Annex 1

Review of national educational activities After EURACT Council meeting in Vienna, November 2005

EURACT Council meeting
May 3-7, 2006
Turku, Finland

COMPILATION REVIEW OF ACTIVITIES
Turku Meeting, May 3-7, 2006

COMPILATION REVIEW OF ACTIVITIES
TURKU MEETING, May 3-7, 2006

ALBANIA

AUSTRIA

Basic Medical Education

Dr. Andreas Soennichsen (coming from Marburg/Germany) took up his position as professor and new head of the newly created "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg. At Medical University of Vienna (MUW) general practice has now a role in different blocks of the curriculum. There is a line element in GP in the 6 year of the curriculum where students have to see patients and be trained in specific skills of history taking and examination in medical offices of GPs. The department of general practice at MUW initiated a new project called **"Student's Platform for General Practice"** which will give students a platform for exchange between them and with experienced GP clinicians and teachers. With this initiative Manfred Maier wants to involve undergraduate students in gen. pract./primary care and wants to allow them a closer insight also in the scientific side of the specialty.

Vocational Training in General Practice

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). This group is in some respects a national equivalent to the Vasco da Gama Movement.

There are serious endeavors to compose a 6 years specialty training curriculum for GP/FM in Austria. The Austrian Society of General Practice has worked on it at its spring meeting in 2006. The Austrian medical Chamber has decided to implement GP specialty training – currently general practice is still not acknowledged as a specialty in Austria officially. However, although there was a common consensus within the Austrian Medical Chamber and the Austrian Society of General Practice to establish general practice as an specialty a historic chance to change the respective law was missed due to a formal problem (the resolution has not been handed on by the president of the Austrian Medical Chamber to the Ministry of Health).

Continuing Medical Education

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 but the methods used are primarily not connected with in-practice. The most common format of CME for GPs still is plenary lectures by specialists. But the Austrian Society of General Practice and its sister Societies strife to offer GP tailored CME interventions as do some other institutions as e.g. the Centre for General Practice of the Viennese Medical Chamber.

EURACT Austria

The main activity since the last CM, which took place in 11/06 in Vienna, was the afterwork and book keeping after the, as we were told, successful organisation of the CM in Austria. Due to careful spending of money EURACT Austria was able to return Euro 3.100.- to its main sponsor, the Austrian Society of General Practice (ÖGAM).

BELGIUM

Basic Medical Education

To define better the contribution of GP to basic medical education, the 4 head of Flemisch GP departments have written a "White Paper" to the deans and the educational committees of the 4 universities.

KULeuven as inaugurated the new prestigious skills lab: an integrated centre for skills training for student, trainees and CPD. Our department is involved with the subproject "virtual skills lab" (J.Degryse)
To stimulate more positive career choices for GP, KULeuven finally accepted to introduce an obligatory one month apprenticeship in GP for all students, during their apprenticeship year. We need to find 350 training months in a primary

care setting. It is crucial, because evaluation has showed that 72% of the student take their definite decision toward their specialty of choice during this 6th year of BME, just before starting the final 7th "co-assistant" year in their specialty of choice.

The UCL, our French sister university introduced an innovation : they offered an appointement for Jan Degryse as "combined full time professor", half time at KULeuven and half time at UCLouvain. And even more: they installed a "GP special chair in care for the elderly" with two joint appointements, one for Jan De Lepeleire from KULeuven and one for J.Gussekloo from Leiden University Netherlands.

Vocational Training
A task force is installed and started to rework the educational endpoints, based on EURACT Educational Agenda, the Danish computerised portfolio and the Dutch endpoint list. We joined Maastricht, Roumenia, Slovenia and Denmark in an application for Socrates project lines, also involving EURACT in this way

Continuing Medical Education/ CPD :
No news from the CME/CPD front : only some slight opening for electronic learning programs, all the rest stays like it always has been.

Health Care
Minister of Health and Social Care announced a two years "Plan for Primary Care" . He reserved a budget to support young starters, he helps network- or grouppractice organisation, and he support secretariat if it is in net-or grouppractice. Specialists do not like this idea. We will see what is coming out of it.

What did I do as a EURACT council member
Being busy on all different area's

BOSNIA & HERZEGOVINA
News from Family Medicine in B&H
Generally, further development and implementation of Family Medicine (FM) in Bosnia and Herzegovina is still in progress, regarding both practical and academic part.
Basic medical education
This is the best conducted part of FM education in all four Departments of FM in Bosnia and Herzegovina. The number of hours both lectures and practice in Family Medicine Teaching Centers has increased during 6th year of Medical Faculty. This part of education is completely conducted by local academic staff from Departments of FM.

Specialization Program
Eighth generation of FM residents are running residency program in Bosnia and Herzegovina. This part of education is still supported by Canadian teachers from Queen's University, Kingston. Canadian visitors have monthly academic half day with their lectures for Bosnian residents. This is very successful and very unique kind of international collaboration in education of FM residents. Curriculum for FM specialization is set in 1999 and next step is its revision and adjusting with programs from other European countries.

CPD/CME
Fourth generation of GPs started with Program of Additional Training (educational training for Family Medicine) supported by Ministry of Health. This annual training program will speed up implementation of FM in Bosnia and Herzegovina, regarding education of primary health care physicians and nurses, as well as implementation main principles of FM. Local academic staff also leads this part of education.

What I have done as EURACT Council member
After EURACT Council meeting in Vienna I delivered information from the meeting to all Bosnian EURACT members.
With EURACT colleagues from Italy I was involved in preparing of abstracts for two workshops in WONCA 2006, Florence.
Also, I was involved in preparing a workshop in Turku about multicultural approach to patients together with colleagues from Finland and Italy.

CROATIA

DENMARK

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Now 3 professors in Aarhus and 3 in Odense (2 for student training and 1 at the Research Unit) – only 1 in Copenhagen (one vacancy). Danish Medical Association has proposed a new BME, including ½ year "research-project-period".

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate "internship" for all doctors. In May 2006 this system might be dramatically changed – government wants to reduce 18 months basic training to 12 months – and that might be a disaster for GP and for our healthcare system as specialists in other specialities would lose their knowledge of the conditions in primary care. We are fighting against these changes – by all means! Another alternative might be shortening the GP-specialist training period by ½ year.

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 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.

In late autumn 2005 we had our yearly national course ("Lægedage 2005" – 5 days) – and for first time no sponsors at all for this course. The price for participating was rised a bit – but the total number of participants was the highest ever! Nearly one third of all GP's are now participating in this yearly event organized as a co-project between Danish College for GP's and GP's trade union.

Health care

A new contract for GP was agreed on – and now in action from April 1'st. We are satisfied – and the health authorities, too. A nice economic rise – and first of all 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" – inspiration from especially Kaiser Permanente in California.

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.

ESTONIA

In **basic medical education** no major changes since last meeting. Family medicine has its firm position in undergraduate education for all medical students. Department of family medicine is one of the 17 independent departments at the medical faculty. Discussions have been raised to diminish the number of clinical departments and reorganise smaller number but bigger departments.

In **vocational training** there has been a successful research training included in the training scheme- all trainees have to prepare and present a small project or study. This has been considered as a good example for all other disciplines by our university.

In **CME** we have started to build up courses on management of different chronic diseases- how family doctors and specialists work together to provide the best possible service. The recent first course was very successful.

In September 2006 Estonian Society of Family Doctors celebrates its 15th anniversary. A conference is under preparation as well as series of analysis of the changes occurred in health care.

FINLAND

Basic Medical Education

The main challenge is the high number of medical students. During the last years the intake has raised from less than 400 to more than 700. There has not been same increase in the amount of teachers and funding.

Another interesting issue is a project where nurses are trained to doctors. According to the European rules, medical education has to take the fixed time, not depending on your former education. This seems to have been a surprise to

some politicians as well as the fact that active nurses after medical education are not willing to start as GPs in the rural area, but merely look after leaders' posts.

Vocational training/specialist education
There are not many news in this area. It is possible to make a short specific training (two years) and work as a GP after this. But the specialist training takes four years more, half of it in hospital and half in general practice. Currently, nearly all doctors who intend to stay as GPs do their specialist training. In Finland, the trainees are nearly fully salaried and the state pays subsidy to their employer who is able to pay higher salary for the trainer, but the money is – unfortunately – not earmarked. One special point is that all specialist trainees (all specialties) have to serve nine months in general practice during their specialisation.

Continuing medical education
Trend to independent (not connected with pharmaceutical industry) CME has become into many institutions in Finland. And also the CME organised by medical industry has changed its forms. Pharmacotherapy Development Centre has powerfully promoted creation of CME groups and CME networks among GPs everywhere in Finland.

Health Care
Much emphasis has been put on development projects within the health care. There are some signs that project work has become more important than the basic work in the health care. Shortage of GPs is still prevailing in many areas. Many young doctors are salaried by the recruiting firms and the firms provide health care services for the municipalities (responsible for health care) and get high profits for their firms. In many ways, the Finnish health care is in a rapid change.

What have I done as a EURACT councillor?
Main emphasis has been n organising a council meeting in Turku.

GEORGIA
Introduction
Official history of the Family Medicine as a distinct specialty counts less than 10 years in Georgia. In 1997 special project supported by DFID started aiming at developing Family Medicine / General Practice as a specialty. However, there were attempts already made before that to develop Family Doctor's services; e.g. I still work with the company which in 1992 originally was established as a clinic of family physicians - "Family Doctor's Company Curatio" (which later developed into JSC "Curatio Medical Group"). Within the above mentioned clinic we developed Continuing Medical Education programme and internal vocational training of family doctors, because no official training for family physicians was available those days.

State Policy and International Donors for the Development of Family Medicine in Georgia
In 1999, Georgian Parliament adopted "Georgian National Health Policy" document, in which reform of the primary health care system got major attention. According to the above-mentioned document, the overall emphasis will be on the improvement of primary and preventive services. Substantial part of the resources will be shifted to primary health care from hospital services. The central issue in strengthening of primary health care system is planned to be the introduction of ***General Practitioners or Family Physicians***, who would be the central player in primary health care settings for the 2009.

Department for International Development (DFID), UK started to support development of primary health care system in Georgia in 1997. Within the DFID Primary Health Care projects (the last project is still being implemented), five family medicine demonstration sites were established in Tbilisi. Doctors (therapeutists, paediatricians) from these five outpatient clinics (former polyclinics) have been trained as family physicians in the framework of the above-mentioned project.
The project put emphasis on the re-training different medical specialists (already certified or licensed doctors) in family medicine. The length of training period is about 11 months later changed to 6 months. All specialists are trained based on the same training materials and curricula. Now this program is under revision.
The World Bank (WB) second health project in Georgia supports the implementation of selected components of Georgian National Health Policy. Particularly, the project aims "to improve the efficiency, quality, and accessibility of primary health care services…"
One component of the project is focused on the training of primary health care professionals (doctors, nurses and others). On the one hand the project supports development and strengthening of post-graduate training capacity to produce GPs/Family Physicians after graduation from basic medical education. On the other hand, it also supports re-training programmes through short-term residency training (like DFID). Finally, within WB project several hundred of

primary health care facilities (family medicine centres) are being refurbished and equipped in various regions of Georgia.

European Commission (EC) developed special project supporting development of primary health care system in Georgia. This project is entirely focused on one of the largest regions of Georgia Kakheti (in the east part of Georgia) and includes all types of activities needed for the development of relevant infrastructure and human resources in this region (situational analysis, needs assessment, refurbishment of primary health care facilities and training of doctors and nurses for these facilities).

Legal Basis for Practicing Family Medicine and Training in Family Medicine

Right to Independent Practice of Medicine

According to Georgian legislation (*Law of Georgia on "Doctor's Professional Activity"; 2001*) in order to obtain the right to independently practice medicine doctor has to hold the State Certificate. This certificate "determines the scope of independent medical practice" i.e. defines specialty. The only possibility to get specialty is to complete residency-training program and pass the State Certification Examination. Physician has right to practice medicine only in the specialty specified in the State Certificate.

Changing Medical Speciality

Physician having the right to practice medicine in one specialty may receive a state certificate of independent medical practice in other medical specialty(s) as well. If the new specialty chosen by a physician is adjacent to the original one, he/she may complete only certain part of the residency training program in the respective specialty ("re-training" or "mini-residency training"). If the new specialty is not adjacent to the specialty the certificate of which the physician has already obtained, doctor must undergo full time residency training program in the respective specialty. In both cases physician has to pass State Certification Examination and obtain State Certificate.

Family Medicine as a Medical Specialty

Based on the Law on "Doctors Professional Activity" Ministry of Labour, Health and Social Affairs in November 2001 issued special order #388/n which define the list of doctor's medical specialties. Family Medicine ("Family Physician") has been identified to be the separate specialty. Therefore, physician can practice family medicine only if after graduating from higher medical school he/she completes residency training in Family Medicine and passes the State Certification Examination specifically designed for family physicians.

Another order of the Minister of Labour, Health and Social Affairs – Order #130/n of 30 April 2002 defines "adjacent" medical specialties according which Family Medicine has the following adjacent specialties:

Internal Medicine, Pediatry, Gastroenterology, Nephrology, Pulmonology, Rheumatology, Physiotherapy, Clinical Pharmacology, Allergology & Immunology, Cardiology, Endocrinology, Neurology

So, if physician practicing medicine in one of the above-mentioned medical specialties decides to move into family medicine, he/she should undergo only part of the residency training program in family medicine (i.e. undergo re-training through existing 11 or 6 months programmes) and than pass the State Certification Examination.

Basic Medical Education

There are two State higher medical schools / universities in Georgia: a) Tbilisi State Medical University (the largest medical university in Georgia – more than 500 students graduating annually) and b) Faculty of Medicine of Tbilisi State University (smaller one – about 30 medial students annually).

On the other hand still there are various private higher schools which are focused on higher medical education or have separate faculty of medicine. Capacity of such schools/faculties is limited. Until recently (before accreditation of higher schools started based on new law on higher education) the number of private higher schools offering undergraduate medical education was under 70. Now their number is being decreased dramatically.

Undergraduate medical education at all higher schools lasts 6 years. No formal curriculum existed in family medicine/general practice on undergraduate level until recently.

This year Tbilisi State Medical University and State Medical Academy of Georgia merged. The letter brought with it the faculty of family medicine, which was responsible for postgraduate training (residency training or vocational training) in family medicine. At the moment this faculty, which became Department of Family Medicine of Tbilisi State Medical University is on its way of developing curriculum for undergraduate education in ***family medicine***.

Vocational training

There are two forms of vocational training in family medicine (the legal basis for vocational/postgraduate training is outlined above in the section "Legal Basis for Practicing Family Medicine and Training in Family Medicine"):

a) Full-time residency training based on 2.5 years programme;
b) Short-term residency training or re-training based on 11 and 6 months programmes.

Full-time residency training programme commenced in spring 2003, is leaded by Family Medicine Faculty of the State Medical Academy of Georgia, which now became Family Medicine Department of Tbilisi State Medical University (TSMU).

The number of trainees/residents within full-time residency training programme is still low. The first 5 residents graduated in October 2005. All of them passed State Certifying examinations and obtained State Certificate in Family Medicine. 3 of them now work for Family Medicine Department of TSMU. The overall number of residents currently undergoing training is 20:

1st year: 9 residents
2nd year: 6 residents
3rd year: 5 residents (graduating this year)

The number of residents in full-time residency training will is being increased gradually. Since 2005 state provides funds for overall full-time residency training programmes.

After completing re-training of critical mass of family doctors through short-term training or re-training programmes, full-time residency training will be the only way for family doctors training in Georgia. So, its productivity has to meet then the needs of the labour market of the country.

Current curriculum for full-time residency training in family medicine is under revision. The revision process started at the beginning of 2006 with the support of WB. New curriculum will provide for 3 years training and will be based on the new European Definition of Family Medicine (WONCA, 2002) and EURACT Educational Agenda of General Practice Family Medicine (2005).

Short-term residency training (re-training) started in 1997. Fewer than 200 doctors have been trained so far based on this programme. The programme includes 940 hours of training. Originally it lasted for 11 months (two weeks training followed by two week breaks). Later it was squeezed down to 6 months intensive training.

Training is being conducted at 5 family medicine training centres in Tbilisi and one centre in Mtskheta (near Tbilisi). 3 or 4 other training centres are planed to be opened in the regions of Georgia (two of them in Batumi and Kutaisi). At the moment only physicians from rural regions are being trained through the support of various donors and the state. No funds are available for re-training of physicians working in Tbilisi and other larger cities. Recently Family Medicine Department of TSMU commenced re-training programme using the same 940 hours curriculum for physicians who are able to find sponsors to cover training fees themselves.

There are several proposals to review existing short-term training (re-training) programme in Family Medicine. It seems absolutely logical to harmonize revision of short-term residency training programme with the ongoing revision process of full time residency training curriculum and built it upon the new European Definition of Family Medicine (WONCA, 2002) and EURACT Educational Agenda of General Practice Family Medicine (2005).

Continuing medical education

Continuing Medical Education (CME)/Continuing Professional Development (CPD) is mandatory for physicians in Georgia. Participation in CME/CPD system is absolutely required by law (Law on Doctor's Professional Activity) for re-validation of doctors in Georgia; i.e. for prolonging the term (5 years) of State Certificate in a given specialty.

CME system was legally introduced in 2001 based on the Law on Doctor's Professional Activity. However, practically it started in 2003 after establishment of the body responsible for the overall management of CME system (policy development as well as accreditation, quality assurance and monitoring of CME programmes). In 2005 this system was changed to CPD system, which now includes other forms of continuing professional development rather than only CME activities.

There quite large number of CME programmes offered to family doctors and other primary health care professionals. At the moment Family Medicine Department of TSMU has 15 accredited CME programmes specifically designed for family doctors. These programmes mostly last for 1 or 2 days (few of them for 3 days). At the moment usually state do not provide funds for CME activities. It is funded by doctors themselves or pharmaceutical companies or donor organizations. According existing regulations CME activities should be entirely free of any commercial interest from pharmaceutical and other types of companies.

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

Being the new member of the EURACT Council I am mostly busy with information dissemination from EURACT to Georgian colleagues and vice versa.

I am trying to promote development of EURACT in my country. Together with my colleagues I am trying to promote Leonardo EURACT course for Trainers in Family Medicine as a basis for training of teachers in family medicine in Georgia. Also, we argue to base the new short-term training curriculum in family medicine on EURACT Educational Agenda of General Practice Family Medicine. We have discussed this with various stakeholders, donor organizations and experts being involved in the revision of short-term residency training programme in family medicine.

I plan to prepare publication on EURACT in Georgian for one of the local medical journals.

GREECE

Basic Medical Education

Awaiting for next October the implementation of pregraduate exposure [theoretical and practical] of medical students of the two largest medical faculties of the country.

Specific training

The Committee on Education – Training of GPs has not yet started the audit about the Log Book of Vocational Training implementation and use, as upcoming elections for the Executive Board of ELEGEIA might have consequences for the presence of certain of its members.

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

The Greek Association of GPs is the only body which is developing, organising, running and funding CME programmes in the country. The latest acquisition is the creation of a yearly "Geriatric" School which run for the first time with great success with 30 motivated participants between 09 and 12 of March 2006 in Micro Chorio Evrytanias, a mountain resort of Central Greece.

Health System

A new law on the future organization and restructuring of the Primary Health Care sector in Greece is still awaited with much anticipation for 2006. The change of the Minister of health also postponed its discussion, voting by the Parliament and application.

IRELAND

Undergraduate:

Over the last decade the numbers of non-EU medical students has greatly increased. They come mainly from Malaysia and the Middle East. Their fees have been used by the Universities to subsidise the education of local students as the Universities have had little increase in monies from the Government in recent years.

Two important Government reports have been published this 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.

Postgraduate:

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. As there are only 2000 GPs in the country ti means that more and more GPs will be involved in teaching at undergraduate or postgraduate level, perhaps up to 40% of all practicing GPs

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!

ISRAEL

Basic Medical Education

Hava Tabenkin reports from Afula that medical students are receiving instruction on prevention, hypertension, diabetes, asthma and back pain in urban and rural clinics and in different ethnic communities. Teaching is done in small groups with case presentations. Shlomo Vinker reports that family presentations are now compulsory for all medical students in the Tel Aviv clerkship.

Vocational Training

Aya Biderman reports from Be'er Sheva on a new 2-stage OSCE for residents on breaking bad news about HIV and AIDS. The training workshop received good evaluations from the residents. In Afula residents enjoy a strong relationship with the regional hopital and parity with residents in other disciplines. There are formal course to prepare trainess for summative exams in family medicine. Family presentations and a research project are now compulsory for first year residents. An OSCE tests residents' knowledge and skills at the end of each year. There is a research day every year for presentation of residents' projects. Eli Kitai reports from Leumit that residents are getting training in EBM by writing clinical guidelines. The project has been described in a publication. An electronic mail list is being used to transfer educational material to trainees. Shlomo Vinker reports from Tel Aviv University that the residents have a new course in the diploma program in cross-cultural medicine. He also reports that In the IDF residency program the procedings of academic meetings including journal clubs, clinical topics and case reports are being published and put on an intranet which improves the quality of the meetings. Andre Matalon reports from Tel Aviv on a successful departmental research day with 12 original presentations from trainees and trainers.

CME

Howard Tandeter reports that The School of Continuing Medical Education at Ben-Gurion University is in charge of the National CME programs for Family Medicine and Pediatrics for Clalit Health Services. Participants in these courses receive a diploma and Credit Points from the Scientific Medical Council of the Israel Medical Association. It also presents CME courses in other areas such as Psychotherapy, Palliative care, Women's Health, Pharmacy, complementary and alternative medcine, mini-courses and personally tailored programs. This year, Dr. Howard Tandeter, was elected as acting director of this school. His view was to transform the School of CME as a simple "umbrella" for the development of CME courses to an active educational body. His actions led to the following results: Coordinators for all the courses organized by the school where given the right for academic promotion at BGU (Lecturer and Senior Lecturer positions), electronic access to the Medical Library of Soroka Medical Center access to a medical education journal (Medical Teacher, Teaching and Learning in Medicine) an organized feedback process to assess educational outcomes, consultation with a specialist in medical education and a workshop on learning styles and medical education Pesach Shvartzman also reports from Be'er Sheva on courses on pain control and practical office procedures for family doctors. In CME in the Afula region there are 60 specialists in family medicine and many GPs who participate in weekly CME that consists of clincial topics, doctor patient communication skills and psychosocial aspects of practice. CME for Leumit GPs is being done by distance learning and videoconferences. Assessment is done by examination on the GP's own office computer. The Jerusalem department ran this year's successful national Ben Meir research day in family medicine.

Faculty development

Shmuel Reiss reports from Haifa on a successful faculty development workshop on teaching communication skills. They have also published on the effect of the computer on doctor-patient communication and are working on a course on EBM for teachers. He is also continuing with efforts to teach about medicine during the Holocaust and is preparing a comparative study on teaching this in Germany and Israel. In his words: "I am now very confident that it is about ethics and moral reasoning and conduct, but also about professionalism and the formation and character development of clinicians." Faculty development in Tel Aviv has moved forward his year with a Balint group for trainers, a monthly group supervision workshop for trainers and a research workshop for trainers.

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 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 by Nat. Rep.). The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection of tutors and practices. Now the big change could come from the Educational Agenda and I can announce a big news: the translation of EURACT Educational Agenda in Italian is made with a cooperation work from

eight EURACT members, divided equally in female and male, from North and South of Italy and from four different Italian Societies of GPs. The printed version will be presented at WONCA2006 in Florence.
In two meetings, in Treviso and in Rome, the National Representative pushed on necessities for an organised and national scheme involving directly GPs as teachers and tutors for the students.
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 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
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, no sponsorship is 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.
As announced in paragraph " Postgraduate specialist training " National Representative presented everywhere and every time possible the Educational Agenda, and, after receiving a clarification from Editor and EURACT about international procedure, got a national consensus on translation at Task Force Meeting in Rome.
So, we succeeded on difficulties, and in short time, with eight colleagues, all EURACT members, one colleague in charge for print, with Nat. Rep. supervising and managing and enrolling four male as well as four female EURACT members, divided as working in North , in Central and in South Italy, members for at least four different Italian Societies, the miracle happened ...and we have many and 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 now on EURACT website. Printed copies will presented at WONCA2006 in Florence

Nat. Rep. got other five papers of his published these last months on European Journal of General Practice, on British Journal General Practice, on British Medical Journal, on Family Practice, on Slovenian Journal of Family Medicine and on weekly Italian magazine (just every time with themes concerning EURACT, two expressly only on EURACT). So EURACT persists to be known, as it was in all these long years in Council, even if EJGP got some stopping in publications for well reasons.

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 (for the fist time) and for specializing doctors in Internal medicine with enlargement of duties.

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 will decide how to manage this situation at the best as soon as possible.

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. A national meeting would be in preparation by the Nat. Rep. just during the WONCA Congress in Florence.

About WONCA organization in Florence, as EURACT Executive, EURACT members and WONCA Europe President got informed since the beginning in 2003, there was an initial exclusion, for all networks. The situation seems to be changed as representation, but really no real political space and involvement is left to the Networks as it was well in Amsterdam and Kos: other issues were privileged and keynote speakers from outside and nothing linked with us as members and as contents.
Anyway, the Nat. Rep. , by himself, is in International Advisory Board, and in charge as reviewer and as chairman.

LITHUANIA

Health Care system

Currently, the major problem in health care system is financing, which is generally around the level of 4.3 percents of annual GDP. A year ago, when financing for health care was increased, only secondary and tertiary health care institutions benefited from it. PHC financing has actually decreased due to limits that were put on number of patients on the physician's list -1550 patients. This also increased discrepancy between salaries of PHC physicians and consultants in ambulatory care or hospitals. Now, since May 2nd, Government announced the increase in PHC financing. We will see what that means in practical terms, but overall feeling is not very optimistic.

BME

No significant news so far. Teaching of FM in Vilnius University still going on during the last term of the year 5, including, group work, seminars, visits to FM centers and time in practice. However, this is not the best time to present the discipline that could be chosen as a future specialty.

Vocational training

Vocational training schemes, being extended up to 3 years lately, have significantly more rotations in Family Practice now. 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.

CME/CPD

Activities are mainly influenced by the current licensing system, with 200 credit hours to be collected during the 5 year period. Fortunately, only CME activities that are organized together with Universities or professional organizations, can be included for licensing. This limits to a certain extent influence of pharmaceutical industry, although not as much as it could be expected. No personal learning plans introduced for CPD yet.

MALTA

Basic Medical Education
This is provided by the University of Malta. Since 2001, the University Department of Family Medicine (presently consisting of 6 part-time lecturers) provides undergraduate teaching (lectures, tutorials, community attachments) to 3rd. 4th and 5th year medical students.

Vocational Training
The Malta College of Family Doctors (MCFD) is responsible for the academic aspect of vocational training, with the government's Department of Primary Health Care responsible for the organisation.

- Two MCFD-RCGP Teachers' Courses in Family Medicine were held in Malta during 2002-3 and 2004 (with an advanced module planned for next June 2006).
- The National Coordinator of Family Doctor Training Scheme was appointed in June 2005.
- GP Trainees were selected in March 2006.
- The Specialist Training Programme in Family Medicine is planned to start in July 2006, after selection of Trainers.

Continuing Medical Education
This is organised by the 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, there is accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units.

Malta Health System
In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Just over 300 family doctors have been nominated to the Specialist Family Doctor Register by the Specialist Accreditation Committee (Malta) on the recommendation of the Malta College of Family Doctors.

Council Member Activities
In June 2005, I was nominated National Coordinator, Family Doctor Training Scheme - Malta. In July 2005, I edited the MCFD document 'Specialist Training Programme in Family Medicine – Malta'. Also in 2005, I was appointed member of the MCFD Membership Board & Curriculum Team.
During 2005-2006, I organised MCFD CPD Meetings on Musculoskeletal Problems and Community Child Health in Malta. In January 2006, I was co-editor of an MCFD publication entitled 'Community Child Health Update'.
In May 2006, I will be leading a group of 6 Maltese GP-Trainers to participate in the Leonardo EURACT Course for Trainers in Family Medicine in Portugal.

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. The difference for the citizen is the premium he has to pay. Most people had a percentage of their income deducted from their income which was payed to a health insurance by the employer. From now on, everybody will have to pay the same premium directly to a personnaly chosen health insurance company. Persons with a low income will receive a care adjustment (approximately € 560 per person per year maximum). The health insurance companies have launched an aggressive campaign to attract as many subscribers to their insurance as possible. The premium became lower then expected (€ 1000 per person instead of € 1150) and many expect that next year these costs will be raised by 15% since the companies are losing money. Furthermore they spend € 5 million on commercials, advertisements, brochures and gadgets.
For the GP's the change is enormous. We went from a full capitation for 70% of our patients and fee for service in the remaining 30 % to a mixed system for all. We have a small capitation (€ 52) for every patient on our list and fee for service. The consultation fee € 9; not a joke !!!) Since many people changed their health insurance to another company, and could change back before April 1st we have great difficulty billing to the health insurance companies. Computer programmes were not ready, had the normal flaws when they were ready but not tested. Health insurance companies are offering advance money so the practices can be kept running.
There is a lot of anxiety and anger amongst the GP's. Several fear that their income will drop maybe by 30%. Others are getting ready to charge any activity they can charge. We received a 25 page booklet with examples how to bill our activities.

Basic medical education
The BaMa structure will come into effect probably next year. We now see the shape of a normal Master in Medicine (3 yrs) but also a Master in Medicine and Science (4 years). The latter will be offered to Bachelors of related biomedical sciences. Nobody knows exactly where we are going and what the results will be.
The government has declined to lower the number of medical students entering medical school although predictions indicate he is producing more doctors then needed. He likes some market competition, or thinks he can lower incomes if more doctors are available.

Vocational training
The shortage of GP's will be less then predicted. This means that the number of new trainees will stay around 570-590 a year. 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, communcation skills. All vocational training schemes have expertise to offer.
The heads of the Vocational training in the Netherlands would like to exchange experiences with other countries.

CME/HPT
No new developments

NORWAY

POLAND
Undergraduate education:
Nothing new in this field. The new curriculum with minimum of 100 teaching hours allocated to family medicine is preset at all university medical schools in Poland. All of them have departments of family medicine, providing undergraduate teaching. However still about a half of them provide education outside of general practice even in hospitals or its specialist ambulatory settings.

Postgraduate education:
Less and less graduates are interested in family medicine. We observe also decrease of specialists for the retraining programmes. This is mainly due to unclear state policy giving internists the same (in some cases even more advantageous) working conditions in PHC. The training programme is rather stable and relatively regularly financed.

Continuous Professional Development:
Credit based re-certification programmes attract more and more physicians. The courses and conferences have mainly traditional ex-cathedra teaching style and their contents are strongly influenced by pharmaceutical companies, which are main sponsors of many educational activities.

What I have done in my country as a EURACT Council member
The Leonardo EURACT course has been successfully implemented and is extremely popular now. Several national and local courses already took place, many others are planned. Over 200 physicians are trained. I coordinate the implementation process, which is strongly (also financially) supported by the College of Family Physicians in Poland. Implementation of EURACT Educational Agenda is progressing successfully. The National Conference of Teachers in Family Medicine which took place on March 31 – April 1, 2006 in Cracow was focused on this issue. Six workshops, one on each of he core competencies were organized during the conference. Now team of about 15 authors from main academic centres is working on Polish edition of EEA. The working title is of the booklet is EURACT Educational Agenda for Poland. We expect to publish it at the end of summer holidays.

PORTUGAL
In general
New "Family Health Unities" (USFs) are now "on the ground". Small groups of Doctors, Nurses and other staff working inside or outside Health Centres, with autonomy and increased responsibility towards patients. Payment will depend on amount and quality of work, as defined through consensual health indicators and typified patient lists. Computerising is mandatory. Five USF types will be possible, from public to private. Groups will define own programmes.
Already 80 USFs are being created, hopefully there will be 100 this year.

The reform is being applied under supervision of a "Mission Team", with several GPs (2 are EURACT members). Still some doubts prevail, namely on syndicate matters.

Basic Medical Education
New Medical Course in Algarve under international evaluation. Prospects look good.

Vocational Training
New VT programmes for all specialties are now being published, after changes on general law. All will have a "Common Year", with a period of General Practice. New GP 4 year VT Programme ready, approved by the Medical Association, waiting for governmental approval. Prospects look good.

Continuing Medical Education
No news.

Work done as a EURACT Council member
Three new Portuguese members joined EURACT, one of them the President of the College.
Preparation for the "Rolling Course", to start next May the 17th, is going well. Support from Teachers Association (ADSO), Medical Association, local Mayors, Health Administration. Sponsorship from Medical Informatics company (MNI). Total of 28 candidates from 11 Countries.
Educational Agenda translated, ready for publication. Short version prepared by myself, ready to show at Turku.
Portuguese short version of 2005 Definition published and widely distributed (6000 copies, 4000 sent by mail to GPs), waiting for publication and wide distribution (soon, hopefully).
Several presentations on Definition and Educational Agenda.

ROMANIA
Basic Medical Education
No news since my last report. All Romanian medical schools have departments of general practice. General practice is taught in the 6th year of BME. There are between one and six weeks of training in general practice (varying upon universities) which most of the time is organized in practices under supervision of a trainer.

Postgraduate specialist training
In order to harmonize the curriculum for VT all over Europe, UE experts recommended last autumn some changes of the Romanian curriculum for VT. A proposal was submitted in January to the authorities by a group of trainers in General Practice. There is no answer and no changes till now.
Lots of GP trainees are leaving general practice in favor of other specialties or for working abroad.

Continuing Medical Education
The National College of Physicians established some new rules for CME. There are no changes within the recertification procedure: in order to get the license to practice a doctor needs 200 credits of CME in the last 5 years. A credit is defined as "one hour of effective activity". Some news is concerning the fact that one third of these credits should be gathered from the participation at courses (lectures) and a single lecture cannot last more than 2 hours. Also some rules for distance learning are specified. This new law put emphasis on formal CME and it doesn't take into account any strategies for quality improvement.

General practice
The selling of the practices to the GP's was stopped and the government promised to put it in practice in July.
The GP are very concerned about the new law that decides to allocate to each of them a certain amount of money for their patient prescriptions and laboratory. The GP's would not be aloud to spend more than allocate other way they will have to pay themselves. There is a general point of view that this accountability will be a new bureaucratic task for the GP's and their therapeutic decision will be affected.

What I have done in my country as a EURACT Council member
- Report of the Vienna meeting for the Romanian members, information about EURACT course and conference, Florence conference eg
- Presentation about EURACT at a GP conference (Bucharest, March 2006)
- Presentation about EURACT activities, documents - mainly about Educational Agenda to the Conference of the GP Departament in Iasi (November 2005)

- Working group for translation of Educational Agenda – work in progress.

RUSSIA

Basic Medical Education

General practice as a medical specialty did not included to national standard of undergraduate training. However in some medical universities in Moscow, St-Petersburg, Petrozavodsk (Karelia) the two weeks training is included to curriculum of 6 year.(In Russia BME takes 6 years).

Vocational Training in General Practice

VT takes place at departments of general practice of medical universities or of postgraduate institutions. It is two years training with rotation in hospitals and outpatients units and in general practice. Because these departments are not established at every universities a lack of places for residents are observed. From other hand the work in general practice is not prestige for graduated doctors who would like to work more as a specialists. It seems to me that some positive changes will start because new national project of government lets rise the salaryes of PHC doctors including GPs and equip PHC units. The plans of training of residents at GP's department which was sent from Ministry of Health to our Academy shows that more places for VT will be open in year 2006-2007.

Continuing Medical Education

The system is still stable, Every 5 years every doctor has take one month course and pass exam. But this system is under criticism now. The credits system of CME is discussed very widely. St-Petersburg association of GP's which was established in 1999 as a first professional association of GP's in Russia, gives to us very good possibility to work out the new model of CME. We organized the small session, group discussion, short courses for manual skills training. The evaluation of first experience of this training was very positive.

EURACT events

The New Education agenda will be presented shortly on May 15 at All Russian conference which will take place in St-Petersburg. The translation to Russian will started in June. The minutes about Turku meeting will be published in the number 2 of "Russian Family Doctor" journal (this Journal published from 1997 4 times a year).

SERBIA & MONTENEGRO

Basic Medical Education

Although general practice is not a subject at undergraduate level, it has been introduced with subject " Clinical practice " at some Schools of Medicine. Within that subject, under patronage of social medicine, part " Doctor in community " has been organized. Medical students at the second year are obliged to spend 10 hours in primary care, in general practice, visiting families with health care professionalists. Mentors- general practitioners are responsible for activities of the students in Primary Health Centres and in the families.

Vocational Training

No news, yet.

CME

Leonardo Course for mentors in general practice was organized in February, 2006 with the support of School of Medicine, University of Belgrade. Forty two doctors from the whole country participated. Full response rate of all invited doctors was established. Satisfaction of doctors and organizers was reported.

What I have done as a EURACT Council member

- Report from Vienna meeting to all EURACT members and all members of the Department of General practice, School of Medicine, University of Belgrade
- Contacts with the representatives of School of Medicine, University of Belgrade concerning EURACT activities and Educational Agenda
- Organizing meetings for preparation of Leonardo Course in Belgrade
- Member of Organizing Committee (Honorary Secretary) for Leonardo Course performed in Belgrade
- Presentation about EURACT and Educational Agenda
- Making preparation for another Leonardo Course planned to be held in Novi Sad at the beginning of June 2006
- Organizing a meeting for GPs who are going to run another Leonardo Course, planned to be held in Belgrade
- Providing Educational Agenda booklets for Departments of General Practice and for general practitioners

- Motivating colleagues to join EURACT- several of them are applicants for EURACT membership; two of them are members of the Department of General Practice, School of Medicine, University of Belgrade, and the third one is GP-PhD from southern part of the country

SLOVENIA

Undergraduate education

We are working on teachers manual for the students' attachment curricula. FP Department was heavily involved in education of teachers of Ljubljana Medical School.

Vocational training

The Vocational training for family medicine trainees continued. We started the 5th group of trainees in April. The task force on development of new VT curricula for hospital part of the FP training started to work.

CME

We initiated preparations for the 15th Bled course in 2006 (September 19-23). Community orientation was accepted for the theme of this Bled course (http://www.drmed.org/index.php?podkat=25). The meeting is aiming at the educators in primary care who are involved in teaching at university or practice level. The aim of the course is to work on a fifth core competence of a FP/GP as adopted by EURACT Educational agenda, which encompasses the ability to reconcile the health needs of individual patients and the health needs of the community in which they work in balance with available resources. TO KNOW the methods for needs assessment of the individual patients and the community and the resources of the community. TO UNDERSTAND the balance between the needs of the patients and the community and resources available. TO KNOW HOW

- to assess the patients' social and existential needs
- to assess the community health care needs
- to relate information on social services and structures to the patient
- to communicate with social services and structures outside health care system
- to keep records on collaboration with other services
- to use available evidence to make management decisions in community oriented care.

TO ACCEPT that community orientation is an important aspect of FP/GP care and the limitation of the available resources in designing community programmes
TO APPRECIATE the coexistence and support of formal and informal support from the community in managing patients' social and existential problems
TO VALUE the role of broader teamwork in managing the patients' social problems and TO VALUE reflection in the community oriented work

There were 53 other CME activities organised on the national level and many local meetings under the patronage of Slvoene family medicine society from the last meeting.

WHAT HAVE I DONE FOR EURACT

I organised one big meeting and support other 4 and started to prepare the 15th Bled course. I evaluate a bunch of abstracts for joint EGPRN/EURACT meeting and for the Florence WONCA Europe meeting.

SPAIN

Basical medical education

No important changes in the Spanish Universities only that the number of yearly graduates seems to be to short for he country health needs. Most of them go to specific training for specialities others that Family and Community Medicine, and in our opinion that happens because we still don't have Departments in Primary Care/Family Medicine and the students are not aware that WE exist as a specialty and a good professional and personal development opportunity.

Specific training

The number of Family and Community Medicine trainees coming from other countries has increased very much, mostly are people from Latin-American and Eastern Europe countries. Actually we are in the second year of our new 4 years programme and during 2006 we start with portfolio as formative assessment since the first year in all over the country. The total number of offered posts for specific training last year was 6000 (all specialities) but only 1800 for Family and Community Medicine (less that 50%). The new and latest threat for our speciality is the creation of the speciality of emergences to work not only in emergence hospital services but also in primary care posts and after ours care.

We have summative assessment after each stage but we still don't have a final global summative assessment.

CME
As usual not mandatory but useful for professional carriere that is being implemented in almost regions of the country and means an increase in the salary budget of all the doctors. Most of the professional carriere takes in account the self education of the doctors, but also the activity in research and teaching. The really problem is that the model in not adapted and developed for Primary Care.

SWEDEN
Basic Medical Education
Early exposure to general practice and professional development – important parts of curricula. Increasing integration between different subjects.
- Students ***meet patients in primary care*** during their very first term at Medical School, e.g. at a health centre, at a home-visit.
- ***Professional development*** starts as a theme from first term and onwards during BME.
- ***Integration*** between basic medical science and clinical medicine. Theory is learnt in context. Subjects during the first term at Uppsala Univ are: Medical introduction; Circulation and respiration; Energy and nutrition balance; Communication, nerves and psyche/soul; Professional development.
- ***Human science parts.*** At Lund Univ there is a volontary course "Life, love and death" during term 4 or 5.

Vocational training
Ongoing revision of framework and training objectives; assessments are increasing:
- ***"Mitt-i-ST***", an assessment halfway of VT by an external person ("examiner"), and the final ***Specialist exam*** are becoming more popular. Applications have increased in 2006. Both are volontary.
- A draft describing the ***role and duties of Directors of VT*** is now available and is being discussed. The process takes a bit of time as the final document will apply to any director, no matter the medical discipline.
- ***Revision*** of the official description of ***training objectives (VT) in GP/FM*** will hopefully be ready by 2007. It is learner-centred, stresses own responsibility for learning and focus on performance.

Continuing Professional Development
Quality assurance, electronic portfolio:
- ***The Swedish Medical Association*** (all disciplines) is working on establishing an *electronic educational guideline and portfolio* for doctors of all disciplines. It will assist the doctor in taking own responsibility for CPD, for patient safety and quality assurance.

Health Care
Financial constraints, shortage of doctors, future of family medicine:
- Many County Councils (health regions) have ***financial problems*** although the economy of Sweden as a whole is going well. This affects the daily work.
- Many family doctors/GPs will be ***leaving work due to age*** within the next 5-10 years. Trainees to replace them are still too few.
- Several counties are busy ***reorganising the health care and new models*** have started. What is the future role of GP/family medicine? This is being discussed electronically amongst GPs.

What have I done for EURACT?"
- ***Informing*** about EURACT on several ocasions.
- ***Article*** about WONCA Kos and EURACT work, published in the Swedish Journal of Family Medicine "AllmänMedicin", No 1/2006.
- ***Started preparations*** for a EURACT Council meeting in Sweden Autumn 2007.

SWITZERLAND
The main event in Switzerland concerning primary care was the first ever demonstration on the streets of Bern of the Swiss primary care physisians.
One of the core requests was more general practice / primary care at the universities and in vocational training for GPs i.e. more money for the training in the practice and the community instead of the hospital.
This demonstration took place before the house of parliament on 1st of April 2006 with about 12,000 participants!

UNITED KINGDOM

Basic Medical Education

The Undergraduate Medical Schools have been very concerned this year with ensuring their students are successfully placed in the new Foundation Programmes for the first two years of their careers. This has been a heavy administrative workload and has involved the Medical Schools working closely with Postgraduate Deaneries (who commission Training placements for all doctors in training in the UK), to ensure a smooth transition from the student role to trainee doctor. The Graduate-entry Schools are about to produce their first Medical graduates and there are encouraging signs that taking mature entrants with previous University education may be producing a different type of doctor, certainly one who is better able to cope with the pace of change in the delivery of Health care in the UK.

At present the Medical Schools have chosen not to take forward the concept of professional GMC registration for students, as I reported last time, but this is still in discussion.

Vocational Training for General Practice

The change from "Vocational Training Schemes" to GP Specialty Training Programmes will start in August 2007. Hopefully, a belief that a career in General Practice retains an element of Vocation will continue. 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 examination or assessment. This is currently being finalised and will replace the present system between now and 2009.

As many of you know, not only has Justin retired from his main role in GP Education in the UK, but one of his Employers has also been made redundant! The PMETB (Postgraduate Medical Education Training Board) has replaced the body which previously was responsible for the Certification process for doctors completing GP training. This new Board is on a very steep learning curve as it has also taken on the Certification role of **all** doctors in training, working closely with the GMC, Medical Schools and Specialty Colleges. I know Justin sends them "Best Wishes" as they try to match the excellent work previously carried out by him and a small team in our GP College.

A professional approach to being an Educator has been developed; several Universities have Postgraduate courses, up to Masters level, in Medical Education. Potential, and current, GP Trainers are being encouraged to study in these course to obtain further knowledge, skills and experience as well as a recognised qualification. Those who have completed these courses feel they are better able to cope with the issues of being an Educator and it gives a more professional shine to their work which has often been undervalued.

We have managed to obtain a single Recruitment process this year for GP training. This was run as on-line through a National office. It is anticipated that final Selection processes throughout the UK will be harmonised during the coming year. Many other Specialties are adapting our process for their own recruitment which is flattering.

Continuing Professional Development

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. In spite of rumours of retirement, Justin will continue 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. This has given GP educators an opportunity to expand their capacity and methods of delivery of training as the learning needs of these

doctors are different from those of standard GP trainees. Already we are seeing doctors applying for GP training beyond this Foundation Programme who are better prepared for that training.

Summary

This has been a year of change for Education in Primary care in the UK. These changes have been at all levels and in all organisations, but I believe we can be optimistic that there is a thread of understanding developing between the philosophies of undergraduate and postgraduate organisations.