary health care are explained, the role of “Family Doctor” and “Family Medicine” is described, but as they do not exist in Slovakia, there is no chance for the students to take part in practical training in such surgery.

Related to the fact that Slovakia is an EU member country (since May 2004), there are some plans to give the Medical school students an opportunity to learn more about FM, especially because of the education approximation process, but there is no legislative basis for it so far.

Vocational training

Re what has been said earlier, there is no real VT in Family Medicine/General Practice in Slovakia.

There exists 3 years VT for those, who have decided to become “District pediatricians” (2,5 years hospital training, mainly at Pediatric department, plus half year training in teaching practice in pediatrics.

Those, who have chosen to be “General practitioners” (of course in Slovak meaning – see above) are obliged to fill the 3 years VT. Two and half years out of it spending in hospital training (internal medicine dpt. – one year, surgery dpt.,

obstetric and gynecology dpt. - 6 months each, neurology, ophthalmology, ENT, dermatology or other relevant dpt. – for 1 or 2 months).

VT in both mentioned disciplines is finished by **obligatory examination**, and only after passing it successfully, one can become a specialist in the chosen specialty.

CME

There is an obligatory, unified Recertification / reaccreditation system set up by law in Slovakia, for all primary care doctors.

The recertification cycle is 5 years. In the mentioned period all primary care doctors are obliged to collect “CREDIT POINTS”, in amount of 1000, i.e. 200 points each year.

The credited activities are: attending seminars or conferences, publishing articles, lecturing at seminars or conferences, attending educational courses, etc.

The recertification is under the supervision of Slovak Medical Chamber (SMC membership is obligatory for all practicing doctors in Slovakia). Results of recertification are published on SMC website and the Health Insurance Companies (HIC) can refuse to set up, or prolong the contract with the doctor, who did not fill the recertification criteria. In recent situation in our health financing, where all primary care doctors in Slovakia are paid under “Capitation system” from HICs, the contract with HIC is the “conditio sine qua non”, i.e. the question of professional existence.

SLOVENIA

Undergraduate education

We are still working on teachers’ manual for the students’ attachment programme. Future members of FP Department in Maribor University had their first meeting before starting teaching in October 2007.

Vocational training

The Vocational training for family medicine trainees continued. We will start the 6th generation of trainees in January 2007. A VT curriculum for hospital part of the FP training was drafted.

CME

We finished the 15th Bled course (September 19-23). Community orientation (fifth core competence of FP/GP) was the main theme of this Bled course (<http://www.drmed.org/novica.php?id=8649>). The meeting aimed at the educators in primary care who are involved in teaching at university or practice level. There were 63 participants to this course this year, 31 from 14 different countries and the rest teachers in FP in Slovenia. EURACT sponsored 6 places to EURACT members: Nevena Todorović, Bosnia, Grzegorz Margas and Margaret Palka, Poland, Valentina Moldovan, Romania, Snezana Jankovic, Serbia and Guzel Discigil, Turkey. In the organisers name I express gratitude to EURACT for patronage and sponsorship of those participants. Course directors were: Jaime de Sousa, Yonah Yaphe, Manfred Maier, Justin Allen, and Janko Kersnik.

The preparations for the next 16th Bled course are well on the way. The same team will work on the development and will deliver the course in 2007, September 18-22. We have chosen the title Learning and teaching about patient empowerment in G/FP. We suggest that Member Service Committee and EURACT Council acknowledge patronage of this course and sponsor few places in this course for EURACT members.

There were 6 other CME activities organised on the national level and many local meetings under the patronage of Slovene family medicine society from the last meeting.

WHAT HAVE I DONE FOR EURACT

I organised one big meeting and support other 2 and was very busy with the organisation of the 15th Bled course. I motivated two teachers to apply for EURACT membership. I was working on the development of EURACT Assessment Course.

OTHER

I was camping with my family in Croatia, Istria for a week during my holidays.

SPAIN

SWEDEN

Basic Medical Education

Early exposure to general practice and professional development are important parts of curricula. There is an increasing *integration* between different subjects, between basic medical science and clinical medicine (please see previous reports for more details).

The framework/structure is more or less the same:

- 5½ Years at a Medical University although part of the clinical training may be done at a district/regional hospital (in eg surgical and paediatric departments), and an increasing part is done at a health centre/in GP.
- Thereafter *internship for (18)21 months*, which includes 6 months in GP/at a health centre (no change, the same for decades). At the end of internship there is a summative assessment (written papers/MEQs and observation of consultations/"sit-ins" and/or oral assessment).

Vocational training

As from the 1st of July 2006 there is a *new specialty training (ST)* for all trainees, for all disciplines. In brief, there are 4 *core competences*: clinical competence, communication, leadership and developmental/research. It is learner-centred, stresses own responsibility for learning and focus on performance. It emphasises *quality*, reflection, continuous assessments, documentation of progress, portfolio-learning etc. The ongoing revision of the official description of training objectives (VT) in GP/FM is not yet finalised.

The length of VT remains the same, at least 5 Years of clinical training under supervision.

Continuing Professional Development

The Swedish Medical Association which covers all disciplines, is working on establishing an *electronic educational guideline and portfolio* for all doctors, all disciplines.

No re-certification system, this remains a controversial question.

Health Care

A coalition of four political parties (liberal – conservative) won the recent elections at national level, and in many of the provinces (which are responsible for health care). *Changes are expected* e.g. increased privatisation.

“What have I done for EURACT?”

- *Informing* about EURACT/activities.
- *Preparing* for a EURACT Council meeting in Sweden in Autumn 2007 (3-7 October).

SWITZERLAND

Our demonstration of General Practitioners with 12'000 participants (GPs, specialists showing their solidarity, families of GPs, patients) on the 1st of April 2006 in Bern and the petition in support of General Practice / Family Medicine signed by 300'000 people had quite important effects:

The leaders of the Swiss Association of GPs (SGAM/SSMG) were invited since already twice by our Minister of Health for consultations on our problems and our demands concerning training, emergency service etc. They were also invited for hearings by 3 out of the 5 main parliamentary parties. They are asked for their comments by the media on many political issues concerning our health system. So for the first time ever I could read an interview with the president of our association in our local newspaper!

Several things in the field of training for general practice move easier now.

Basic Medical Education

At the University of Bern a totally new programme for all medical students has just been accepted by the faculty. It will start in October 07. There will be 8 half days in General Practice in each of the years 1, 2 and 3 of the basic medical education and a 1:1 mentoring by a GP for each student. For the first time in Switzerland there will be a clerkship of 3 weeks in GP/FM in year 4 or 5. As before there will be the option to spend several months in GP/FM in year 6.

In Zurich Elisabeth Bandi-Ott has started her work on her 50%* post in the new unit of GP/FM (*which is not yet much, of course, but nevertheless something...) There will be more options for the students to spend study time in GP/FM.

In Basel there was (already last year) founded the first official “University-Institute for FM/GP” in Switzerland, led by Peter Tschudi. As you may know they have 4 years of “one-on-one tutorials” (See their report in “Medical Teacher”:
<http://pages.unibas.ch/fiham/downloads/MedicalTeacher.pdf>)

Also in Lausanne and Geneva things are progressing slowly. Unfortunately the successor of Prof. Hans Stalder in Geneva will not be a GP!

There will presumably be 10 participants (2 from each university) from Switzerland in the Leonardo Course in Magglingen/Macolin next year.

The Swiss working parties on BME und VT and also the Committee of SGAM/SSMG are very glad about the translation of the Educational Agenda into Italian and French and they asked me to do all I can to press ahead the translation into German in cooperation with our German and Austrian colleagues.

Vocational Training

A working party of the government has studied the possibilities and ways to start first projects of state-funded vocational training in GP/FM in teaching practices. This working party stated (what a success!) that in our Swiss healthcare system there is a fundamental shortcoming as until now the VT of doctors is only financed in the hospital setting but not in the practice setting. The results of our EURACT survey on the funding of VT in Europe could be fed into this working party and were a great help. The working party is to publish its final report and recommendations at the end of October. It will urge the cantons, which in our Swiss system are responsible for health care, to fund such projects for the training of GPs in teaching practices (posts for 6 months). In several cantons the local associations of GPs already have taken the initiative to plan and start these projects.

The two young Swiss delegates at the preconference of the Vasco da Gama Movement in Florence were very impressed and motivated by what they lived there. They were especially impressed by the self-confidence of their young colleagues e.g. from the Netherlands presenting themselves proudly as a member of our speciality: "I am a GP-trainee."

At the congress of our Swiss Association SGAM/SSMG they reported on these experiences and they found 8 young colleagues ready to support them in founding a group of GP-trainees and young GPs of Switzerland, following the model of VdGM.

Continuing Professional Development

First plans for a mentoring project for colleagues in difficulties have been taken up on the upper level, within the Swiss Association of Medical Doctors, so our group has suspended its activities for the moment.

Ethical guidelines on the "Collaboration between medical professionals and industry" have been published by the Swiss Academy of Medical Sciences. They contain a chapter on "graduate medical training, postgraduate medical training and continuing medical education", see http://www.samw.ch/docs/Richtlinien/e_Aerzte_Industrie.pdf

Courses for moderators of interactive workshops are offered regularly to GPs who are active in organizing CPD-events.

Last but not least: The preparations for Wonca Congress 2009 in Basel are progressing.

What have I done for EURACT

I supported Monica Lindh in collecting the results of our questionnaire on the funding of VT for GP/FM in Europe and helped to present the results in Florence.

I presented the work of EURACT at our Swiss Congress of SGAM/SSMG a few days ago.

I am busy preparing the Leonardo Course in Magglingen/Macolin.

TURKEY

UNITED KINGDOM

Basic Medical Education

The curriculum for General Practice and other specialties in the Undergraduate Medical Schools remains unchanged; this is contrast to the Postgraduate training. However, there is increasing collaboration between the Medical Schools as they also prepare their students for Postgraduate careers and they must support them through the application process for Foundation Training Programmes.

Vocational Training for General Practice

The change from "Vocational Training Schemes" to GP Specialty Training Programmes will start in August 2007. A full three year programme will be the only method of completing training to obtain a Certificate to practice as a GP, replacing the current model which has allowed accreditation of previous experience in other specialties. The new programmes will have the opportunity to be based more in the community rather than hospital, whilst also developing

training in shorter posts such as ENT, Dermatology and other minor specialties which complement GP training; currently there is much emphasis on 6 month posts in the Major hospital specialties.

The RCGP has adopted the “New Curriculum” which of course is closely aligned to the EURACT Educational Agenda, and this is concentrating the minds of all involved in GP Education. There will be a more robust, Workplace-based assessment of trainees and they will complete training with the new MRCGP assessment. This is currently being finalised and will replace the present system starting in August 2007. It has all been approved by the PMETB (Postgraduate Medical Education Training Board), the body responsible for the Certification of all doctors.

A professional approach to being an Educator has been developed; several Universities have Postgraduate courses in Medical Education, up to Masters level. Potential, and current, GP Trainers are being encouraged to study in these courses to obtain further knowledge, skills and experience, as well as a professional qualification.

We have managed to obtain a single Recruitment process this year for GP training. This was run as on-line through a National office. There is a report about to be published that will demonstrate that this process produces trainees better able to demonstrate the required competencies at the end of their training. A national recruitment process for ALL specialties is being introduced in January 2007, which has been based on our GP process; many of the GP body are involved in the delivery and development of this, including me.

Continuing Professional Development

This report is mostly unchanged from last time, not my laziness, but a lack of development in the UK. The only thing I am more aware of is an increasing use of on-line learning throughout all training. Some of this is of high quality; some is as bad as a poorly delivered lecture on a topic that is of no use nor relevance.

This continues to be patchy in the UK. It will probably not be helped by yet another major re-organisation of Primary Health care as management groups are merged and work under larger, merged Health Authorities. Some colleagues are embracing the opportunities which change provides to develop skills needed to take on work traditionally carried out in hospitals; GPs are apparently cheaper to employ, work close to the patients and can utilise community resources more efficiently. These developments require a particular sort of CPD. Most GPs are continue to look at what their practices and local communities need, and then plan their personal development with that in mind. Some continue to attend lectures on the latest advances in therapeutics but these opportunities appear to be declining!

Modernising Medical Careers

This programme of change continues to be the driving force in all UK medical training. Justin refuses to retire and as well as working on Leonardo courses, attending Bled courses and stimulating the Assessment task group in Euract Council, he continues to provide the voice of sanity on behalf of General Practice in his work with the National MMC Team. Foundation Schools have now been established in Postgraduate Deaneries and are charged with providing exposure to Primary Care for almost all doctors in their second year on the 2 year programme. Already we are seeing doctors applying for Vocational GP training beyond this Foundation Programme who are better prepared for that training. There will be the development of Training programmes in all other specialties too, rather than individual posts, some of which may count for training.

Personal Activity

I have developed my skills as a “webmaster”, certainly not to the level of expert or even competent; perhaps “enthusiastic novice” would be the appropriate level. I supported Egle in a presentation and workshop at the UKCEA (UK organisation of Directors of GP postgraduate Education) in June; I also presented and supported colleagues at WONCA Europe in Florence.

I have become involved in the development and delivery of the Selection process for all Specialties, which in view of the timescale is either exciting or crazy, dependant on your point of view. This development is in line with involvement in generic Medical education, rather than just General Practice.