Annex 1

Review of national educational activities after EURACT Council meeting in Madeira, 2004

EURACT Council meeting
September 22 – 25, 2004
Århus, Denmark

COMPILATION REVIEW OF ACTIVITIES
AARHUS MEETING, September 22-25, 2004

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

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

Continuous Medical Education
Using all the resources available and the international help, we have managed to develop a CME curriculum for the doctors who have completed the postgraduate training.
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. The aim of the programme is to impart the necessary knowledge, skills, attitudes and proffesional values to practice appropriate medicine within the community in accordance with a "Service Development Module" document being developed using the suggested Clinical Practice Guidelines. The programme consists of 150 hours training in Berat (where the pilot centers are) and four full weeks in Tirana in a university attachment. Based on this training that seems to be very successful we have designed and proposed a training schedule for use across the country. It is also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to the course.

AUSTRIA
Basic Medical Education
The new curriculum at the three government run medical schools in Austria (Medical University of Vienna, Medical Faculty of the Universities Graz and Innsbruck), which was implemented in the last two years, has stipulated basic education in general practice. The new curricula incorporate various classes and subjects which are thought by academic general practitioners. The latter are usually not fully employed which is not regarded as appropriate by lecturers. Undergraduate training in primary care seems established best at the Medical University of Vienna. It might be worth noting that in Vienna all new students are required to undergo a “week of field exploration in general practice” in their first months and in the third part of the medical study all students have to spend one day per week in the medical office of a GP for a whole semester and have to undergo an internship at a teaching GPs office of the length of at least four weeks. There are short classes on ambulatory care, home visits, and family medicine. But academic general practice needs not only teaching because procedures and policies has to be based on evidence from primary care. For that purpose specialised researchers in general practice are required and research needs to be sufficiently funded and equipped. With very few exceptions the Austrian medical schools currently do not employ full time GP teachers and researchers. Academic teaching is covered by lecturers. Research in primary care is not supported and based on enthusiasm and efforts of individuals.

Vocational Training in General Practice
Although a minimum training period of six months in primary care/general practice has been stipulated by the European Union (The Council of the European Communities. Council Direktive 93/16/EEC. To facilitate the free movement of doctors and mutual recognition of their diplomas, certificates and other evidence of formal qualifications. Official Journal 1993; 165:1-23) postgraduate training for GPs in most cases only takes place in hospitals. The Austrian Medical Chamber has decided to initiate a change of the graduate education scheme in general practice, prolonging the training period from 3 to 5(6) years and to acknowledge it as medical specialty. In addition this plans incorporate a 12 months common trunk period, after which the resident would receive limited licensing as "approbierter Arzt". In Austria training posts are allocated by department heads. This selection of candidates as based on consultants' personal criteria or preferences is all the more inappropriate since the Austrian medical schools "turn out" far more graduates than are actually needed as physicians. We

have ourselves examined the effects of allocation of training posts to applicants for postdoctoral medical education in Austria. [1]Allocation of training posts is ineffective, uneconomical and unfair for the applicants.

Continuing Medical Education
The Austrian Society of General Practice and Family Medicine has introduced a curriculum on pain. The Viennese Society of General Practice has introduced a program of teaching minor mental disorders to GPs in 2001. This teaching procedure by Katschnig called TRIPS was evaluated (publication in preparation). 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). CME for general practitioners are widely offered in all of the nine Austrian provinces.

EURACT Austria
The main EURACT issue in Austria is the council meeting in Autumn 2005 in Austria. This will be subject of discussion course of the Arhus meeting.

BELGIUM

Basic medical education

- Is the place of General Practice in the department of Public Health or in the clinical departments, even if these are related to University Hospitals ?
- Numerus Clausus : 43% of clinical training schemes protected for GP training places : feasible with extreme hospital pressure?

Vocational training

- External visitation : the challenge of making a self evaluation document
- GP specialist training accepted as "POSTINITIAL MASTERDEGREE" for 2006 : part of quality evaluation process.
- What could be the place, the advantage & the scientific level of a MASTERTHESIS : a practice project + an educational portfolio ?

CME / CPD

- the difficulties of traditional accredition boards to accept non controllable and very individual learning plans and portfolio accepted by peer group system

Health care organisation

- re-registration every 5 years ? Only for GP's ?
- who is responsible and takes responsibility for the ever growing budget for healthcare ? The "fundamental trend-shift" principle.

CROATIA

News from the country
All emphesis of the county (polititians and people) is putting on entering EU. As a transitional, country is still facing ecconomic troubles which has a big influence on a health care system, including GP/FM, even more after last year elections. The attempt to introduce a comprehensive payment for GPs (capitation, preventive programmes and fee-for services) has been rejected and capitation remain the only option. Scientific Conference, has been organised by The Croatian Association of GP/FP has finished with great success. More than 800 GPs have participated, with around 200 scientific papers. A big group of Croatian GPs participated at WONCA Conference, Amsterdam

Basic Medical Education
Many changes are going on within the medical schools. The two mains are: a) changing a curriculum toward PBL, rather horizontal and vertical integrations; b) organising the courses of medical education for teachers (basic educational theory and methodology). Department of FM is playing a great role in this process.

[1] Spiegel W, Haoula D, Schneider B, Maier M. Allocation of training posts to applicants for postgraduate medical education in Austria: survey and analysis. Academic Medicine 2004; 79: 703-710.

Vocational Training
A big changes have happened in this area. After, almost ten-years of break, 160 trainees have started VT. A training programme is organised in two ways, full time, "normal", for young GPs and in-service training for experienced GPs. A textbook for VT is in progress and new assessment procedures for specialistic exam as well. It is a big task for the whole profession, especially for my Department, responsible for the implementation. We are reforming our postgraduate course, part of VT, with an attempt to get accreditation as European course within ASPHER.

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 "Yong doctor Project" was a great success of EURACT and mine too. The Croatians members are informed about EURACT activities, provided by materials, and whole profession is 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 3 May to 8 May 2004 (32 participants).

CZECH REPUBLIC

BME
There were no major changes in BME last year. General practice is the subject of education all seven Medical Universities in the Czech Republic. However, the curriculum is not the same for all.

VT
The VT system has changed a lot recently. In April a new law concerning this issue was approved by parliament. The previous two-grade specialization system was abolished. Previously there were 2 exams; a 1st grade and a 2nd grade specialization exam, now there is only one and for many doctors final exam. This exam is required by the Ministry of Health. Former1st grade exam required 2,5 -3 years spent in practice, former 2nd grade exam required a minimum of 6 years. Now graduate doctors will have compulsory practice from 4 to 6 years (it differs according to the speciality) mostly in hospital to get sufficient practice before the speciality exam. These changes are important particularly for specialists. Regarding General Practice the VT time has increased from 2,5 year to minimum of 4 years. Most of that time will be spent in hospital. Time spent in GP teaching practice is also going to increase from current 6 month. So far we only know the minimum, which is 4 years of VT (can be even longer) . Further information and curricula for GP is to be issued by the Ministry of Health by the end of this year..

Currently there are 3 specializations available for GPs: for adults, for children, and a family doctor specialization. The specialization of Family Doctor is going to be developed as new discipline for GPs who will be interested. Currently this discipline is not common in towns or cities but it could be very convenient in rural areas. In cities each family member often has his/her own GP. It means that General practice in towns is not so Family oriented as in the country.

CME
There are plenty of educational activities for GPs in the Czech Republic. Although they are not compulsory (required strictly by the law) there is a big interest in them. Most seminars are for free, mainly thanks to the sponsorship by pharmaceutical companies. Certificates, credits and finally diplomas are then issued by the Czech Medical Chamber.

What I have done in my country as a EURACT Council member.
Since Dr. Bogrova has recently resigned. I was sent to Euract council as an observer. I work as a GP at St. Anne´s Faculty Hospital in Brno. I am also active in BME as a lectuturer of General Practice at the Faculty of Medicine, Masaryk University in Brno, CZ. A new Czech EURACT representative will be elected immediately when I return from this Council.

DENMARK

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus).
The student intake at the 3 Universties have been augmented by about 80 % because of prognosis telling about lack of doctors in DK for the next 10-15 years. A new thing will be: from 2004 the University in Odense stops with the « normal » examination with long written exams – a 2 day OSCE examination is introduced !

Vocational training

1. January 2004 specialist training for all 37 specialities was dramatically changed (1 year delay). Changes in regard to: length of training period / all trainees having a mentor / new blueprints and curricula for all specialities / more focus on training instead of "just work" / more formalised evaluation / "course-organisers" in all specialities / research training for all doctors. GP started already 1. Sept. 2003. Major problem right now: recruiting doctors to training posts in more "remote" areas in DK – in "central" parts very big interest in getting a GP-training post.
You heard it all in Madeira!!!

Continuing Medical Education

No compulsory CME – but our national bodies (Danish Medical Association and GP's Union) propose that every GP should be able to document 200 hours CME over a 4 year period. A web-system for registration of your CME is provided by the Danish Medical Association. The registration is your personal and can't be looked by others.
PLP (personal learning plans) is now promoted for GP's – but it is a long process to implement PLP's!
A trend: pharmaceutical companies are being pushed out of doctors CME.
Each year in November all GP's (and staff) are invited to a national 5-day event in Copenhagen ("Doctor-days") – a big national event – about one third participate. Special reduced price to trainees. Even the Swedes from the southern part of Sweden are now invited…

Health Care

A big issue in Danish health care is the lack of specialized doctors in the future – also in GP. It is a very dark cloud in the horizon. As many as 25 – 33 % of GP's may be lacking in 10 years time.
The Danish College write 1-2 evidence based clinical guidelines every year – we have just sent out a new clinical guideline about "Palliative Care in primary-care-setting".

My role as a Danish EURACT Council member: unchanged from spring meeting!

ESTONIA

Basic medical education

No big changes

Family medicine has its position in undergraduate curriculum:

1 week for the 2nd-year students;
4 weeks for the 6th-year students;
3 week practice period for the 6th-year students

Vocational training

Not enough applicants for the residency training first time within last ten years.
Smaller competition in all specialities.
About 15 % of medical faculty graduates continue residency abroad (Finland, Sweden)- the main reason is the remarkable salary difference.

Health care organisation

No big changes, family medicine has a strong position in the health care system.

Academic Family Medicine

6th Forum Balticum held in september- a research course for young GPs. About 100 participants from Estonia, Latvia, Lithuania, Sweden, Russia and UK.

A series of papers on evaluation of the Estonian Primary Health Care reform accepted for publication in October issue of the Croatian Medical Journal

Positive feedback from the EURACT course in Krakow

EURACT membership has increased by 25 % (now we have 5 members!)

FINLAND

Basic medical education

There is a shortage of doctors in the public posts, and government has increased the annual student intake year after year. In 1995 the annual intake was 360, but now more than 630. This increase has huge influences on medical schools. E. g. the annual student intake of the Swedish-speaking faculty inside University of Helsinki is counted according to the whole country intake, and the size of the Swedish-speaking faculty has nearly doubled. University of Kuopio (in the North East part of Finland) has now the biggest medical school in Finland. The number of teachers has not been increased as much as the number of students, and medical teachers are worried about the situation. A surprise for the government was, when there were not enough nurses to apply to the specific education tailored for nurses to become doctors.
All faculties are trying to reorganise their curricula, and at the same time all the clinical disciplines are trying to place their education outside universities in the local hospitals and health care centres. This actually makes the shortage of doctors even worse when part of the capacity is used for teaching.

Vocational training

No extra news, but the system in Finland is that after graduation trainees in all specialist curricula have to serve 9 months in the health centres, fully salaried, anyhow. But this system will also make a lot of supervisory capacity to be needed locally.

Continuing medical education

The government has given 12 milj € new money for CME, but has not earmarked it. It is given inside the general subsidy of state to the municipalities (including all the municipal services, schools, social services etc). The municipalities are free in using the subsidy of government and there is no possibility to control where the money in practice goes. Many actors in the CME field are interested to coordinate this money, but no one is willing to be coordinated. Universities, university hospitals and all institutes are interested in this money. CME is business also in Finland today, but assessing the learning needs or measuring the performance are not yet popular topics. ROHTO - The Development Centre for Rational Pharmacotherapy is one of the actors with its own state funding to organise CME basing on needs of primary health care doctors and trying to involve also quality issues in the business and using active learning methods.

What I have done for EURACT

I have two new members from Turku, and one of the earlier members has promised to get back. So in practice I have three new members. I have also tried to find funding for the council meeting in 2005 or 2006 and also to find a group to help me.

FRANCE

No report received.

GREECE

Basic Medical Education

No changes from the last meeting.
There is no exposure to PHC of the medical students of all 7 medical schools, except that one of the University of Crete (one month at the first year and 3 months at the last year of medical studies).
It is optimistic that a number of medical students that are taking part at a programme of practicing in Health Centres during summer holidays, are exposed to PHC and most of them find it very effective.

Specific training

Finally, an important target has been achieved: there are 13 Regional Tutors of Specific Training in GP, all of them GPs. Additionally, each of them leads a group of Tutors (one for each training hospital of the region) the big majority of whom are GPs. This evolution, means that Specific Training is guided by GPs.

The second important step is to achieve a quite high level of harmonization by implementing a logbook all over the country. The future of Specific training looks rather optimistic.
It is also important that 100 new training posts were added; the new Health Minister promised 100 additional posts for every year. Although the waiting time(for starting ST) remains in average 4 years, GP is still attractive. The important point is that year after year GP attracts more and more graduates with high degree, demanding, with expectations.

CME
The Greek Association of GPs is the only body which is developing, organising, running and funding CME programmes in the country. The important thing is that all these activities are very much welcomed and accepted. The content of this programme includes courses on various clinical topics, an annual training the trainers course, a series of courses on training on research methodology and a new programme on developing and implementing guidelines in PHC plus a new e-learning programme.

IRELAND
No report received.

ITALY
Here you can find the modifications which were undergoing since the last National Report for EURACT Council in Madeira, Portugal.

Basic Medical Education
More steps for basic medical education are now organised in Italy. After having signed agreement between University of Modena and Italian College of General Practitioners, now we have experiences in some way in Bari, Genova, Pavia, Udine, Bologna) and a structured course is organised or in organising for students on sixth year. A course to prepare Tutors specifically for this topic as organised in each of these places.
The specific book for Tutors (the first one in Italy, printed by Italian College of GP) is on the tables in its second version (two chapters are from Nat. Rep.). The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection of tutors and practices.
In a conference in Modena, it was underlined the point of view of EURACT for underguarduate teaching and for VT teaching.
Now the problem is "political ", the difficulties are big, the academic body not agreeing in its complex, all European WONCA Networks are out of the political decisional arena, some local leaders in G.P. trying to organise academic chairs posts by the old method " underground ways for friends of friends ".

Postgraduate specialist training
Since 2003, VT is changed as a real specialist certificate, with a three year course, one year in the practices. The VT School in Trento prepared a paper on total organisation based on European Agenda and core competences. Some of this work will be used, during EURACT Council as a base for discussion on preparing final version for Education Agenda and for VT Committe. A national Conference on VT will be managed in Rome in October, with presence of Igor Svab, and Health Ministery.

Continuing medical education
It is obligatory for National Contract with NHS , to take 40 (before it was 32) hours of CME , (20 with Health Local Authorities , 20 with Scientific Societies or in other places of choice).
Now, we are managing 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 realising this having changed its bylaws with a system with 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 in difficulties with Italian College of GPs trying to put on the table his point of view, very similar at 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

New input in this field is coming from agreements between Local Health Authorities and GPs' organisations with health programmes finalised to objectives of result: on breast cancer screening, smoking cessation campaign (we brought two works about this topic at WONCA Europe Congress in Tampere). Also, Scientific Societies of GPs realised a common political and scientific document stopping a specialist initiative of not proven efficacy about prostate screening , also managed taking out GPs. …but nothing in common was done after, debate on CME is teaching, and General Practice is now in strong danger on a political change toward an " american " way of primary care.
Regional devolution is going on profile, and GPs' role also as gatekeepers and mainly as specific professional (still lacking in Italy) is in strong debate…!

Life as Council Member

Several different medical associations and societies and medical schools published a translation of the New Definition, using formats of different length. WONCA was usually believed to be the real author: EURACT Council National Representative had to underline the role of EURACT with seasons spent on drafting and on getting consensus at Barcelona Conference.
Nat. Rep. got other seven f papers of his published these months on European Journal of General Practice, on British Journal General Practice, .on British Medical Journal, on Family Practice.
All were signed also as EURACT Council Member, and many were based on EURACT's concepts and documents. So EURACT was known in large population of GPs, the same for Italy, with translations and presentations.
Some members of EURACT – Italy asked to be involved with University of Maastricht on palliative care, one member is responsabile for Hyppokrates Programme for Italy in link with EURACT. Another two colleagues are managing regional courses and every time they like to receive patronage from EURACT Italy.
One EURACT member is involved in educational and research activities linìked with German GP so to manage to work in connection with EURACT in Austria and Germany.
The National Representative is now appointed in the Editorial Board for the International Journal of Medicine, in London and for the Primary Health Care Journal in London and was directly involved for the congress in Edinburgh in July.

New members for EURACT are still coming, all from different geographic areas and from different GPs Societies (Csermeg, Snamid, SIMG , local P.C. schools), so now EURACT – Italy is the biggest international society in Italy and the most visible on journals and on internet. Now, this could put in danger to loose some members feeling not to receive enough feedback or in danger to receive membership applications only to " create internal problems ". The Nat. Rep. will ask EURACT Council how to manage these possibilities.

A colleague (Luisa Valle) joined taking an office as secretary, looking at managing internal relationships and feedback. A national meeting could be an idea for the next year,

About WONCA organization in Florence in 2006, as EURACT Executive, EURACT members and WONCA Europe President got informed about the initial exclusion, the situation seems to be changing now, and people from EURACT and form EQuiP are to be invited finally, and EURACT Council National Representative was informally asked by the President of Organising Committee to be involved in really organising the International Scientific Advisory Board.
Also this case indicates the political level, where it remains the fact that substantially the Scientific Societies (not the single and responsible GPs inside the different networks, of course) don't recognise WONCA validity and consequently WONCA Networks. The invitation is underlined as personal, because personal background and know – how...

LATVIA

General pracitioners institution exsists in Latvia for ten years. During this time different changes in administration and financing of family medicine were introduced by the government.The result of these changes was decreasing interest of doctors in improvement of education in family medicine, loss of motivation for young people to choose family doctors career.

Postgraduate education

During the last years the number of those young doctors, who become family medicine residents after graduation, rapidly decreases due to poor financing. Only a few applicants started training this year, but the number of vacancies is growing. In spite of adverse situation teachers of the third year residents are being prepared, hoping for better conditions.

Continuous Professional Development

We started active contacts with Lithuanian and Estonian colleagues (they have been in EURACT for a longer time) in order to improve different ways of CME – not only lecture and course in main disciplines. This year we started GP self training in small groups.

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

I become the national representative after attending the Leonardo EURACT course in May 2004 in Zakopane. In the begining of September 2004 we organized a similar course for Latvian GP teachers in Riga. I acquired new understanding about EURACT activities during my first meeting as a council member in Aarhus.

LITHUANIA

Health care system

No important good news in health care system after joining EU. There is a general concern that in nearest future quite significant number of physicians will leave country for working abroad, some of them already did it. The problem is considered to increase in future. No concrete plans for improvement of financial situation in medicine in general or FM in particular, that also causes disappointment of medical staff throughout country and supports their intention to look for a better job abroad. Government seems to evaluate the situation as exaggerated, therefore no preventive measures are taken in current status.

BME

No positive changes as far. Family medicine is only introduced into the undergraduate curriculum during the fifth year of studies, and the course is still to short to make proper presentation of the specialty. GP department in Vilnius University was reorganized a number of times during last years, and since September the 1st belongs to Department of Internal Medicine, Oncology and Family Medicine. Good news is that our new Head of the department (professor of internal medicine V. Sapoka) is quite enthusiastic about family medicine and it's development, therefore supports our suggestions most important for future development and changes.

Vocational training

New programme for vocational training in Family medicine is now developed in Vilnius University. It is important to mention that Educational Agenda, so widely presented during WONCA Amsterdam conference, was proposed to be taken as a basic strategy in development of programme. Hopefully if this programme is developed successfully, this will strengthen overall position of FM/GP at the University level.

CME/CPD

Re-licensing procedure started this year and it may be that in future some changes will be introduced concerning CPD activities. For now only certificates of attendance signed by professional bodies or Universities are valid for licensing, that limits activities of pharmaceutical industry in arranging conferences. Actually, this is the main regulatory measure influencing quality (?) of CPD.

MALTA

Dr Mario R Sammut MD MScH DipHSc

- EURACT Council Member for Malta
- Member of EUROPREV Coordinating Group
- Secretary for Education, Malta College of Family Doctors
- Assistant Lecturer in Family Medicine, University of Malta Medical School

Basic Medical Education – University of Malta

- Since 2001, University of Malta Department of Family Medicine (7 part-time lecturers headed by Dr Denis Soler) providing undergraduate teaching (lectures, tutorials, community attachments) to 3rd. 4th and 5th year medical students

Vocational Training – Malta College of Family Doctors

- RCGP International Courses for Teachers in Family Medicine held in Malta during 2002-3 and 2004.
- Coordinator of Vocational Training and Tutors awaiting appointment.
- Draft 'Specialist Training Programme in Family Medicine – Malta' being reviewed before presented to the Specialist Accreditation Committee (Malta).

Continuing Medical Education – Malta College of Family Doctors

- Since 1990, a Continuing Professional Development Programme is held in the form of a meeting in each term of the academic year (Autumn, Winter and Spring)
- Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units within this scheme

Malta Health System

- In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties.
- Family doctors on the specialist list are nominated by the Specialist Accreditation Committee (Malta) on the recommendation of the Malta College of Family Doctors.

EURACT Council Member Activities

- January 2004: recruited 2 new EURACT members to bring total to three.
- June 2004: appointed EURACT Council member for Malta.
- July 2004: member of coordinating team of 'Symposium on Research in Family Practice', St Andrew's, Malta
- October 2004: member of coordinating team of EGPRN Meeting, Gozo, Malta

NETHERLANDS

Health care

No good news. Changes in the health care system: Capitation will shift more to fee for service system. Not clear if we will work with that system on January 2005 or January 2006?
Entrance fee for patients rejected by GP's!!

Basic medical education

Every 5 years all Medical faculties are subject to an external quality review of their educational programme (Onderwijsvisitatie).

Each Medical faculty prepares a self-report in a standardised format and the review committee visits for 3 days in a very strict time schedule.

Some important conclusions:

- All schools have a good quality programme
- Scientific reflection should be stimulated
- Clerkships should be more structured

Some data

Numerus fixus	**Students**
1992	1419
1996	1709
2000	1915
2004	2850

First year pass rate	**2002-2001**
Country	63 %
Amsterdam (UvA)	62 %
Maastricht	82 %
Rotterdam	46 %
Utrecht	73 %
Gropningen	69 %
Nijmegen	70 %
Amsterdam (VU)	35 %
Leiden	68 %

MD after	**6 years**	**7 years**
Country	7 %	54 %
Amsterdam (UvA)	0 %	29 %
Maastricht	22 %	74 %
Rotterdam	7 %	45 %
Utrecht	2 %	43 %
Gropningen	11 %	72 %
Nijmegen	7 %	74 %
Amsterdam (VU)	1 %	53 %
Leiden	4 %	45 %

Report on the development of the Higher Professional Education course in Palliative Care in the Netherlands (Bernardina),

Background

In the Netherlands palliative care is provided by generalists, not by palliative care specialists. Patients want to die at home, if possible. Due to the ageing population and the growing number of deaths from cancer the contribution from primary care professionals to palliative care is expected to rise. GP's not only need to be prepared for a greater patient load in the near future, but also for palliative care patients with more complex problems. In these situations GPs, like other doctors providing palliative care, can be supported by multidisciplinary teams consisting of nurses, GPs, nursing home doctors and medical specialists.

(A number of) oncology specialists in hospitals expressed their need for education in palliative care.

HPE course in Palliative Care

The first course started 3 years ago, with 50 GP'S. At this moment we run a course for 23 GPs and 20 nursing home doctors (Dutch nursing homes are institutions where doctors specialised in problems of elderly and disabled people are responsible for the management and care).

In November 2004 we will start a pilot for 15 medical oncology specialists. This pilot is a part of the present running HPE course. We wonder what parts of a course set up for GPs and nursing home doctors are applicable in a course for medical specialists. We expect that these courses can stimulate cooperation between different specialities.

Arguments for a course in palliative care for doctors of all specialities.
There is a common path way for patients in need for palliative care from the point where cure ends, and care becomes more important.
Starting points:

- all specialists involved in palliative care have corresponding needs regarding communication skills, competence in symptom control, in psychosocial and spiritual aspects of care.
- A common educational pathway could be a way to reach this goal

Questions
Who needs what? Which fields should be covered for them all? Can we use similar educational methods? Can one group play a facilitating role for the other groups? How much time can medical specialists set free to attend an extensive course in palliative care?

We certainly have more questions that will come up when we proceed in developing this project.

NORWAY

No report received

POLAND

Undergraduate education:
No major change in this field. Although 100 hours curriculum has been agreed still many universities keeps smaller number, due to certain confusion about the legal status of the decision about it.

Postgraduate education:
More stable situation especially in financing of teaching units. The number of training posts is increasing slowly but steadily. There is still high number of applicants for the training, however in certain regions not all places used. Length and the contents of the programme remains the same.

Continuous Professional Development:
The CME company created by the College of Family Physicians, publisher of the Journal "Lekarz Rodzinny" (Family Physician) and professional organizer of GP congresses is fully operational now. Nine clinical, standardized teaching modules are offered periodically in major cities. The training sessions are attended by significant number of physicians. The educational journal of the College has started educational programme based on the content of each issue of the journal. Nearly 1000 physicians are taking part in it. The work on the Internet based distance-learning programme is in progress. It should be ready at the end of next year.

What I have done in my country as a EURACT Council member
I have organized the Leonardo EURACT course in May in Zakopane, attended by teachers from 6 CE European countries. According to the initial evaluation it seems to be an important achievement.

PORTUGAL

In general
New Government, same Minister of Health, new Health Secretaries.
Medical Doctors and Nurses "under attack" in Hospitals – new contracts.
No news in what comes to Primary Care. New law mentioned in last report still not working…

BME
Trying to create first Medical School in Algarve (Faro). A lot of interest in BME in Europe.
Braga Medical School proposing 9 years Health Sciences + Medicine Doctorate.

VT
New 4 years VT Programme (elaboration was coordinated by myself) approved by Medical Association. It's the first time we have in Portugal a Medical Association VT Programme approved for General Practice.
Now, it will be negotiated with the Government…

CME
Criteria for CME events approval now ready. To be approved by all Colleges.

Work done as a EURACT Council member
One new Portuguese member joined EURACT.
ADSO, our Trainers and Teachers Association, started planning Teaching the Teachers courses for the next year, based on the new definition. I will supply EURACT documents.
Also willing to organize the "Rolling Course" in 2006 in collaboration with EURACT, and reproduce it afterwards.
ADSO accepted my proposition to translate, publish and distribute the "Educational Agenda".
I was at the Reykjavik UEMO meeting, where I had the opportunity to show some of EURACT work (CME-CPD, Definition, Educational Agenda, JDP).
A lot of people from UEMO showed interest in linking with EURACT.

ROMANIA

Basic Medical Education
- Family Medicine is studied within the 6th year
- Lack of exposure to family medicine practice
- Curriculum family medicine oriented
  10 Medical Universities

Continuing Medical Education
- Responsible body : the National College of Physicians
- 200 hours of CME in order to practice

- workshops, seminars, conferences, congresses, publishing medical articles or books, giving lectures or tutoring residents, different exams/titles obtained, subscriptions to medical journals.
- the first recertification will take place in 2005
- workshops on sexually transmitted diseases – 5000 participants

Postgraduate specialist training
- Compulsory in order to practice as family doctor
- Entrance after a national exam
- 3 years; 1year and 3 month in the general practice
- Several in-training residentship programs

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

- Report of the Funchal meeting
- Informing members about EURACT courses
- New members
- Keeping in touch and guiding JDP participants
- Sending the CPD document
- Presentation about CME to the National Conference from Suceava
- Exploring possibilities of organizing the rolling course and the Council meeting in my country

SLOVENIA

Undergraduate education
In the spring we I prepared curriculum for new medical school at University Maribor, which will be effective in year 2005/2006 (second year of medical school). We were refining some content items of the family medicine curriculum in the department in Ljubljana in for the academic year, which starts in October.

Vocational training
The family practice part of vocational training – workshops turned out very successful. It is a huge task for a relatively numberous gourp of participating GPs to fullfill high expectations of the residents. The next round will start in October.

CME
The Bled course moved to Kranjska Gora and was very succesfula also due to a broad support of EURACT and its memebers. This year I was for the first time in charge for the organisation and local support of the event. 1st annual meeting of teachers in F/GP in Europe was organised at the end of the course. We attracted 56 participants from 12 countries to the course and additional 10 active participations to the conference (from three additional countries). Course directors and participants evaluated both events as very successful. We attracted participants from Bosnia and Hercegovina for the first time and we have plans to attract participants from othe SE and African countries next year.

There are 10 other CME activites on the national level which were organised or are in the development for this year.

What Have I Done For Euract
I have organised the Bled course.

SWEDEN

Basic Medical Education
No major changes since previous meeting. The *differences* between the 6 medical faculties seem to continue. Uppsala University has not been able to agree on a new reformed medical curriculum (similar to those of other Universities eg Linköping, Umeå). It was supposed to start as from 2005 but has been postponed.
A brief summary of BME was given in the previous report (Madeira meeting).

Vocational training/speciality training
The *revision* of the VT/ST goes on. In August 2004 the *first drafts* by Socialstyrelsen (the Swedish National Board of Health and Welfare) and by the working-committe of SFAM (the Swedish Association of Family Medicine, website: www.sfam.nu) were circulated. In short it puts more emphasis on goal-oriented learning, the doctor´s own responsibility and more modern pedagogics.
The role of supervisors/tutors ("handledare") and directors of vocational/speciality training ("studierektorer") will be strenghtened.
Four major competencies are suggested: medical competence, communicative competence, leadership competence and competence within quality assurrance & scientific work.
Goals, learning method and method of evaluation are suggested for each sub-theme (objective).
For an overview of the present Swedish VT/ST and internship, please see the Madeira report.

Continuing Professional Development (CPD)
Not compulsory.
PLPs (Personal learning plans) and small-group learning ("FQ-groups") are promoted. Participation in courses/workshops/seminars on an individual level is popular.

A new national *aggreement between the drug-companies and the health authorities* will impact on future CPD-activities, not only what takes place during office-hours but also after-hours. Some doctors protest against these stricter regulations. Others applaude and hope that this may also "force" the employers to take a greater responsibility for funding of CPD-activites.

Health Care
The new national budget proposal of the government announces a transfer of national tax money to the Local and County/Provincial Health authorities due to their poor finances. Hospital-wards will continue to close down and some procedures are centralised to bigger units, while others are taken over by Primary Health Care. Also within Primary Care/General Practice cut downs are seen due to *financial constraints*. Home-based care is increasing, a big task for Family Physicians/PHC. The process of increasing efficiency puts more pressure on health personnel.
The number of people on sick-leave and/or early retirement due to illness is still extremely high. The cost amounts to figures close to the total health care expenditure.

What I have done in my country as EURACT-council member.
At a *national meeting* in May 2004 with directors of vocational/speciality training I gave a short presentation of EURACT in general, of the Educational Agenda and about the Hippocrates exchange programme (together with the Swedish coordinator).

Contacts (although scarce during holiday season) with the Swedish EURACT-members.
3 new membership applications.

SWITZERLAND

Basic Medical Education

In the common council of all Swiss Medical Faculties there has recently been accepted a consensus paper concerning the undergraduate education in general practice/family medicine stating for the first time that general practice / family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity. The initiative for this paper was launched by the still very small units for primary care at the universities, based on the Wonca Europe definition of general practice. This is a landmark for the still by no means unanimous acceptance of general practice as a specific discipline of its own.
The Swiss Catalogue of Learning Objectives for Undergraduate Medical Training, which was first composed two years ago based on the Dutch blueprint and which can be accessed (in English) at www.smifk.ch and downloaded at http://www.smifk.ch/Download.asp is about to be revised for the first time. We hope (and work) for a still better recognition of the objectives that are especially important for general practice.
In all units for family medicine at the medical faculties my colleagues try hard to expand the contact-time of the students with patients in a primary-care setting and with problems specific for our speciality. Progress is slow, however.

Specific training

In the field of vocational training we are about to revise the regulation for the curriculum and we base the learning goals also on the key features and core competencies listed in the Wonca Europe definition of general practice. We try to build in more ambulatory care in the 5 year's curriculum, which continues to be difficult as the training in primary-care practices is still not subsidised by the state or the insurances. So we are not able to guarantee a training post (even just for 3 months!) in a primary-care practice to every doctor in specialisation for primary care. Many just pass their 5 years of training in hospital posts, possibly part of it in ambulatory care in policlinics.
For the first time next year the postgraduate medical training (of all disciplines) has to undergo an accreditation by a state organisation for accreditation and quality assurance. We will see, whether this organisation will realise that something has to change in respect of the vocational training for primary care.

Continuing professional development

There exists a "quality label" for CPD, stating that a certain course or meeting can be especially approved and recommended if all the following 6 conditions are fullfilled:

1) The meeting is not prepared just by specialists for the general practitioners, but a GP is directly involved from the beginning in the preparation and plays an important part at the meeting itself.
2) The learning objectives of the meeting are clearly stated and published in advance.
3) Adaequate didactic methods are used, there is sufficient room for interaction and discussion
4) The meeting is evaluated by the participants
5) There are handouts which are clear an can be used in everyday's work in the surgery.
6) The official sponsoring charter of the Swiss association for general practice is respected.

So there are quite a few colleagues working to decide whether a certain CPD-event can get this label of quality-CPD.

"What have I done for EURACT?"

As I was newly appointed as EURACT council-member I did not have the time to do anything for EURACT besides studying the papers of previous meetings.

TURKEY

Sixth National Congress on Family Medicine was held in last May in Bursa with participation of 12 guest speakers from abroad.

Third Annual Conference will be held in May 2005 in Kuşadası and will be organised by my department. The main topic of the conference is "From family practice in primary care to the academic family medicine in the universities". We aim to develop the relations between family practitioners in primary care and family medicine academics in the universities. Our intention is to discuss projects relating to practice, teaching and research in general practice and jointly prepared by family doctors both practicing in primary care and working at the departments, in small groups during the conference.

Basic Medical Education
There is nothing new, different from what I wrote in my country report for Leicester meeting.

Vocational Training
It was planned to increase the number of family medicine training places. I mentioned this in my last report. As planned, this year about 700 new trainees have begun to their training period of three years. About 200 of them are registered in the vocational training programs of the departments of family medicine in the universities. Although this development, practical training in general practice is still a big problem concerning vocational training, and also, of course, for BME. The Ministery of Health promised that the teaching opportunities in health care system, especially in primary care would be created and the relations with the departments in the universities would be developed. But, in practice, no apperent attempt from MoH still exist.

CME
The most important CME activity in recent years is retraining program for practitioner physicians in primary care. I outlined the beginnig of the process in my last report. The programme is fully ready. As university departments and teachers (mostly EURACT members), we are ready. But still we are waiting for the organisation and implementation of the training by MoH.

What I have done as EURACT representative in Turkey?
I must admit that my efforts for EURACT was insufficient last year. I was absent in Madeira. First of all, I was very busy in my university. I am chief co-ordinator of medical student training in my school for two years. Besides, I was involved in MoH activities for preparing retraining program for primary care physicians.

UNITED KINGDOM

Basic Medical Education
- School examinations no longer helpful in determining medical school entry – too many grade As.
- Greater number and longer placements in the community needed, for medical and other health care students

Teaching departments being merged in medical schools; funding driven by research output. General practice identity at risk.

Foundation programme
- Two years post BME
- Wide variety of posts
- National curriculum
- General practice fighting for programme space
- Pilots now, full implementation August 2005

Specific training
- New national curriculum being developed (based on EURACT)
- Changes in training for all specialty training from 2007
- Possible opportunity to increase proportion spent in GP
- Consequential problems for training capacity

Continuing professional development
- Financial support for new entrants continues (HPE)
- Annual appraisal now happening
- No evidence that it has impacted on PDPs
- Quality controls for CME removed

"What have I done for EURACT?"
- Short report Madeira
- Teachers' course Zacopane
- Amsterdam WONCA meeting – Young Doctors, 3 Network, European Society Executive, Education Agenda
- EB teleconference
- Prepared Århus meeting
- Report for UK members
- The day job