Annex 1

Review of national educational activities after EURACT Council meeting in Dublin, 2002

EURACT Council meeting
May 7–10, 2003
Vilnius, Lithuania

COMPILATION REVIEW OF ACTIVITIES
VILNIUS MEETING, May 7-11, 2003

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. We are trying to introduce Family Medicine in the curricula of the medical students in the next academic year.

Postgraduate Training
The duration of Postgraduate Training in Family Medicine in Albania is still two years. Due to economic constraints and many other reasons it was not possible to extend the programme to three years.

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.

AUSTRIA
Pregraduate education:
1400 students started to study medicine at the University of Vienna with the new curriculum in October 2002. The role of General-Practice-teaching is to discuss with them in seminars the role of the doctors` job and family medicine-problems. We also give lectures about home visits, palliative care, ethnic problems and family medicine. This teaching will be mainly in May and June 2003.
The students came also to GP-practices, geriatric centers, specialists´s offices or hospitals for one week in October. The aim is to give the students an overview about the varieties of the doctor`s work.
At the end of June there will be a summative examination. But for the second part of the curriculum there are only 570 study places available and so only 570 students can go on with their study.
There is an information started for GP-training practices, who are willing to teach students either for one week in the coming study.year or for 4 weeks in summertime.
In the 3rd part of the curriculum each student has to be about 4 weeks in a GP-training practice
and this training (contents and trainer-teaching) is worked out by the Institute of GP n

Postgraduate education:
The WONCA document about the European Definition of GP has been translated into German and is a good help for teaching.
The Finnish guide-lines are being translated from English into German by the Austrian Society of GP.
The VT for GPS is still the same hospital oriented training. But there is a discussion about a special training for those , who really want to become a specialist in General Practice, and also to fulfil the EU-law in a better way.
After VT the young doctors have to wait quite some time before they can get a contract with the insurance company, in Vienna there is a waiting list of 1200 doctors.

CME:
Consensus Conferences are organized by the Austrian Society of GP f.i. for the topic of `resistance of antibiotics`, or `secondary prevention after heart- attack`.
The CME structure is changed to a more GP oriented program and the role of the specialists are more reduced.
Quality assurance is becoming more important and there is much interest in the new CPD-paper of EURACT.
Each year a workshop about family medicine is offered and a Course about palliative care is worked out by the Austrian society of GP.

The Winter Conference on the Arlberg in January was a great success and there will be another Conference next year.
The Slovenian Society is invited to participate at the Hausärztekongress in Bad Gleichenberg from June 7.-10. 2003.
All offices are getting more computerized for every day work now, as since January 2003 all sickcards have to be counted by a computer. Those offices who have no computer get it done by the insurance company, but for extrapayment.
There was also some financial support from the insurance companies for installing the computer.

After the election we have the same political situation again. The health care system is discussed and it seems that it will be more expensive for the patients. Group-practices are allowed and slowly developing, but the list system is of no interest.
At the moment there is more focusing on reducing the early retirement of the people and to build up a new pension finance-system.

What was is done for EURACT in my country:

° report to the Austrian society of GP
° discussion in the doctors' Chamber about CME structure with EURACT papers
° information at the Institute of GP about the work in EURACT and the workshops
° information of the members
° information of a newspaper, which will publish an article about EURACT

BELGIUM
Basic Medical Education

The faculty offers us the possibility of introducing a month of GP training as part of the official internship year, which in our curriculum takes place in the 6th year. We hesitate to use our good training places for this purpose : we have already a big need for training places in vocational training. How far can we go. A negative first experience for a student is perhaps worse than no experience.

Vocational Training
The procedure started to change from next year on to a limitation of the number of clinical specialist places, fixed at 60% of the usual numbers : 700 clinicians per year in Belgium instead of the usual 1200 graduates. 40% of them have to start GP specialist training, 60% starts in one of the other specialty programs. It means e.g. .that my department is allowed to offer 115 training places for the GP specialty training. Only 41 out of 272 students at our university choose for General Practice. It means that 70 of the others wants to go for specialist training, but will be rejected and then have to go to General Practice. A real negative selection.

Two doctoral theses are accepted on topics of vocational training: Jan Degryse will defend his thesis on the psychometric qualities of the Flemish GP specialist final examination, a combination of knowledge testing, OSCE-skills testing and an oral "masterpiece" examination. Sandrina Scholl developed an OSTE- test battery, a structured test to judge the educational qualities of the trainers.

Continuing Medical Education : changing to CPD ?
CME from now on is under two boards : the accreditation board, and the national council for quality assurance. The first board grants credits for seminars and lectures, the second council supports the peer review group scheme : all clinical practitioners belong to a quality group of 12 to 25 peers, to discuss practice related quality issues. I am chairing the technical preparative committee for both of these boards. I prepare a strategical document on the change from formal CME to more innovative CPD, with individual learning agenda's and portfolio learning, under supervision of the peers. It will be a difficult discussion.

Health Care

The government continues its policy to strengthen primary care. On the legislative side the country is divided in 150 healthcare regions (70 to 100.000 inhabitants). In each of these regions Primary Care has to develop two structures that are mentioned to merge in a later phase : the representative group of the local GP's, and a regional multidisciplinary board of primary care professions, including home nurses, kinesitherapists, social workers and pharmacists of the region. A second set of initiatives are mentioned to create the new entity : the practice. Each GP will be asked to define itself as a solo-practice, a network-practice with other soloists, a group practice or a multidisciplinary primary care centre. A government support system for administrative support, continuity support and practice management support is decided. The big money flow is not yet decided, that will come after the next elections that we will have at the end of this month.

What did I do as a EURACT council member

End November we organized, together with the scientific society, a day on the new definition documents, and the consequences for practice. It ended with a panel discussion with our two ministers, the leading person of the sick funds, and the specialist that leads the biggest medical union in our country.

With the seven university departments and the two scientific societies, we created the Belgian Core Content Group, to optimize the use of the definition text and later on the different derived agenda's. It is a way to meet each other, Flemish and Walloon academics around a positive topic. It worked well until now.

Also within this BCCG, we discussed the possibility to meet with the different network representatives. Until now, there has not been very much enthusiasm around this. We will see in the future

BOSNIA AND HERZEGOVINA

Introduction

Family medicine in Bosnia Herzegovina has been strengthened during last year. Many residents from all parts of country finished specialisation and have started practical implementation new knowledge and skills. Country's Association of family doctors will be accepted in WONCA as full membership status and finally many doctors who work as general practitioners included in large retraining program in family medicine which support World bank SIDA and Queens University from Canada. List of problems for family medicine still is large: Health insurance, financing and payment system do not follows development of family medicine in practice and education. There is still strong resist to accept family medicine as distinct and independence clinical discipline as the base of reformed health care system.

Undergraduate education

Academic departments of family medicine (DFM) in four University centres in Bosnia Herzegovina (Sarajevo, Tuzla, Banja Luka, Mostar) are following former educational activities to implement new curriculum for family medicine. All members of EURACT from Bosnia Herzegovina are involved in this process. New members from Banja Luka working in Department of family medicine in this University have achieved main goal to become independence academic discipline with full departmental status and start from beginning of this academic year with uniform curriculum. Canadian model with centralized education activities in teaching centre within FMD has proved to be very successful and have showed very good results (based of feedback from students and doctors) FMD in University Sarajevo still have problem with strong influence of former health care system so in this University there is intention for keeping family medicine as a part of social medicine or public health. This is a big barrier for full implementation of new curriculum in teaching process.

Next problem for undergraduate education is continuing trend to increase number of students in all faculties, so teachers have difficulties with delivery of quality education. In spite of it students still

have positive experiences from primary setting education and graduated doctors chose family medicine, as specialisation more than health care system needs.

Postgraduate specialist training
A specialisation programme in family medicine witch is officially accepted 1999 under the leadership of the Queen's University Family medicine development program is going on successfully in all universities. Increase number of residents needs more teaching sites so FMDs in all university are trying to establish new satellite teaching centres and to keep international collaboration in all educational activities. To improve teaching skills several members of FMD spend few weeks in Canada to participate in workshop about teaching methods in family medicine.

Postgraduate study in family medicine
In this academic year in Tuzla University has started postgraduate study with specific educational programme. Future production of specialists with Masters degree in family medicine is crucial step and strongly support professional plan for quality development of Departments of Family medicine. The development of an international family medicine MSc by distance learning (interFaMM) is not accepted yet. There are urgent needs for closed collaboration four universities in this field.

Continuing medical education:
This year it has been introduced the obligatory continuous medical education with credit point system. Regional or cantonal or republic Medical Chamber is responsible for introduction and running of this education. Nobody is concerned about introduction of recertification. Country's association of family medicine doctors still is too week to take over responsibility for it.

"What I have done in my country as a EURACT Council member"
As Bosnia and Herzegovina is small country, collaboration within different organizations in the field of family medicine is facilitated.

From the beginning of implementation of family medicine, regional, cantonal, and country's associations and national members of EURACT, have the same goals:

- To establish academic departments of family medicine,
- To establish undergraduate and postgraduate medical education
- To introduce national association in WONCA family.

Last year in Zenica we had joint meeting to review achieved tasks. At this meeting I introduced my activities in EURACT as a representative of Bosnia and Herzegovina, as well as EURACT activities as Network organization within WONCA Region Europe.
My special report was about approved new definition of family medicine and core competencies in Europe. Written material was sent to all regional associations. At the same time representatives of all departments of family medicine (Sarajevo, Banja Luka, Mostar and Tuzla) supported further educational activities, and further implementation of the identical curriculum in the entire country. National members of EURACT got a task to make introductory lectures to students and residents about new definition of family medicine and the core competencies.
To improve and spread this activity and collaboration, I suggested election of new members to EURACT from all regions of Bosnia and Herzegovina.
Recently, that has been accomplished.

CROATIA
News from Health Insurance
Besides obligatory, an additional, volontary, health insurance was introduced. In previous times, different types of participations (drugs, some diagnostic's tests, specialistic's consulatation, hospitals) were paid directly by the patients. Now, they are covered by additional insurance. Certain groups of populations do not need to have additional insurance: children, school children and students, and people under a certain ammount of income (poore people).

News from GP Assotiation
Annual Conference was held in April in Zagreb. And the topis were "Acute respiratory diseases" and Respiratory alergics". About 800 GPs participated, almost 1/3 of all Croatian GPs, 120 scientific's papers were presented (different quality).

Undergraduate education
Is continuing on regular basis, GP/FM subject is at 6th year, last 4 weeks, a Hanbook for Teachers and Student - **A Study Guide**, was finished. It contains: a description of subject, general objectives, organization and timetable, methods of evaluations and assessments, and description of each learning unit, including specific objectives, methods of teaching, organization and timetable.

Postgraduate education - Vocational training
Postgraduate education is a part of vocational training (organised teaching), but it can finished with master deegre. Vocational Training, specialization, was not started this spring as we expected, but our minister promissed nex autumn (not believe to the polititians). As I described in previous reports, the profession and the departments of GP/FM are ready to accept a large number of trainees. It is planned to have about 150 trainees per year. During the winter period, 4 courses for trainers were carried on and 125 finished thar basic training course. Additionally, one CME workshop for trainers was held during the Conference.

CME
Is going on regular basis, as a part of recertification procedures.

CZECH REPUBLIC
Primary care is still divided in our country (GP for children and GP for adults) but quite a big discussion is running in our country concerning of institution of Family Doctor.
Conclusion is as follows: current situation (primary care provided by two types of GP) is suitable for high level of health care achievement. Establishing of institution of Family Doctor in our country would be feasible and useful but as a new discipline not instead of current two disciplines. The discipline of FM would exist simultaneously with current disciplines of General Medicine for children and for adults and patients will choose who they prefer. We realize that it would be necessary to create a new VT for GPs for children with special final examination. Now GPs for children are trained as a pediatricians. Establishment of Family Doctor in our country will take quite a lot of time and money but we must start with it to make possible free movement of GPs in EU and to make medical education compatible. It is also important to take into account patients'opinion. And patients prefer to keep status quo in this time. It is true that in some regions of our country FDs have already worked but they had to pass both VT for GPs for children and VT for GPs for adults.

BME
There are no remarkable changes in BME. GP/FM is the subject of teaching at all seven Medical Faculties in our country with different extend, in different school years and with similar content.

VT
No changes in system, but the lack of money is problem

CME/CPD
No changes in system. Big interest of GPs, many various education activities, assigned with credits and certificates.

Current problems
Gate keeping – big and easy accessibility to secondary health care still exists , expensive care
Quality of primary health care is not bad, but quality assessment – insufficient
Underestimating of discipline GP/FM by authorities, decision makers and economic planners in health care system continues

Institution of true FD doesn‘t still exit (even VT)

WONCA Document – New Definition and competentions of GP/FM
I have arranged for translation of this Document and distributed it to all Medical Faculties and to all important persons in Society of GM
Their some opinions:

- important document for future of the discipline and its teaching
- GP/FD is specialist of primary care, with special work agenda, system of work and with unique approach to patient, he is not only something between ….(important in our country)
- Problem with some competenties (comprehensive approach, community orientation) because of divided primary care in our country (two types of GP)
  Problem with suggested free movement of doctors in EU , VT for FDs and institution of FD doesn't still exist in our country, discussion is running!
  About other opinions and implementation of this document I will report later.

DENMARK

Basic Medical Education

No recent major changes since last meeting.
3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Copenhagen is introducing PBL in the curriculum. Financial problems (espc. in Aarhus) has made changes in general practice training (shorter time as students in GP). In Odense GP is very much integrated in BME together with the other specialities.
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.

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.
A system for PLP (personal learning plans) has recently been provided to all GP's – and will now be promoted more heavily.
"A new deal" for GP's by April 1'st 2003 is increasing the reimbursement for GP's CME by about 75 % over the next 3 years.

Vocational Training

There is – as in autumn 2003 - one big educational issue going on in Denmark for the moment: specialist training for all 42 specialities has to bee dramatically changed from 2004 (I year delay). Changes in regard to: lenght 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.
The changes in VTS for General Practice are going to be very big!
(The new 12 week period of introduction to research for all specialist – including the trainees in General Practice: we think it is a very big effort for our 3 GP-Departments to give this training to 180-200 new trainees every year. A framework for this research-training has been made by the College and the 3 research units for GP – but funding is lacking!).
GP got its new blueprint approved a few days before Christmas 2003 – we were number 3 (out of 42) and until now only 15 blueprints have been approved. Our blueprint is very ambitious and "trendsetting" – so the other specialities said in envy!
The process with writing this new blueprint has been very successful – and very expensive! The new European definitions have been built into it.

The challenge right now: to mobilize enough practices (esp. in Copenhagen area) to become training practices – otherwise the new VT-scheme cannot be launched this autumn, as we plan! The problems have to be solved – before our Vilnius-meeting.

Health Care

A new deal between GP's union and national health authorities has been negociated with success – it went in action by April 1'st. We as GP's are rather satisfied…. (total: extra 15.000 Euro per GP over the next 3 years – and many new smaller improvements).

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. A new initiative has been taken by the College and the GP Union to seek out how to improve recruitment to GP (especially in more distant parts of Denmark) and how to persuade GP's to retire at a later age than intended (I take part in this task-force).

Our Minister of Health has got the mantra of "free choice" on his liberal mind – it has really infected him! Free choice here and there – and anywhere! He is furious about the new deal for GP's: here the distance limit for free choice of a GP is expanded from 10 to 15 km (or even more if the GP agree) – but the minister says: there should be no distance limit at all!

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

1. Facilitate a link and seek support from their national college or association.

I am still a member of the Board of the Danish College of GP's – so a very tight connection is established.

2. Facilitate the development of links with academic departments of family medicine in medical schools.

We have 3 departments/medical schools. I have close connection to Aarhus (work part-time there!) – and also close connections to Odense and Copenhagen because of my post as chair of the Educational Committee of the College of Danish GP's.

3. Facilitate and develop links with national representatives of other European bodies (eg UEMO, EQuiP, EGPRW, European Society and other European organizations in family medicine).

In Denmark the College has "an international committee" – and in this committee the national representatives of EURIPA, EQuiP, EGPRW and EURACT have seats together with other GP's. So a very tight connection is established.

4. At the time of election council members should inform their local WONCA organization and seek their support for the successful candidate.

Not relevant at the moment.

ESTONIA

During the current year the biggest change in the medical curriculum is incorporating a general internship, previously the first postgraduate year after 6 years of undergraduate studies, into the 6th undergraduate year. It means 3 more study weeks of family medicine during the 6th year (making totally 7 weeks at the 6th year) and a special exam of family medicine at the end. The list of training practices has enlarged, the network of training practices is now all over the country. The department at the university feels a need to work more with the trainers at these practices. The first evaluation will take place in June after the first groups have completed their study according to the new curriculum.

The postgraduate curriculum is unchanged. The retraining program for family medicine is almost finished, the main way of becoming a family doctor is through a 3-year residency training period.

At the Estonian Society of Family Doctors a discussion about a "good quality family doctors" has started as the Sickness fund has proposed a special incentive for practices who can prove their "good quality". It is upon the professional society to define the characteristics.

Since April a new government after general elections in March, change of the minister of social affairs. No major changes foreseen for primary health care, ministry is supportive.

Department of Family Medicine at the Tartu University is busy in organizing the Baltic conference of family medicine in Tartu on October 3-4, 2003 (www.bcfm.ee)

FINLAND

Basic Medical Education.

Medical student intake is bigger than for years. At the lowest, the annual intake in the whole country was around 350 (in late nineties) and now, nearly 600 medical students last fall. It has been discussed, if the shortage of doctors could be solved by educating nurses to doctors. After negotiations with the ministry of education, University of Turku will pilot this idea in the coming years. 25 nurses after three years of working experience will start their medical studies in an expensive parallel track next fall, financed by local and EU funds. It will still remain a question if these new doctors will anyhow solve the shortage of doctors in the country. It can also be suggested that these new doctors will prefer leading positions in the health care after such a long study time (4 years nursing studies, 3 years experience, 5,5 years medical studies and then specialisation). At the same time Turku was permitted to start the dentist education and also to start education of Masters of Engineering. Officially, these issues are not connected with each other.

Specialist education.

All specialties have to have 9 months training in primary health care setting, when earlier the demand was 6 months only. An overall statement has been set, that half of the training has to be performed outside university hospitals for all specialties. Only some very hospital-based specialties are exceptions to this rule. All this makes quite a lot of problems for specialist education. In general practice there are neither special changes nor problems.

Continuing medical education.

According to the national plans CME will be emphasised at all levels of health care. The employer will be more responsible than this far. Still the plans are not ready yet, and it is not easy to interpret the future. In the beginning of September 2003 a Nordic Conference for General Practice will be organised in Helsinki.

Health Care.

There are a lot of problems when shortage of doctors is so prevalent. Recruiting firms have recruited a lot of young doctors and their salaries will be bigger than in the public sector, even the public sector purchases services from these firms. A new reform has been the obligatory changing to cheapest generic drugs by the pharmacists from the beginning of April 2003.

What have I done for EURACT in my country?

I have tried to keep my members, but have lost one. The last of my members is waiting a letter from EURACT, that she has been accepted as a member. I have translated the core of the new definition in Finnish, haven't got any comments, even the translation has been published in the journal of Finnish GPs. I have promised to stay in the board of Finnish Association and wish to highlight EURACT at this level.

FRANCE

Basic Medical Education

Numerous clausus after the first year raises to 5100 students (1000 more than 2 years ago) : it is very necessary because of the decreasing number of doctors (particularly GPs). The new program for the 3 last years of BME (4°, 5° and 6°) proposes a transversal approach including primary care. GP teachers are involved in the teaching process. Practical training in general practice is organised in many universities. After 6 years, a new "national examination classifying" is set up for all the students who can choose a speciality, including general practice, according to their place.

Specialist Training

Students in General Practice will attend another semester training course. This leads to a three years vocational training to specialise in General Practice. The practical training of this last semester is due to be in "ambulatory care" although the practical conditions of this issue are not settled by now. Strong rivalries are expected between hospitals who need the postgraduate residents' workforce and GP leaders who stand for the quality of the training. The whole curriculum is due to be redesigned by 2004 (mainly the practical training) , when General Practice will officially be regarded as a speciality among the others. There are now 89 GPs associated teachers in the French Universities : 40 professors and 49 lecturers. All the universities have now one or two associated teachers but none of them a full teacher ! Nevertheless, there is now no limitation for the mandate (previously 9 years).

Research

INSERM – General Practice Interface Research committee

This committee exists since January 2000. Representatives of INSERM (the most important and prestigious public medical research body) and GP organisations. The committee's aim is to create and support a research network in Primary Care.

It has permitted the creation of 4 jobs for GP researchers around 4 projects of research in general practice.

Continuing medical education

The obligation is still not applied. A new way for CME starts now : Professional Education within the context of convention between National Insurance and Trade unions. But there is only a convention for GPs and only GPs can participate : they get financial compensation for each day of education. National Insurance gives money for the organisation and the compensation. The educational topics are definite by the convention.

Health Care System

After many discussions between National Health Insurance and professional organisations, the situation is full of difficulties : a specific convention for GPs, but no convention with specialists.

Evaluation of ambulatory medical practice should begin in September 2002, on a voluntary basis, for both GPs and specialists, in 4 regions. The whole process is designed as an assistance to help practitioners to improve quality of their practice. Individual evaluation is based on self-assessment, and includes a practice visit. Physicians can also choose a group evaluation, based on self-assessment as well, and very close to peer review groups. ANAES trained 100 practitioners to help their fellow-doctors through the evaluation process ("médecins habilités"). These doctors, both GPs and specialists, attended a six day course, and developed new skills in helping other doctors into assessing and improving their practice.

These very successful training sessions allowed the participants to modify their viewpoint about evaluation and quality improvement, and get familiar with using evaluation methods and tools.

French National College : CNGE

I finished my mandate of president after 6 years : the new president is Pierre-Louis Druais, but I am now delegated president in charge of scientific production…

The school of CNGE organises 6 sessions during 2003 for GP trainers and teachers. The annual workshop with EURACT is planned in November, but the topic is not yet proposed.

The College prepares a new book of General practice for students.

The journal EXERCER restarts the publication : I am now the chief editor.

The action for EURACT
It is difficult to have more members of EURACT in France. The French GPs do not like pay membership fees : they have to pay for CNGE and they do not want pay any more for EURACT !
A French translation of Definition is in work. I proposed an article to a journal of general practice (Revue du Praticien Médecine générale).

GERMANY
Basic Medical Education
The new federal regulations (Approbationsordnung, ÄAppO) for BME will become effective for all medical faculties from October 1st, 2003. All medical faculties are adapting their curriculum to meet the requirements; some use this for a complete reform, some apply only cosmetic changes. General Practice will play a stronger role in some medical faculties. There is now an obligatory term in teaching practices of one to two weeks, usually in the 4th or 5th year of the curriculum, and General Practice can be an elective of four months in the 'practical year', the 6th year. General Practice can also be a part of integrated teaching in epidemiology, health economics, ethics, prevention, geriatrics, complementary medicine and other subjects. As all subjects now are obliged to give grades to the students at the end of each course, discussions starts on adequate assessment procedures. Very few general practice departments have experience with written examinations (multiple choice questions, modified essay questions), virtually none with on-site assessment or OSCEs. There will be a national workshop at the Department of General Practice in Kiel on May 16-17, 2003, discussing different ways to answer to this challenge. The next annual congress of the German Association for General Practice and Family Medicine (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin (DEGAM)) (the scientific society) in Travemünde on September 17-20, 2003, will also be devoted to the main topic 'Teaching general practice'.

CME
As I had outlined in my Autumn 2002 report, politics is putting growing pressure on the Federal Chambers of Physicians to take action in the field of recertification, saying that CME alone is no sufficient prerequisite for competence of doctors, and threatening to put into force its own regulations. But a discussion about recertification and CPD in the profession itself has not yet grown beyond voluntary CME. The DEGAM will install a task force on 'Maintenance of professional competence and CPD in general practice' in September 2003.

What have I done as EURACT representative in Germany?
Between Spring 2002 and Spring 2003 the German Section of EURACT has grown from 6 to 13 members, now representing 10 out of 32 medical faculties. Members met during a workshop of the German Association of University Teachers in General Practice in Cologne on November 22, 2003, and exchanged ideas. At least twice a year members get a report of EURACT activities and new documents; via e-mail they are immediately informed about new developments.
There are close links to the national scientific association DEGAM (WONCA Europe National Member Organisation) which is paying for my travel expenses for Council meetings. I report directly to the President of DEGAM (Prof. Heinz-Harald Abholz, Düsseldorf) (who is also representative to ESGP/FM) and to the executive board; my report is then posted on the www homepage of DEGAM (www.degam.de) including a hyperlink to the EURACT page.
The German Association of University Teachers in General Practice (Vereinigung der Hochschullehrer und Lehrbeauftragten für Allgemeinmedizin (VHLA); President: Prof. Waltraud Kruse) has appointed me to head a task force that is updating VHLA's list of recommendations for structural and educational quality of teaching in general practice.
There are close links to the German representative of EGPRW (Dr. Eva Hummers-Pradier); we are both members in both networks. Links are established to the German representatives of EQUIP.

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

Since last July half of the tutors in all hospitals involved in specific training of GP are General Practitioners qualified trainers. It is expected that this evolution will influence the quality of the training. It still remains a big resistance of hospital specialists on general practice.

It was also expected by the end of the last year the hospital training posts to be dublicated. The waiting time for entering specific training raised from 3 to 4 years, but still remains attractive.

It is really remarkable that the CEO of the largest health insurance fund accepted our Association's proposal to organise and run an immense on job training programme of a number of 4000 doctors. These doctors are either specialists (of a relative to GP specialty) or haven't got any specific training. The programme will last two years; after that there is a final examination.

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.

What have I done as a Council Member

It happens that the relationship between Euract representative and the Association of GPs(ELEGEIA), the delegates of the other networks and the Academic community, is perfect. ELEGEIA is the dominant of GP in Greece and is supporting and funding all delegations and activities. As a matter of fact I am the G. Secretary/Treasurer of it, the representative in Equip is the Vice President, the representative in EGPRW is C.Lionis, Assistant Professor at the University of Crete and is going to be Vice President, and Professor A. Filalithis is chairman of the Educational Committee of ELEGEIA.

A big part of the Greek GPs knows very well what Euract is, the purposes of it and mainly the activities of it. It is clear that Euract is the most popular European network in my country. This is the result of some activities and interventions :

- The international courses of Teaching the teachers (1997,1998) which were organised by the Greek Association of GPs(ELEGEIA) under the patronage of Euract.
- The annual course of Teaching the teachers at national level that ELEGEIA has been organising the last three years, as a physical continuation of the international ones.
- The distribution of resources : the written material of both the international and national courses of teaching the teachers.
- The translation of all booklets of Euract and the distribution of them through Elegeia's website where they are available free of charge.
- The publishing of a report on the main issues and messages of every council meeting, through Elegeia's journal.
- The advertising and promotion of all Euract courses (Bled, Paris, Dubrovnik) in general but mainly in personal level through personal mailing, phone calls and meetings.

Closing these notes, I'd like to say that it is remarkable when everybody calls 'Euract Course' all teaching the teachers courses even at national level: it is a kind of symbol!!

HUNGARY

General information

Health care reforms have reached a crucial stage in Hungary.
Debates are underway over Acts covering health care to allow complete privatisation of institutions, regulating at the same time the conditions of employment of physicians. Doctors, who have been in public employment in hospitals and surgeries, will now have the possibility to go private. In primary health care one of the biggest problems to tackle is that there are 200 vacant practices and, unfortunately, for the 100 resident places granted and financed by the government only 60 young physicians have applied, some of whom will find employment abroad after the education program.

Undergraduate teaching

At Pécs University communication training and practice led by teachers of the department of family medicine for first-year medical students has proved to be a big success. In the frame of the summer training students spend one week in praxis to improve their communication skills.

Postgraduate teaching

In accordance with the EU accession program, the duration of specialisation in family medicine has been changed to 36 months.
Medical organisations request that these 36 months should be a structured, praxis-oriented type of education financed by the state. Questions of financial support have not been decided on yet.
The four univerisities together with the National Institute of Primary Health Care are elaborating the program.
In the last week of July, in the frame of the CME program, the academy of Hungarian physicians teaching family medicine is organising a vocational weekend training for both family physicians taking part in actual teaching and all members of the academy.
The program involves lectures, interactive workshops and small-group training of educational methods.

IRELAND

Basic Medical Education

There are four University medical schools and one independent medical school; all have undergraduate departments of General Practice. There are about 660 graduates per year about 330 of them are foreign graduates (mainly non-EU graduates).

Postgraduate specialist training

There are eleven independent GP training programmes with a total intake of 84 trainees. It is hoped to expand the intake to 150 over the next few years. This might need a radical revision of how training is organised! More about this in future years.
For the last ten years places on the training schemes are highly prized and training schemes have attracted the highest calibre of graduate. Following a national conference held to discuss the expansion of numbers in training and the length of training, many of the schemes are now extending training to four years. The additional year will be spent in the Community, i.e. in general practice. The official policy of the Irish College of General Practitioners (ICGP) is to extend training to five years; that is two years rotating through hospital specialist training posts and then three years in supervised training in General Practice. In the interim all schemes will go to four years by 2005.

Continuing Medical Education

There is an active network of local ICGP faculties each with one or more CME groups, which are supported by CME tutors. These CME tutors are remunerated by the ICGP for their work in supporting these groups. Quality assurance programmes are to be introduced by the Medical Council this year for each of the different craft groups within the profession.

Health Care
There is a mixed public health and private care system, which was grossly under-funded throughout the 1980's during a period of financial hardship. We then enjoyed a much-improved financial situation for seven years, however the medical infrastructure is still badly in need of a great deal of investment to increase the numbers of acute hospital beds and general facilities. General Practice is still the poor relation in the medical family and does not receive proper funding. Funding is now again tight and so developments are again on the long finger.

What have I done as a Council Member
The last Council meeting was held in September in Dublin. The Council met in the Irish College of General Practitioners and members met with senior ICGP and other prominent national GP's. The Council members also met with Irish EURACT members for a half day conference on
"EURACT: GP teaching, the European dimension".
This was followed by dinner for the participants accompanied by music from a classical harpist. The meeting was thought provoking, educational, social and spiritual - even existential!

ISRAEL
Continuing stress and uncertainty in the region have characterized the past half-year since the Dublin meeting. During hostilities in Iraq, we were again treated to the bizarre experience of sealed rooms and gas masks at the ready. This had its impact on all aspects of life in the country and family medicine provided much of the support needed by many of our patients. Denial for many was the strongest defense mechanism and clinical, academic and research activities continued. Tensions with our closest neighbours continued to flare, though we are again hopeful that a renewal of the political process and some compromises can lead to more peaceful days ahead. On top of all this an economic crisis in Israel and budget debates punctuated by a costly general strike make for the curse known as "interesting times".
BME
There is continued progress in all 4 medical schools from the contribution of family medicine to basic medical education. The time of the senior clerkship continues to expand and all universities now have courses in the pre-clinical years on a "medicine and society" theme with a healthy input from family medicine teachers. Tel Aviv University has an exciting new Internet program with virtual clinics run by the students as a adjunct to the clerkship (http://virtual.tau.ac.il). Howard Tandeter reports from Be'er Sheva on continuing success in the third year of the clerkship in English for Columbia University students in Israel. Shmuel Reiss reports that Haifa has made progress on its Holocaust and Medicine program with a second annual symposium, more curricular time, and expanding research, international collaboration, and archives. A new Literature and Medicine course is running led by Family Medicine, an elective on family violence has been created and the Galil Center for Medical Informatics and Tele-medicine held a national symposium on the electronic medical record which drafted national policy (www.galilcenter.org). EURACT members are invited to interact through videoconferencing.

VT
We have just completed another round of final examinations in family medicine with a 70% pass rate. A series of seminars were held to improve standardization of oral exam technique. Shmuel Reiss was recently elected to follow Chava Tabenkin as chair of the national exam committee. We can look forward to further progress under his leadership, especially in the field of standard setting for examinations. In Tel Aviv we completed the first course in Academic Medicine for trainees. This was a three-semester course involving philosophy of family medicine, teaching methods and research methods for a group of trainees that we hope will take leadership positions soon after graduation.

CME
A successful national program in Distance Learning for family doctors has completed its first year. This uses satellite links to broadcast a series of lectures to GP's in remote classrooms. It combines interactive lectures with case discussions in a small group format. A new program for education on

women's health issues also using e-learning is under development with help from colleagues in Cleveland, USA. Our Family Medicine Association had its annual scientific meeting on April 30. There was strong support voiced for the profession by all the "VIP's" from the ministry of health and health insurance funds who were invited to open the meeting. Over 400 GP's attended and 42 original research reports of good quality were presented. Aya Biderman reports from Be'er Sheva on 2 important new publications on teaching geriatric care and teaching patient-centred care.

Work as EURACT Council member

EURACT activities focus on promotion of courses (a new participant at Bled) and conferences (a big group to Ljubljana). I serve as liaison to the academic departments of family medicine. I am also an executive board member of the Israel Society of Teachers of Family Medicine.

ITALY

Basic Medical Education

First steps for basic medical education are now organised in Italy. Now, we have signed agreement between University of Modena and Italian College of General Practitioners (and another one with University of Bari) and a structured course is organised since last November 2002, for students on sixth year. A course to prepare Tutors specifically for this topic was organised in Modena, medical journals wrote about, a specific book for Tutors (the first one in Italy, printed by SIMG) is on the tables. The topic is matter of discussion, finally, and it'll open the way forward (discussion is at final point in Bari and Genova, at beginning in Milan). Big work, also, on teachers' selection.

I was invited as lecturer and member of EURACT Council National Representative at several meetings during this period in University of Milan and Parma, to speak about teaching, accreditation, research (EGPRW), guidelines with specialists, and all concerning EURACT's acitivities.

Postgraduate specialist training

We have a postgraduate specialist training since 1994. This is a two year long training, managed in hospitals for one year, in district services for six months, in tutor GPs' practices for six months. Also, half of seminars are managed by GPs' teachers.

Now, we are preparing to change this training as a real specialist certificate, with a three year course, one year in the practices. It'll be since next course, beginning in October 2002. Teachers are paid for seminars, tutors are paid monthly, coursists are paid at lowest level for hospital doctors, not yet (differently from previous years) obliged to refuse by law every contemporary other work.

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

After a period of prove, between January and December 2001, we are now going, since 01 April 2002, to real credit points. BUT ….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 changing 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.

Since Council in Hungary (April 2001), there was a change in Minister and a change in the Government, after political elections. After strong fighting, Scientific Societies are taken again in discussion, but, really, CME by Internet accreditation is not working and points are attributed automatically not seriously, not 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.

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
I was invited as lecturer and member of EURACT Council National Representative at several meetings during this year in University of Milan and Parma, to speak about teaching, accreditation, research (EGPRW) and all about EURACT's acitivities.
In May I was recertificated (possibility to teach the teachers) as teacher for CME and VT, and also for future BME by SIMG.
I got five papers of mine published these months: EJGP June issue (Mediterranean medicine: Malta consensus), B.J.Gen.Pract., September issue (New Contract and Career Development), EJGP September issue (tutor and practice selection) , BJGP January 2003 issue (New Contract and the New Definition), in printing on EJGP (Good co-operation from all European countries without barriers).
In August I met a good friend, the name is Justin.
In March I met another good friend, the name is Dolores.
Now, I'm involved (as EURACT) in co operation with EGPRW for Workshop in Verona (19-21 September 2003).

LITHUANIA
Family medicine development in country:
During last year changes health care system did not show significant changes in general tendencies. Remarkable dissatisfaction of population was caused by measure, introduced last year - limits for health care institutions in prescribing reimbursed medication for patients. State Patient Fund took this measure, in order to cut expenses for medicines. The reaction was quite negative both from patients and physicians, as it not only limited physicians' choice to prescribe medicines, but also increased part of the out-of-pocket payment.

Family Medicine teaching
BME. Students still spend a very little time in General Practice Departments in Lithuania during the BME in Lithuania. Only during the fifth year of studies, when students have already chosen their further speciality, they are exposed to GP. This, as well as difficult financial situation in medicine, causes reducing number of students coming for vocational training for future family physicians.

Vocational training
Still big part of time during vocational training is spent in University Hospitals, not primary health care centres. This situation hasn't changed during last few years, so, recognizing importance of changes, we hope that this meeting in Vilnius will stimulate positive reforms. We are planning after sharing of experience with our colleagues from other European countries to make proposals to our Universities about the improvement of training General Practice in Lithuania.

Continuous professional development
There has been noticed improvement in CPD in our country during recent time. Apart of conferences, there is more interesting short-time courses on selected topics, which meet high international

standards, as they introduce modern teaching methods into teaching practice. The main problem remains enormous number of so-called "one-medication" conferences, run by pharmaceutical industry, as those "conferences", if organized together with universities, are also included as credit hours when physicians have to be re-licensed. Lately Universities have taken some actions to limit those activities and control quality and content of them.

What have I done as EURACT representative: Cooperation with Lithuanian Society of General Practitioners, Lithuanian College of General Practitioners (WONCA member), Lithuanian Society of Family Medicine Teachers is going on, and representatives of all three organizations will be present in Vilnius seminar, working together for improvement of GP/FM teaching in our country. We were considering possibility for future that travel expenses to EURACT meetings may be paid by one of the mentioned organizations.

NETHERLANDS

Basic Medical Education

All medical schools have written a Self Evaluation Report in preparation for the Visitation Committee. This national committee (clinical experts, educational experts, and also a student) spends three days at each medical school and meets with teachers and students.
Although the Self Evaluation Report already indicates the strengths and weaknesses of each school, the view of the Visitation Committee is considered very important.
Last time (5 years ago) the Visitation Committee focused very much on the clerkships and the fact that in many schools patient contacts in the early years of the programme were very limited. Almost all medical schools have since changed their curriculum according to recommendation made by the committee.

Postgraduate Training

All departments are very active in the implementation of the new curriculum. Changing a programme is not easy but evaluating the effects of these changes is even more difficult. Furthermore new ways of assessment are to be developed.

CME/HPT

General practitioners need 200 CME points per 5 years equal of 40 CME points on a yearly basis. There is a whole process of accreditation in order to guarantee educational and scientific quality.
Gradually more people start to realise that the effect of most CME programmes is very limited. GP's choose too often the same topic again. The pharmaceutical industry offers CME courses on a limited number of topics, mostly related to diseases they can offer medication for. In most courses there is almost no attention for the implementation of change which often is necessary in practice.
The problems with CME are becoming clear, but it will take some time to change to a new direction.

Health Care

May 2002: general elections – cabinet for 84 days !
January 2003: general elections – no cabinet yet !
This of course means that no major decisions on the health care (reform) are being taken. All processes are on hold.

What have I done as a EURACT council member

- All professors in General Practice meet on a regularly basis, with the chairman of the Dutch College as an advisor. EURACT is always on the agenda. In this way I hope to involve other departments.
- Furthermore I am looking at ways to increase the membership at several departments. I had some discussions whereby the question was asked why EURACT doesn't have open meetings on a topic, giving teachers the opportunity to present on their work. EGPRW serves as an example.
- The yearly conference of the Dutch College in 2003 will focus on Recognition of Education, Research and Organisation as important tasks along Health Care provision. I serve as a member of the organisational committee.

NORWAY

General practice in the pre-graduate curriculum

The impact from general practice academic departments on the curriculum in medical schools is gradually increasing. In Bergen with a traditional preclinical/clinical curriculum, general practice is allocated 14 weeks, compared to internal medicine and surgery with 25 weeks each. At the three other universities (Oslo, Trondheim, Tromsø) the amount of teaching in general practice is more difficult to evaluate, as these medical schools run either PBL or integrated curricula.

General practice in post-graduate training and CME

All post-graduate training is still run and paid for by the Norwegian Medical Association. Governmental institutions have tried to challenge this, mainly failing through incompetence, adopting a paternalistic style.

Organisational issues

The Norwegian Society for General Practice (NSAM) is a member of the NMA. Since it was established in 1983 there has been a constant war between the mightier Norwegian Association of General Practitioners (Aplf), the work union part, and NSAM, as Aplf wanted to run it all. A new organisational plan now being discussed by the NMA seems to give the problem a new turn, mainly by redefining roles. Aplf shall engage in work union stuff. Point. NSAM shall be responsible for the development of the discipline.

The International board in NSAM had its first meeting for years in the autumn. Among things discussed were the relation between WONCA-Europe and the network organisation, ending in a clearer national understanding of the organisational needs of EURACT and EGPRW.

National EURACT activities

A recruitment campaign has been run trying to recruit more members from the GP organisations and GP departments. The Department for GP in Trondheim asked what was in it for them. My response was that membership in EURACT would mean:

1. Info on current activity in EURACT
2. The possibility for advocating new items, or commenting on current ones.
3. Follow trends in European general practice through the reports from the different countries.
4. Get info on teaching in general practice in the different European countries, and help to establish contact with European teaching milieus.

No response was received. In total, one new member was recruited, and another one resigned his membership. To my experience, EURACT do not offer the necessary activities or possibilities for the average Norwegian teachers in general practice. Getting info is not enough, and most of them have their own international network. Our teaching conferences are sort of invisible when located to WONCA-network conferences, and specific thematic GP teaching conferences/workshops are mostly lacking, or perceived to be of limited interest. A shift in the profile of EURACT may be necessary to regain the interest of Norwegian teachers in general practice.

POLAND

Undergraduate education:

No major changes in the field of BME. Still no decision about minimum curriculum in family medicine.

Postgraduate education:

Very unstable situation. Finances for trainers in the training institutions practically are stopped. Many of them were fired. At the moment more trainees are accepted for internal medicine than for family medicine. This is mainly due to the lack of training places. Increase of the training places is unlikely, mainly due to the unstable financing policy. New Minister of Health promised to solve the problem quickly. Two previous ministers also made promises. Hopefully we will be luckier this time.

Continuous Professional Development:
College of Family Physicians in Poland in international collaboration started the three years project, sponsored by Leonardo da Vinci Programme (EU funds), partially aimed at development of distance learning CME programme for family physicians. This is the first attempt of these kind activities in Poland.

What I have done in my country as a EURACT Council member
Board of the College of Family Physicians in Poland was informed about the EURACT activities. The New Definition document was presented to the Board. Some parts of the text were incorporated into the College Programme Document. During the coming Congress of Family Medicine in June EURACT will be presented at the plenary session.

PORTUGAL

In general
The Health Care System in Portugal is based upon a National Health Service, including Hospitals and Health Centres, where about 6200 GPs work. Patients pay nothing but a small tax to access Health Care. At the same time we have (expensive!) private units (individual or not). Insurance companies and economical groups are coming strongly on Health Care.
Politics are changing. The Administration just published a Primary Care Law which, while including some useful changes, risks to undermine the quality of Family Medicine, allowing members of the medical profession with no special training to work as GPs in the Health Centres. All GPs Associations, Syndicates and College are united against this law, and we had recently a 3 day strike with an unbelievable support – something like 90 %.
We don't have any recertification procedure, but we endure Public Examinations to move up on Category levels.
The MGF (General and Family Medicine) College is an organisation within the Medical Association. We have a powerful GP Association, a Private GPs Association, a Teachers and Trainers Association (ADSO, organisation in collaboration with EURACT) and two Medical Syndicates, not specifically for GPs. The President of one of the Syndicates is a GP.

BME
In Portugal there are seven Medical Schools – two in Lisbon, two in Oporto and one in Coimbra, Braga and Covilhã. The first GP Department was created in 1984, in Oporto University. Nowadays, all Medical Schools have GP Departments, and GPs as teachers. All students have training in a GP setting, in Health Centres, under GP supervising.

VT
Portugal is divided in three main regions – North, Centre and South. In all three there are Vocational Training Co-ordinating Councils. General Practice VT is a three years programme (ICCG – Complementary Internate on General Practice), 19 months of which are spent in a GP setting, 13 in Hospitals and 1 in "school". All the process is controlled by GPs. Even during the Hospital stages, the trainees take half a day in the week to get back to their Health Centre. We had, in 2003, offer of 147 new training places for General Practice. The total of trainees (including the 3 years) is about 500.

CME
There is no mandatory CME or creditation in Portugal. The College, the GP Association (APMCG) and some of the Regional Health Administrations organise educational events. There is also a huge "educational market" under industry sponsoring. Efforts to start a tutored small groups programme have not been successful till today.

Work done as a EURACT Council member
New Portuguese members have joined EURACT (a total of 16, including two "old" members reconnecting). Fees of these members have been paid to the National Representative, and will be taken

to Vilnius. All but two of the old members have been contacted; some will send their applications to rejoin EURACT.
An on-line group (euract-pt@yahoogroups.com) has been created, allowing an easy contact between members.
Institutional contacts have been made with the GP College, APMCG, UEMO, EQUIP and ADSO. We are still waiting for the answer from EGPRW. There have been also contacts with Universities.
I was present at two important GP meetings, and made 3 conferences on New Definitions. A poster from EURACT was shown, and there was a distribution of a text explaining all about EURACT. Some information on EURACT was also displayed in reviews (paper and virtual), in the net and in the GP Journal.
After the translation and edition of the "New Definitions" (by the GPs Association - APMCG), I have elaborated a short "core" summary, and widely distributed it both in paper and on the net.
After an invitation from the EURACT Secretary, Dr. Adam Windak, we (myself and Dr. Dolores Quintal, now a member of EURACT and the VT Responsible in Madeira Island Region) have initiated the organisation of the 2004 Spring Council Meeting, in Madeira Island.

ROMANIA

Basic Medical Education

At the Department of Family Medicine from the University of Bucharest a new curriculum was developed and, for the first time, the trainers in family medicine were consulted within the process.

Postgraduate specialist training

The second in-training residentship program in Family Medicine is almost finished. 1200 family doctors without VT are following 120 hours of courses that will give them the possibility to participate to the examination required in order to obtain the title of "specialist in Family Medicine".

Continuing Medical Education

The National College of Physicians recognized the distance learning as a form of CME. It has to be organized only by or in collaboration with a university. The evaluation of the distance learning takes into account the number of words of the educational materials (300 words are considered to be an "hour of CME" and they mean 1 credit point for the participant) and it is realized only in a face-by-face testing.

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

As national representative I was invited and I attended the symposium," Professional development of the family doctors and the relation between their basic medical education and postgraduate training" and also to the seminar " Education in Family Medicine"(both reuniting all those involved in education of the family doctors) where I presented EURACT, its activities and products.
I published articles concerning the new definition as a EURACT initiative and also about EURACT as organization.
I discussed with the president of The National Society of the Family Doctors about the nomination of a national representative for EQUIP and also about the need for support for those nominated as representatives for the network organizations (still no positive answer).

SLOVAKIA

Health care

The Slovak health care system is in a permanent process of transformation in the last 10 years.
The most recent step of the reform is a new rule, approved by the Slovak Parliament, that each patient has to pay at each visit of the primary care doctor a sum of 20,- SK - (0,5 EURO).
There does not exist a rational reason for this. This is only a new activity of the new minister of health, which does not help the doctors at all, and the patients are angry and irritated, as for the last 50 years they were used to have the whole health care service free.

Undergraduate education
In accordance with the ***EU Directive 93/16*** all Slovak Medical schools started to put more stress on GP/FM teaching. There are four Medical schools in Slovakia, and at two of them there are still no Departments of General practice and Family medicine, but teaching of General practice and Family medicine became a compulsory part of undergraduate educational at all of them. Medical students are obliged to spend 1-2 weeks at an accredited primary care teaching practice.

Postgraduate education
Vocational training for General Practice is 3 years. Future GP must spend two and half years on various hospital and polyclinic departments and there is a request for spending 6 months in „teaching practice". Lack of teaching practices is the reason why the last mentioned condition is not always fulfilled in reality. The process of accreditation of teching practices is in progress.

Continuous Medical Education
The model of obligatory continuous medical education: *„CREDIT POINT SYSTEM CME IN GENERAL PRACTICE"* is now accepted with real respect. GP´s are obliged to prove their attendance of educational activities by collecting certain number of credit points (200 points per year). The evaluation is in the competence of the elected representatives of the Regional Medical Chamber and is provided every 5 years as **„recertification"**. Recertification will be one of the conditions for renovation of GP´s contract with the Health insurance companies.

What I Have Done In My Country As A Euract Council Member

October 2002 - I was elected to be a vicepresident of the **Slovak Society of GP/FM** - the most representative institution of GP/FM in Slovakia, with 1 400 voluntary GP members (the total number of GP´s in Slovakia is 2 150). In this Society I am also responsible for the international activities, I was nominated to represent the Society in the European Society, WONCA Europe, EUROPREV and EURIPA . Slovakia is not yet represented in EQUIP, EGPRW. The process of our application to the UEMO is undergoing.
November 2002 - The **New Definition of GP/FM** has been published in my article in the most distributed medical journal „Health Care News"
January 2003 - I have had a Presentation **„New European Definition of GP/FM"** at the Slovak Conference of GP/FM - with live discussion.
February 2003 - I was reelected as the regional president of the second most important institution of GP´s, the **Association of Private Physicians of Slovakia -**
April 2003 - an other of mine articles published in the „Health Care News" medical journal, with title: **„Core competencies of GP."**

SLOVENIA
Undergraduate education
The curriculum reform at the medical faculty is still moving on slowly and with resistance. We are trying to introduce early patient contact in the 1st year.

Vocational training
We are now fully active in organising workshops for vocational trainees. The negotiations with the medical chambers were successful and we have managed to start the programme. The feedback we have received so far is very supportive.

CME
The Bled course is being prepared. The main job in planning is going to take place in Vilnius. The theme this year is Ethical problems in family medicine. We have added a new course director, who will be Manfred Maier from Vienna.

We are all fully involved in organisation of the WONCA conference in Ljubljana. So far, the results are promising: we have more than 1200 participants already, the programme is going to run in 14 parallel sessions. The final programme is ready and everyone is really busy with the organisation of the social programme. I receive a lot of e-mails every day and the workloadis increasing.

SPAIN

Basic Medical Education

No important changes since the last meeting. The most important event has been the "First Conference on Family and Community Medicine and University" that took place last month in Zaragoza that finished with the production of an open document "The Statement of Zaragoza" that has been signed by a big number of deans of all over the country and also by student organisations and semFYC, and we hope it will be the start of the real introduction of our speciality in the undergraduate curricula.

Specific training

The new program lasting four years has been finished and it was presented some months ago in our national meeting in Madrid. The opinions are generally very positive and it seems that the Ministry of Health and also the Ministry of Education will approve soon the new program. The program has been produced with participation of a very high number of members, especially primary care tutors and it was possible to arrive to a good general consensus on the contents and the duration of the different areas.

Our major interests are actually: formative assessment of the residents, and we work more specific to introduce feedback, self audit and problem –based learning as learning tools in our teaching practices. Also we are interested in the improvement and maintenance of the competence in teaching of our tutors.

In Catalonia the recently introduced accreditation and reaccreditation system for primary care clinical tutors is now been evaluated and the first results show that the system based on the collection on credits based on clinical, research and teaching methodology is well accepted by the tutors and implies not only a bigger participation in educational events but also a change in relation to the teaching task

Continuing professional development

No important changes since the last meeting

SWEDEN

In general

The first preliminary evaluation of the implementation of the "Nationella handlingsplanen" from the year 2002 (**The National Action Plan,** NAP, the Government's financial support and focus on an increased primary health care) was completed in January 2003 by the National Medical Association. So far limited results were registered.

Most County councils (CC) in the country have on paper structured aims and plans to increase the primary care sector. In realty however restricted results are noticed. Just twelve out of 21 County councils had given goals to achieve an increased number of general practitioner (the aim is 1/1.5000 inhabitants). Details in the budget processes of the CC's also reveal no extra financial recourses to cover the expected increase of more GP's. The National Board of Health and Welfare (NBHW)) is the official body that will evaluate the NAP and the outcome of their results will be presented at the end of the year.

In a small **study performed by the NBHW** in December last year, asking a representative part of Swedish citizens about their desire to receive a personal GP and their ability to receive one showed quite divergent results. In the County of Västmanland in the middle of Sweden where a more personal family doctor system has been in charge for about 10 years somewhat 80 % of the inhabitants were content and most had a personal doctor.

On the other side, especially in the big cities, the situation is opposite. In Göteborg, where I live, just a bit more than 20% had a personal doctor while most of the people expressed a wish to get one. The aims of the NAP include a possibility to every citizen to have a personal doctor and in the NBHW-study in all counties the number of persons who were informed about this option was around 80 %. This figure was irrespective of the real number of citizen who had a personal doctor.

The big increase of **persons on sick-list** is still debating in TV, radio and in the press. The costs of the sick-listing are consequently rising and the GP's are sometimes blamed for the raise. The economic compensation for those on sick-list according to the Swedish well-fare system is quite good and in the debate the accusation of patients' "cheating" the doctors (GP's not the least) has been in focus. In realty the patients are not sick - just trying to escape a sometimes troublesome realty at work or at home. Burnt out, depressions, "illness without disease" are the sick-listing diagnoses that are increasing most of all.

The Association of the Swedish General Practitioners **(SFAM)** is doing a hard work which is more and more directed outwards. In debates and in on the web news and activities are presented. The new website (www.sfam.nu) also contains a short English version. At the moment eleven different networks are functioning, network for GP's interested in asthma, allergic diseases, diabetes, palliative care, home care etc. There is a network for all directors of the Vocational training (they have yearly meetings every May), and network for those who have completed a thesis without being affiliated to a University department, those interested in Ethics etc.

A "**chat - discussion site**" on the web has been quite popular. (Yahoo - sub group) I think about 400 GPs are affiliated to the chat-site and you get daily a lot of e-mails about different current topics. You get information and views of quite various things - both for fun and for serious discussions. A necessity is a good web-master. One person is in charge and presents rules and gives recommendations. We have Anders Hernborg, a skilful and computer experienced GP from southern Sweden who shows the pointer and give support to GPs.

The vocational training period is continuously in focus and revision of the "goal description" is in preparation
The new **Wonca definition** has had an impact on that discussion. The definition will be in focus on the May meeting for the Directors of the Vocational training and in early June a meeting with the definition and its relevance and importance for the Swedish GP will be carried through.

For the first time a two-days meeting just for trainees were held in Västerås, a city in the middle of Sweden, in January this year. The **Institute of Family Medicine (IFM**) - a newly established body, earlier presented in the Swedish report, took the initiative to these two successful days: for the trainees, by the trainees. Seminars, lectures, discussions, group-works were mixed and the social programmes were also important and well cared for. Next years meeting is already in preparation.

The **specialist exam** (at the end of the vocational training) is currently in focus. A special group within SFAM is preparing for the yearly final meeting in October in Stockholm. That final day is preceded by a comprehensive preparation. Every trainee who wants to participate in the exam will receive a personal examiner (an experienced GP who has passed a special examination education). The first part of the specialist exam is a self evaluation by the trainee which is discussed together with the examiner.
Then there is a written exam (on the 5th of May this year) - the same day for all trainees. In May-July the examiner visits the trainee during one day (practice day) and in beforehand the examiner has received a couple of videotaped consultations.
Finally the trainee has to complete a short research/developmental project and that report will be publicly defended at the final and yearly SFAM-meeting in October. A big fete is at the end and the new specialist of General practice will be publicly rewarded and cheered.

Basic medical education
The situation has not been changed very much over the last year in the country. The teaching and training in General practice is very much appreciated
In Göteborg we however really appreciated that the big University pedagogic reward was given to those GPs who so successfully had implemented the early clinical contact during the first four semesters in the undergraduate curriculum. They have been working with that project for a couple of years and to day all students will spend one week every semester in a health centre. And the comments are very positive.

SWITZERLAND
Basic medical education
Slowly the reform of the 4. – 6. year gets started. 2 blocks of topic-centred lectures (as we call them) of 8 and 10 weeks in the 4th and the 5th year are introduced to prepare the students for their practical training in the different specialities. (3 to 6 weeks). In about 30% GP's take place in these lectures.
On the other side General practice has not any substantial part during this time. Still we don't make any progress with our 4 weeks block of in-practice training for money reasons. I won't talk about this in the next reports because it will not change within the next 4-5 years.
The number of female students is still increasing.
More or less the situation is the same for all our 5 medical schools although the French do a little better.

Postgraduate education
No important changes within the last time. 5 years of in-hospital training and still no compulsory practice training. So most of the trainees coming to final exam have never worked inside general practice. Also we notice a decreasing number of trainees announcing for final exam. It seems doctors in Switzerland prefer to become specialists. Retiering colleagues can't find any successors and we fear a substantial shortage within the next 5 years.

CME
No important news. The system of compulsory 80 hours of CME per year seems to work quite well and you are free to do what you want. From the faculties we try to promote the formation of quality-circles (6-14 GP's) because we think it is a good way of CME-activity and we want to use them for research.
What have I done as a EURACT-member
Not very much, I have to admit. Most of the 10 Swiss Euract – members belong to facultary institutions with a certain interest what's going on in Europe. I regularly inform them about the council meetings or other activities Euract is involved. Outside these institutions swiss GP's are not very interested in European affairs similar to politics. So it's very difficult to motivate other colleagues to join us. On the other hand I pushed and helped the Swiss society of GP's with the introduction of the "new definition."

TURKEY
General elections in last November, new government, ongoing economic crisis and the heavy influences of Iraq War; that is the summary of recent developments in my country since last EURACT Council meeting. New government, as previous ones, made a rapid beginning in implementing health reforms. However, once again, nothing could be done. The problem is fundemental; there is no resource for developing the primary care and family practice.

Undergraduate Education
In line with carrying the innovations in medical education through the development of family medicine in universities is continuing. In my university, Adnan Menderes University in Aydın, training in general practice is now a concrete action. Medical students in Year five are coming to the teaching practice of the department, which is active since last November, for a clinical rotation of 3

weeks. With regard to practical medical education in primary care we planned a continuum from Year 1 to Year 6. The attachment of 3 weeks in Year 5 is the last part of this program, except the training of one month in rural general practice in Internship (the year 6). Our first experiences in Aydın are first experiences countrywide as well.

Vocational Training

As I reported in my last activity report, the new law for regulation of specialisation in medicine contains only a total time of 3 years for family medicine vocational training. As for other disciplines, a special commission was appointed for other details. This commission has come together and begun to prepare instructions about details of the vocational training. Some EURACT members including me are members of this commission. Our proposal is that instructions should be flexible and the core program should contain at least one year training in general practice and at least one year training in hospital posts. I think the provision of the core program will be completed in a few months and the instructions will be used by all educational institutions having family medicine vocational training scemes.

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

- As I mentioned in my previous reports, I am a member of the Executive Board of Turkish Family Physicians Association (TAHUD). Turkish representatives of other European bodies (EQUIP; EGPRW) are members of EB as well. So there is no problem in relations and communication between the national association and the representatives of network organizations.
- The meeting of European General Practice Research Workshop is being held in Ankara at same dates with EURACT Council meeting. This meeting is organised with common efforts of TAHUD and representatives of European bodies. The meeting is supported in part by the income of last two EURACT courses.
- First time I am supported by my national association,TAHUD, paying my travel expenses.
- I, together with Turkish representatives of EQUIP and EGPRW, have translated the European Definition of General Practice/Family Medicine. And now family physicians use this document in their initiatives for developing general practice/family medicine in universities.
- As Turkish EURACT members we have been holding ‘teaching courses’ for training the interested family physicians and general practitioners in primary care and academic centers. Until now we have carried out seven courses with the last one being held in last March in Istanbul. A total of 168 new teachers were participated in these courses. The next course will be held in Ankara with 35 participants next week. These courses are on the national level and under patronage of the EURACT.

UNITED KINGDOM

Basic Medical Education

There are a number of changes currently underway which have an impact on the undergraduate curriculum, of which the most important is the continuing pressure to increase output from medical schools to address the shortage of doctors. Alongside this expansion there is a great deal of concern about the way that medical university funding is being directed, which is more than ever being driven by research. As a result general practice departments, although providing an increasing amount of the taught curriculum, are receiving a lower proportion of the funding and in some cases are being downgraded from full department status. In some universities 20 percent of curriculum time is now being taught by departments of family medicine.

Specific training

The organisations responsible for supervising the funding of postgraduate medical education at county level are being reorganised yet again; it is hard to consider that this will produce any major improvement. As I mentioned in previous reports the national Competent Authority is being replaced with effect from October 1st. Previously general practice had its own Competent Authority, and major

concerns remain about the loss of the influence of general practice on the postgraduate education system, and the potential for even more specialist domination.
A major development over the next year so will be the reform of the SHO grade. This grade of junior hospital doctor is the level at which trainees for general practice work in the hospital system. There is to be a new Foundation Year following internship when junior doctors concerned will be expected to acquire generic skills. It is suggested, but as yet not confirmed, that all will spend a period of at least four months in general practice. Following this year doctors in training will embark on their specialist training programme, including that for general practice. There is currently a very fierce debate as to whether the Foundation Year will be included or regarded as extra to the length of training specified by the European Directive. There is an opportunity to develop individual training programmes for general practice but a definite threat that these may be truncated in order to accelerate output from training programmes.

Continuing professional development
The government has provided funding to protect personal learning time for the first two years after entry into general practice. Surprisingly this is only being taken up by about a third of new entrants. The current system of CME will undergo a radical overhaul with the new GP contract, which is currently under negotiation. Personal learning plans are now required to be developed from the recently introduced annual appraisal system. This appraisal is currently professionally led, and has as its prime purpose the personal and professional development of the appraisee. Confusion has arisen as there is also to be introduced a five yearly re accreditation process known as "revalidation", in which there is clearly an element of the identification of underperformance. The relationship of the two processes has become muddled, with the Royal College strongly opposed to the use of appraisal to detect underperformance.

Health Care System
There continues to be a great deal of investment in the NHS but there are obviously no instant solutions. One of the key problems remains a shortage not only of doctors but nurses and other healthcare professionals, and it will take a considerable time to reverse years of under investment in these areas. However there is little doubt that the government is committed to this process.
A major change for primary care is in the proposed new GP contract mentioned earlier. This clearly rewards practices and doctors giving a wider range of services to patients and in principle could be a great step forward for general practice in the United Kingdom. However the original pricing formula for this contract resulted in 90 percent of GPs facing a major drop in income (20 percent in my own practice). It has become apparent that this was not the intention of government who genuinely are intending a major investment programme; a new formula is being worked out and a guarantee of no detriment has been given by the government.

"What have I done for EURACT?"
My activities for individual members in the United Kingdom have certainly become less since I became President, and have not been helped by Pauline's illness. I have kept members informed of the debate going on in the European Society concerning network organisations, and have sent all members report of our last meeting and a copy of the New Definition. As Council members will be aware I am planning a meeting for UK members during our Council meeting in Leicester.
Many university Departments of General Practice, and postgraduate GP Directorates are registered as organisations in collaboration. I continue to be supported by the Royal College, and sit on its International Committee as a result. I contributed a short piece with Philip Evans on the New Definition to a new Royal College publication, The New Generalist.
Since we last met I have not had a face to face meeting with the UK EGPRW or EQUIP representatives but we exchange e-mails and reports on meetings. I am in regular contact with members of the UK delegation to UEMO.