Annex 1

Review of national educational activities after EURACT Council meeting in Zagreb, 1999

EURACT Council meeting
March 1 – 4, 2000
Eilat, Israel

AUSTRIA

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Undergraduate education

From 1.1.2000 the universities started with a new law situation, they are more independent and the medical faculty is totally reorganised .In Vienna General practice is now a part of the Institute of undergraduate and postgraduate education .This Institute has 3 departments : General practice, Didactic and Continuing Medical Education . One Professor out of the 3 is the head of the Institute. The curriculum is developing very well and it is education in blocks of medical problems. Prof. Maier is very much involved in the curriculum development and General Practice will be more important in the future.

Postgraduate education

In November at the end of the V.T. the written final exam (short answer questions) was passed by 33 candidates, only one failed. The overall impression is that it was well organised an there will more candidates until the end of June. The trainees are also asking now for some training as they make their V.T. totally in hospital. Also the obligatory Training Practice time is done in the ambulatory care part of the hospitals. The short answer question pool is developed by the G.P.s of Austria (Austrian Society of G.P. and Doctors Chamber) and represents decision-making of G.P. problems.
A new Project at the Vienna University is the development of a „Masters Degree for General Practice“. It includes the V.T. in hospital, but insists on a one year V.T in a real G.P.Training Practice and also a G.P. trainer as tutor for the trainee. The whole training would last for 5 to 6 years and at the end the trainee would be specialist of G.P.

Continuing medical education

The preparation of the WONCA Conference in Vienna from 2-6th of July 2000 is in good progress. About 500 abstracts have been reviewed. EQUIP will also make a symposium before the meeting.
In January the training for moderators of Quality-Cercles was well accepted and so Quality-Cercles can be organised all over Austria. In Vienna the Quality-cercles for G.P.s who are allowed to prescribe methadon for drug-addicts is a real success.
A CME program was started, where the G.P.s can also get credit-hours for reading and summarizing abstracts or answering questionnaires. It means that CME can also be done at home.

Political situation

There are a lot of changes going on in Austria and the people have to realize that they have to be more aware of what is going on in parliament. The rules of democracy are followed , but there is doubt about the real outcome .. The critics from outside the country are difficult to accept, but it helps to become more aware of risks for the future, that have their roots in our history. We are glad that politics could more of a topic of discussion now, but anxieties are raising and we hope that the peaceful protests are helpful to create an atmosphere of more openminded arguing with words.

BELGIUM

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Undergraduate education

The curriculum reform continues year by year in the different universities. Involvement of General Practice departments is growing: in Gent university, the curriculum innovation is led by a GP (A. Derese), the Antwerp head of GP. J Denekens is nominated one of the educational advisors of the university. In Leuven, I am one of the 12 permanent members of the faculty curriculum committee, who has complete responsibility over all the curriculum elements.
Innovation also from the Walloon side: at our sister univeristy, Université Catholic de Louvain, a real department of GP installed, with Dominique Pestiaux as the new professor, and another appointment (not yet nominated) for a research responsible. The faculty really wants to invest in it. It is probably a challenge for the other 2 Walloon universities, who knows.

Postgraduate specialist training

A next progress that has to lead to more quality of the training program: our inter-university centre got from the 4 universities the responsibility of selection the training posts and giving them the degree of "university trainer post", by ranking the candidates in quality order. Last week we decided on 330 training GP-training positions for next year.
From now on all specialist training programs have a first 2 years under the responsibility of the universities, the other years under the mixed responsibility of profession and universities.
The decisions of limiting the number of GPs and specialists in specialist training to half of the present number is continued also for 2006 and 2007.

Health Care

Lists of patients, started with those over 60, is a success. Almost 1 million of older people choose a personal GP. From the 1st of May, the project is enlarged to home visits for over 75 and chronic patients. Step by step. The planning is to evaluate and to enlarge it in 2003.
Legislation makes a new difference between the General Practitioner and its practice. A GP-practice has to be a full-time position, part-time GPs only can work in full time practice. Government defined officially the definition of a collaboration amongst solo-practices, an association of an older and a younger GP, and a group practice.
The minister of health is preparing a « law on primary care ». This must stimulate « primary care collaboration structures » amongst GPs, nurse organisations and social workers, and give them a legal status, so that the budget on structural financement of health care then also can go to primary care, and not only to hospital care. We try to prepare for this new step by stimulating in the GP-field the discussion on « scale enlarging of practices » and official installation of « local GP respresentative groups ».

BOSNIA & HERZEGOVINA

No report received.

CROATIA

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There are several news; firstly good and then not so good.

Very good: At last, we, Croatian people, have changed government, but health professionals are not so satisfied with new minister of health.

General practice as a profession is not in so good position, you can't belive there are only five GP's trainees in whole Croatia this year. But, we have decided to fight and organise Coordinating body (profesion and university departments) made plan what and how to do. We will see what will happen.

Undergraduate education is going normaly and we put our effort in CME, organising different courses and woorkshops (Care of terminally ill patients, Balint's group, Using small technology in GP, The role of public nurse).

March, 28. 2000 we celebrate 20 anniversary of our GP department. It will be great celebration!

CZECH REPUBLIC

No report received.

DENMARK

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Summary:
Positive and promising development for general practice in the Danish health care arena, including educational areas.

Pregraduate education
An evolution is on the move - but slowly - towards more problem based learning in our three medical schools. Curricula are being revised, resulting in less basic science lessons and more clinical lessons - but still there is a long way to go.
Much effort is put into accommodating an increasing number of medical students - almost a double up in number of "intakes".

Postgraduate specific training
Shortage of doctors in almost all specialities is apparent. The struggle to get the candidates is ongoing. The number of training posts in specific training for general practice has been expanded with 25% to 140. A revision of the national programme is in the decision phase, making 1½ years of 5 to be spend in training in clinical general practice. Even more time in general practice is to be - hopefully in 2-3

years time fulfilling the UEMO proposition of at least 50% of training time to be inside the speciality. Additional theoretical education courses based on local & regional small groups of GP trainees are established throughout the country, directed by educational co-ordinators (AMU's).

Continuous Medical Education
98% of all GPs are included in at least one (local) small group, defined by geography, interest, theme etc. The structure is evolving: local co-ordinators, group leaders, courses on learning, and quality development of educational activities are illustrating the development.
Quality development is top of the list in small group education.
Other forms of CME are thriving as well; the secret is **FUNDING** - USD 1.800 per GP every year as part of the contract.
More and more criticism is arising towards the influence of the pharmaceutical industry.

ESTONIA

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There are no changes in family medicine curriculum. The biggest problems in 2000 are connected with funding of residency program, irrespective of speciality. As of January 1st all residents lost their state scholarship, therefore total income of residents diminished by 30%. There are difficult discussions about the status and position of residents: this will define the sources of funding for their training and work. Sofar the residents have been paid both by the Ministry of education (scholarship) and by the Ministry of Social Affairs for their practical work. If no solutions can be found, the number of residency will obviously diminish which has serious influence on the workforce of doctors as doctors without proper postgraduate training are not entitled to unsupervised practice any more.
Department of family medicine at the University of Tartu together with the Estonian Society of Family Doctors arranges an international conference on topic "Family medicine and policlinic system" on April 14-16, 2000 in Tartu. We expect about 200 participants from different countries to discuss this topic which is very important for the countries with previous state-run policlinic system of primary health care. Adam Windak and Paul Wallace are invited speakers to this conference.

FINLAND

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Professor chairs
Irma Virjo has been nominated to be a professor of general practice at the University of Tampere. University has three professor chairs in general practice. Virjo, a member of EURACT, has been acting professor for years.

The process of professor selection at the University of Turku is still going on. Three candidates have been shortlisted from ten remaining candidates. The faculty will make its decision according to this listing and to the interviews of the listed persons.

Shortage of general practitioners in Finland is now a reality, especially in rural parts of the country, but also in cities. Burn out and extreme work load is threatening those staying in primary health care, at the same time. Moving towards population-based work organisation has not been supported by more vacancies of doctors, and, anyway, there does not seem to be doctors available, enough. There was also a threath of strike of doctors, but the negotiation was successful, anyway.

Specialist training in general practice is under reform. Individual training plans, logbooks and personal tutors are being planned and prepared everywhere. A national evaluation of specialist training is going to be made at the university of Kuopio.

The WONCA congress Tampere 2001 *GP/FD - the frontline clinician* is under busy preparations already. The international advisory board as well as the scientific board are nominated and they will start their meetings pretty soon. All the other committees have started their work a year ago. There is going to be a CME program (education and training on relevant issues for ordinary GPs) with two lines during the conference, especially planned to those GPs, who are not that interested in research.

FRANCE

No report received

GERMANY

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Since our last meeting there was no important change in the regulations of BME,VT or CME. The chamber discusses a new model of VT, which would like to combine the internists an the generalists VT at the beginning within basic modules. We are afraid, that this would just be used to weaken General Medicine and instist, that the new regulations from 1997 should be really executed and evaluated before.

The physicians in general have been bothered by the law initiated by the minister of Health, Mrs. Fischer and called : „Gesundheitsreformgesetz“. In this law the General Practitioner should play an important role, but an obligatory charge of a primary health care before going to the specialist was avoided, saying the patients right of choosing a doctor was more important. But the fees for the Primary health care sector and for the specialists sector was separated, so that the increasing amount of expensive procedures in the specialists sector should no more diminish the GP´s fees.
The lax included as well the continuity of the insurances obligation to support the Vocational Training of Generalists in the hospital departments as well as in practises. Since this year GP´s and all physicians in hospitals as well as in practises have to indicate every diagnosis by ICD-10 in order to get the fees. This makes still a great rumour, since nobody is used to ICD-10 and the GP´s have the largest amount of figures to remember or to fill in their PC´s. Neither the insurances, nor the administrative authorities are prepared to use these delivered data. There was never a chance to bring ICCP into account.
The Seminars in VT continue within the whole Germany.

GREECE

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BME
In BME level no evolutions. The remarkable point is that there is no expectation

The good news is that the Central Health Committee, the official advisory board of the Health Ministry, accepted ELEGEIA's (the Greek Association of General Practitioners) proposal for an annual meeting of all coordinators of the VT in different hospitals of the country. Taking under consideration that the majority of them are specialists and usually without any interesting and motivation, the aim of this meeting is to get in contact with them and introduce them to the meaning of GP, the role of the GPs within the health system.
The bad news is that the Health Ministry is going to make some major changes concerning the committees for the formative assessment of the trainees. The changes have to do with the subsistance of GPs with specialists and the increase of the number of committees from 2 to several; this means that there is a tension to patronage our training.

CME
As it is reported so many times the CME is under the responsibility of the ELEGEIA. The last 10 months there is an increase of the CME activities. The important and remarkable point is that a big part of the CME programme is running in cooperation with others association of different specialties.

General
ELEGEIA estimates that there is a political strategy of the government to shorten the public section of the health system and mainly the PHC. Some official consultans suggested the development of a network of special centres for each disease full equipped with high technology. They use as an excuse for that the effort that the government is making to achieve the EMU, for which they have to save money and is not worth to spend them to PMC.

HUNGARY

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Unfortunately, the year 2000 didn't start very favourably with the river Tisza poisoned with cyanide causing incalculable damage in the environment and nearly shocking the whole country.
As far as family medicine is concerned there have been a lot of positive changes. The most important news from political point of view is that a new law enabling the privatisation of the health care and practices was accepted by parliament in February.

The new universitas in which the previously independent medical universities function as medical departments were set up in January.

At the new universities the curriculum is being reformed, so we hope that teaching family medicine will have a more important role.
Departments of family medicine are working on a project according to which departments of family medicine will take part in teaching in the first years of undergraduate education too, and the time of practice is expected to be longer.
In postgraduate education the introduction of the central residency programme has not affected the residency programme in family medicine - successfully going on for years - considerably: A significant change in the programme is the emphasis on teaching treatment of psychosomatic diseases and on encouraging residents' self-knowledge.

On the basis of a survey on the agerange of family physicians the data of which I will show in the next figure, we may raise the question of how to ensure a continuos care with adequately qualified family physicians if the ministry does not raise the number of residents of family medicine in the central residency programme the new regulation covering CME came in to force in January, ordering all physicians to participate in continuous education with an assessment every five years.

IRELAND

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Undergraduate

The island of Ireland has six medical schools, each with a Department of General Practice; a seventh Department has been established as a stand-alone unit at the University of Ulster, which has no medical school. By contrast, in 1987 only a single department existed, based at the Queen's University, Belfast. The dramatic changes reflect an acknowledgement of the important role of general practice both in the provision of care to populations and in the education and training of new doctors.
The seven Departments collaborate closely, through the Association of University Departments of General practice in Ireland. The AUDGP-I's 3rd Annual Scientific Meeting occurs in March 2000 and will demonstrate a four-fold increase in attendance and submissions. Work being presented reflects the broad research, teaching and development roles of the Departments.
In addition to their undergraduate roles, many of the Departments contribute to postgraduate specialist training or CME in general practice. They also have a significant responsibility for the rapidly evolving medical curriculum; for example, early patient contact, applied ethics and clinical skills courses are among those being delivered by many Departments in addition to their core responsibilities.
Familiar problems with resources, staff numbers and academic career pathways persist. However, the rapid development and diversification of Department of General Practice in Ireland, together with the strong mutual supports between Departments, reflect strong potential for the future.

Postgraduate Training
Debate commencing concerning extending the period of training to 4 or even 5 years with at least 2 years community based – still at discussion stage. Huge demand for places on training programmes for year 2000 – 185 applicants for only 54 places. Large increase in the number of applicants with post registration hospital experience.

C.M.E.
M.J. Boland former National Director G.P. C.M.E. has been appointed as Director of a new entity, the Postgraduate Resource Centre (for General Practice), a full time position, based in I.C.G.P. headquarters, 4-5 Lincoln Place, Dublin 2.

H. Finnegan has been appointed as National Director G.P. C.M.E.. He has said, "I am anxious to build on the good work of my predecessor. Thanks to him the concept of C.M.E. is now well established in Irish General Practice".
Small group learning continues as the most popular method of C.M.E. for established General Parishioners. There are 30 C.M.E. Tutors organising and providing monthly small group learning meetings for 8 of 12 months per year (with a break in May, June, July, August). In any given month approximately 50% of G.P's will attend a C.M.E. meeting in their area on a topic relevant to the practice of family medicine.
The National Director G.P. C.M.E. organises and runs three residential Tutor Workshops where Tutors can try out new educational material and presentation methods of demonstrate how/why a particular session was successful and could be transferable to another Tutor. A Handbook for C.M.E. Tutors has been produced and has proved very popular and useful.
The thorny question of evaluating small group C.M.E. to see if it actually does change the behaviour of participants is being tackled by a research group with P. Durcan.
The Qip Project Director has organised the first I.C.G.P. Distance Learning Programme – this first intensive modular programme is on Therapeutics in General Practice and has been over subscribed.

General Practice

The Medical Council (Ireland) has produced proposals on competence assurance. The I.C.G.P. is to appoint a project Director to research the topic of
re-certification, reaccreditation, competence assurance, with a view to producing a position paper for consideration by the membership.
The I.C.G.P. has produced a strategy document for the future development of General Practice in Ireland. Some of the issues highlighted in this document include:-

- Restructuring of G.P. training.
- Completion of a workforce plan and career pathway.
- Provision of appropriate funding for the development of General Practice and G.P. services.
- Introduction of Competence Assurance procedures.
- Evaluation of G.P. Service outcomes.

The `live` issue of the moment is the opening of talks with the largest Private Medical Insurer, the V.H.I., on the provision of a comprehensive primary care package, including G.P. services, for it subscribers. The provision of an insurance based scheme to cover the 70% of the population currently paying private fees to G.P's will have the most profound effect on General Practice since the introduction of the G.M.S. Scheme in 1972, covering 30% of the population.

ISRAEL

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Since the meeting in Zagreb there have been many developments in family medicine in Israel. The National examinations for specialization were held in October-November and some 50 trainees successfully completed their training. The oral examination is undergoing reform and will be given in

an OSCE format at the next sitting in April. The exams will also be decentralized with 3 local centres conducting the exam on one day rather than in one central site over three days.

The national research network of family doctors (RAMBAM) is also undergoing decentralization. In order to stimulate GP research in the 4 regions, 4 smaller local networks will be established with the authority to approve and fund network research projects.

The Teachers' network (HEIMAR) has continued the development of a Six-Encounter Fellowship for training of new faculty in family medicine. We hope to obtain Scientific Council approval for the program soon.

In Tel Aviv the new first year course on Medicine, Patients and Society has started under the leadership of members of the department of family medicine (Michael Weingarten and Jeff Borkan). This program will continue through the 6 years of BME in Tel Aviv in an integrated behavioural science program.

Be'er Sheva has been busy planning the Ben Meir Conference in Eilat. An excellent program of lectures and workshops with speakers from Israel and abroad is planned.

Shmuel Reiss from Haifa has been busy promoting the book of Stories from Practice which has been well received. He has also been working on the international conference on Low Back Pain to be held in Eilat two weeks after our meeting.

In Jerusalem the early clinical exposure course for first year medical students was a success under the direction of Ted Miller. Brendon Stewart continues to run a successful CME program which attracts a large number of trainees, specialty trained family physicians and general practitioners. Case based learning and problem solving are features of that program.

ITALY

No report received.

LITHUANIA

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Health Care Policy

Some changes are performed at the MoH level including several steps concerning General Practice. The position of the MoH towards General Practice could be defined as encouraging the private contracting with State Patient Fund. First steps in this direction are made by Phare project " Support to the continued reform process and the development of primary health care in Lithuania" which include providing equipment for the GPs that wish to be private contractors.

State Patient Fund is also trying to develop a system for encouraging GPs to provide wider scope of services for patients. For this purpose they developed a new financing system for primary health care institutions, consisting of combination of capitation fee and fee for service (approx.70 and 30 %). Unfortunately, current economic situation, affected by Russian crisis, psychologically is not the best time for introduction of new systems, even if this is intended to save the money for primary care needs in future.

Vilnius University news

For about one mont ago we have elected a new Dean in Vilnius University Medical Faculty, so some changes are already planned for the undergraduate and postgraduate education programs. What these changes are going to be and how they will be implemented we'll see in the nearest future.

MALTA

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Malta is a small island state lying approximately 100km to the south of Sicily in the centre of the Mediterranean. Despite its small size, its isolation from the mainland and its strategic geographical position has given Malta the opportunity to develop its own national identity and character.
Today its is inhabited by 380k a multiethnic population with an economy largely dependent on services and manufacturing especially in the electronics sector. The population is well educated by European standards and many are multi-lingual. The Public Health Care system is funded directly out of general taxation and courses all services. In parallel there is a large private system supported by direct out of pocket payments at the point of delivery and a growing private Health Insurance Industry. This dual system creates several problems in the Family Medical services available to the patients. The longstanding strong tradition of the community solo Family Doctor is being increasingly weakened by a multitude of services available at the primary level. General Practice has lost a considerable degree of importance to the individual patient. The increasing confusion and spiralling Health Care costs are now being felt by our patients and perhaps will soon acknowledged by our politicians.

A group of Family Doctors have established The Malta College of Family Doctors ten years ago. With hindsight, this was a success story in that today the Family Doctors have access to an uninterrupted 10-year CME programme and have recently successfully lobbied for a Department of Family Medicine at the University of Malta Faculty of Medicine. A radical reform of the Family Medicine component of the undergraduate curriculum has been undertaken and a Teachers Development Programme will be running soon. Within the next two years a three-year Vocational Training Programme will be available to our trainees following the aspirations of Malta joining the EU. The College will now embark on a community development programme joining forces with the GP's and other primary health care workers in the community in an effort to offer quality health care services as an alternative to specialist or institutional care. For this purpose a Patient Charter has been modified and will be distributed to a large section of the population. The Malta College is active in all the Family Medicine European Network Organisations and is hosting a regional conference in an effort to raise issues relevant for the region.

The CME programme is mandatory for Membership in the Malta College of Family Doctors and other courses are usually available from time to time such as in Research Methods, Counselling in GP and Electronic Medical Records/ICPC proficiency. There is not local official authority regulating CME.

Given the fast pace of change and the numerous opportunities for the development of GP in Malta there is an acute shortage of people willing to assume their responsibilities towards the local community of Family Doctors. There is also a need of foreign expertise in the Behavioural and Social Sciences Teaching, Curriculum Development and Faculty Development.

NETHERLANDS

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National items

According to various estimates, there is a growing shortage of GPs. Finally, the government and the dutch association of GPs have reached an agreement (in principle) to increase gradually the number of training positions for the vocational training from 360 to 450 in 2004.
An unexpected development is the falling number of applicants for the vocational training. It even occurs that there are vacancies. Is this an international feature?
Within the context of the establishment of quality systems on regional, district and practice level, a national program for higher professional training under the aegis of the College is worked out and already partially implemented. It contains training programs on research, quality assurance, education & training, management and clinical fields: diabetes, astma/COPD, vascular problems, palliative care and female genito-urinary tract problems.
More attention will be paid to the support of the infrastructure of practices, as already mentioned in my report of October 1999. It starts with the introduction of practice nurses.

Basic Medical Education

I am fully involved in a revision of the Maastricht curriculum. There will be more emphasis on contacts with patients throughout the curriculum. Affiliated hospitals will play a major role in the clerkships. The last year (year six) will be spent in clinical practice (hospital and/or general practice) for an extended period of time and in research.
In the assessment some type of portfolio wille be introduced.
One has to remain on guard with respect to the participation of general practice, which is nowadays quite extensive.

Academic practices

A majar breakthrough is the financial contribution of the Maastricht academic hospital to the network of academic practices. With this contribution an incentive can be given to improve the quality of patient care in the practices. The focus will be on patient-related meetings and discussions in the practices.
A national advice/report to the government on the support extramural academic practices will be issued within a few months.

Department

A Belgian GP, Prof. dr. Frank Buntinx, who is a member of staff in the department of Jan Heyrman is appointed as a part-time professor (0.2 fte) in our department. He had already a position as a senior staff. This underlines and will enhance the cooperation between the two departments and countries.

NORWAY

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National level

– The most important subject is still the plan making and the discussion about how to create a patient-list-system in Norway from the first of January 2001.

- The Government want to do so, but there are a lot of huge problems that seems not to be solved until then.
- During the latest months of 1999 a lot of practices and health centres did not have enough GP's. This has specially been so in the northern part of Norway. In the beginning of 2000 this seems to be better, but still the North Norway have problems.
- Of all new specialist colleges in 1999, 27% were GP, that is the same as before.
- A project called "Resource community" has started during 1999. That is some communities and districts in Northern Norway, given economy to develop health care as a good and safe system for the inhabitants in the area.
- Earlier I have mentioned NOKLUS and FOCLUS, that is systems on national- and on regional-levels to develop quality control systems. A new group, SKUP, has started to work on a Scandinavian (SK) level, to value (U) laboratory equipment used in general practice (P).

POLAND

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Undergraduate education:
Four medical schools have produced a common statement on the concept of basic medical education in the field of family medicine. It doesn't mean however that the common program has been introduced in these universities. Anyway this is a right step in right direction. Otherwise no major changes in the field of undergraduate education. Still family medicine is taught at all university medical schools in Poland, but still big variation in the number of teaching hour and the content of the subject exists.

Postgraduate education:
New law about postgraduate education of physicians introduced one year ago, closed practical way for retraining in the field of family medicine for specialists working in PHC. Theoretically such a possibility exists, but expectation are to high, especially for those working on the independent contract with the insurance funds. Necessary changes in the law have been prepared and presented to the Ministry of Health by the College of Family Physicians in Poland. Now we expect wide but hopefully quick discussion about the issue. If we do not menage to pass the new law, further development of professional cadres for family medicine in Poland could be in troubles.

Continuous Medical Education:
CME is still as chaotic as it was until now. Still mainly pharmaceutical companies are active in this field. First discussions about re-certification have already started, but it would be naive to expect real changes in this field soon.

Other issues:
Contracts for family doctors with most of the insurance funds have been changed dramatically from the beginning of this year. Working arrangements as well as financial remuneration are less attractive nowadays. It can strongly influence quantity and quality of candidates to the profession.

RUMANIA

No report received.

RUSSIA

No report received.

SLOVAK REPUBLIC

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Undergraduate education

Although there are still no Departments of General practice or Family medicine at the Medical schools in Slovakia, teaching of General practice and Family medicine is a compulsory part of undergraduate medical educational curriculum. The teaching is provided by the Internal medicine departments of the Universities. General practitioners are involved as lecturers and then especially in the practical part of teaching. Education curriculum has got three parts:
l. lectures (f.e. introduction to primary health care, teaching PHC principles)
2. workshops (f.e. teaching communication skills, preparation of project in health promotion)
3. visiting teaching practices.
All medical students are obliged to spend at least one week in accredited primary care practice.

Postgraduate education

Not much has been changed in last few years. The duration of the Vocational trainig for General Practice is 3 years. After graduating at University Medical School, the future GP must spend two years in various hospital departments (1 year internal medicine, 3-4 months surgery and traumatology, 1-2 months ENT, urgent medicine, dermatology, neurology, psychiatry or gynecology, etc.), than 6 months in different „policlinic out door surgeries“ and finally there is a request for spending 6 months in a teaching practice. There is still a lack of teaching practices, but the process of accreditation of teching practices is well in progress, so finally also the last mentioned condition is coming in practice (till now it was and in some cases still exists only „on a paper“).

Continuous Medical Education

The recent model of obligatory continuous medical education is called:
“CREDIT POINT SYSTEM FOR CME IN GENERAL PRACTICE“.
It was introduced in January 1998 by the Slovak Association of Private Physicians and consequently supported by the Slovak Postgraduate Academy of Medicine and the Ministry of Health and now it is accepted by the GP´s with real respect.

Different courses and lectures are organised by Slovak Postgraduate Academy of Medicine in Bratislava, Regional medical educational bodies or Pharmaceutical companies. The attendance of accredited lectures and courses is bonused by certain number of credit points and GP´s are obliged to prove their attendance at requested number of educational activities to the elected representative of the Regional Medical Chamber.

Collecting certain number of credit points per year is one of the main conditions for the renovation of GP´s contract with the Health insurance companies, which is essentially important for the financial existence of surgery.

Paradoxically the courses focused on Practice management, Health financing, Cost effective drug prescription and/or Primary care development are much more requested than clinical medical courses. This might be the result of permanent changes in the Health care system in Slovakia, where the lack of information is felt as one of main barriers of effective development.

SLOVENIA

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Undergraduate education
There have been no major changes in the programme. The curriculum is going on well, we are preparing for the next year.

Vocational training
A major breakthrough! We have finally managed to get the law abou obligatory VT to be passed in the parliament. We are currently negotiating the new VT scheme with the Medical chamber. It looks that we are going to end up with the 4 years' programme, half in general practice, half in hospital posts. This is a major improvement.

The first course of family medicine, which is part of the VT scheme is going to start on March 6. A lot of work has been done in preparing it.

CME
The new Bled course is going to be prepared.

I have been nominated in a group (3 people) that is going to judge the CME courses for Slovenia and give them points. This nomination has made my interest in CME much bigger than it used to be.

Other
The work on the inventarisation of teaching organisations in Europe has taken a lot of my time. The final results will be presented here. I hope to get rid of this task after this meeting.

I have also been active in preparing the second draft of the EURACT presentation booklet.

But the preparation of the textbook of family medicine has taken a lot of my time. It is going to be a big book and it is very difficult to coordinate 28 authors and over 50 chapters. I myself have contributed 10 of them (Education in general practice of course as well).

SPAIN

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Continuous medical education
The courses, seminars and other educational activities will receive a formal accreditation by national or regional committees. These must guarantee total independence between them and the sponsors of the educational activity (health providers, administration, pharmaceutical companies,....) in order to assure the quality, objectivity and independence of the contents.

And a very good new is that a good friend Joan Gene, the former representative of Spain in EURACT, and that some of you know very well, has been nominated the head of all Primary Care in Catalunya!

SWEDEN

No report received.

SWITZERLAND

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Pregraduate education
Two new studies, the so called „Fleiner-study“ 1 and 2 elaborate the new trends in medical education. Resulting from them a new educational law is established where the goals of medical education, specially the ones of General Practitioners are defined and controlled. A group of foreign experts have reviewed the medical education system in Switzerland, with the results that the formation is not enough practical, that means too much of theoretical ballast and a great lack of general practice and practicioners beeing involved. This task will be repeatet in a few years, we hope with better outcome.
At the moment a lot is in change in Switzerland. In almost every faculty new curriculums are established and General Practice is getting more and more important.

Postgraduate education
Since this year, after a three year pilot project, it is obligatoy to pass a final exam to become a General Practicioner. As a little country we have problems to bring a staff together that is big enough for creating sufficient questions and practice-situations for written and oral examinations. We already discussed wether we should try to work together with neighbour-countries. At the moment, every year, around 80-90 collegues ar passing the examinations.
In this and the next year a catalogue with the educational goals for the VT of General Practitioners is in work.

CME
80 hours per year of CME is obligatoy since 1999. To select the numerous, different possibilites among congresses, workshops etc. the following points are important. 1. A. General Practicioner has major influence on the program. 2. The subject has to be important for general practice. 3. The training has to be evalueted and 4. The hand-outs have to be useful and practicable in daily work. Otherwise every member is free to do what he wants.

TURKEY

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National Level
The health care reform process is progressing very slowly. It can be said even that it has stopped. The Pilot Project of 1998-1999 which was funded by the World Bank failed to be implemented and the allocations were transferred to the regions of earthquake last December.

National health policies are changing with each changing government, even with each Minister of Health changes within the same cabinet. The current government which has failed to improve primary care is now trying to obtain a success by increasing secondary care services. The Minister of Health has begun to apply a new shift system between 17.00 and 22.00 hours (not emergency) in the district and regional hospitals (secondary care). The responsibility for emergency acute medicine in these hospitals has already been a field for the general practitioners. Now, an emergency call system, a 24-hour telephone service, is developed separate from general practice. The calls are answered by a nurse or a GP and the patients are referred to the hospital emergency rooms directly by ambulance. In brief, all medical problems are wanted to be solved in hospitals.

Undergraduate Education
All medical faculties have been going over their medical education carefully. New curricula are prepared. However, the biggest obstacles against curricular reform are surplus of students being admitted to medical faculties and lack of faculty members developed for implementing the changes. Almost all departments of FM are involved in clinical skills and communication skills courses within the curricula being developed.

Postgraduate Education
Nothing has changed since last October. The most important issue in vocational training of family medicine is a lack of practical part of training in general practice. The departments try to create educational facilities in primary health care.

CME
‘Credit point’ system for CME in general practice as in the other disciplines was introduced by Turkish Medical Association about five year ago and supported by the universities and the Ministry of Health. Although nobody knows how to serve, all physicians are trying to gather ‘credit points’ by attending congresses, conferences, courses and other CME activities. But, these activities are not in a structured way.

UKRAINE

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ANNUAL CONFERENCE OF UKRAINE FAMILY DOCTORS
DNEPROPETROVSK, OCTOBER 1999.

In October 14-15th , 1999 the second scientific meeting of the Ukraine Association of Family Doctors was held in Dnepropetrovsk, Ukraine. The title of this meeting was " The Development of Family Medicine and Family Practitioners in Ukraine".

Representing the United Kingdom were Dr. Trevor Gibbs, Director of Community Studies, University of Liverpool, and RCGP International Adviser, and Dr. Orest Mulka, general practitioner and RCGP Coordinator (Ukraine). Both gave key-note presentations on the development work in the Ukraine together with presentations which covered modern educational methods, and new techniques in vocational training.

Interesting presentations were given by representatives from the Department of Family Medicine, Dnepropetrovsk. Prof. N. Chukrienko, Prof. of Family Medicine, spoke of the development of family planning within primary care, whilst Dr. V. Lechan spoke of the economic value of family medicine in Ukraine. Dr. Giduk, also from Dnepropetrovsk Department presented an interesting paper on the role of the family doctor in paediatric preventative care.

The shared responsibilities between Public Health and Family Medicine were the subject of several papers given by family practitioners from Kiev (A.V. Scherbina, P.M. Danchuk, Z.R. Klimenko) and Dnepripetrovsk (M.M. Malaya).

The multiprofessional responsibilities of urban family practitioners, specificly those working with nurses and ambulance staff was very clearly presented by Z. Guzar and colleagues from Lviv and N. Dubina and D. Frishman from Komsomolsk.

The speciality in Family Medicine has received increasing attention at both undergraduate and postgraduate levels. Although greater attention was initially directed at postgraduate vocational training, increasing attention is now being given at undergraduate level. Prof. G.I. Lysenko described with great pride the postgraduate development work that has progressed as a result of the United Kingdom / Ukraine partnership, whilst Prof. O.N. Girina described her pioneering work in the development of Family Medicine as an undergraduate speciality.

There are now 9 Faculties of Family Medicine throughout Ukraine, and favourable reports from each of the heads of Faculty were represented.

Family Medicine is now a new and growing speciality amongst Military organisations in Ukraine. Dr. V. Kucher presented an interesting paper on the difficulties arising and the solutions to this development, including the ways in which the families of military personnel are to be cared for.

Dr. Shatilo from Zhitomir discussed the difficulties of training Family Doctors in rural areas and the use of the distance learning packages developed in Kiev.

Dr. Trevor Gibbs, Liverpool, spoke of the new community curriculum that he is developing and how the new techniques used are being transferred and used in Kiev. Dr. O. Mulka, United Kingdom,

spoke of how video-analysis is used in summative assesment and the possibility of transferring this method into the Ukraine.

The final theme of the Conference was the inter-relationship between conventional and complementary medicines used in Family Medicine, and their economic value in areas such as Ukraine. Dr. L. Tesluk gave an interesting paper on the use of homeopathic and herbal therapies in common diseases found in primary care, whilst Prof. E. Zaremba discussed the role of the family practitioner in preventing heart disease. The treatment of common diseases found in primary care were the subject of several interesting papers given by Drs. Zaremba, Lysenko, Chukrienko and Girina.

This is only the second conference of the new Association of Ukrainian Family Doctors. The enthusiasm which each of the varied papers received and the attendance at the conference, demonstrated the eagerness in which Ukraine hopes to develop Family Medicine.
The third conference will be held in Odessa in September 2000 and is already attracting an International audience. Ukraine family medicine is here to stay!

UNITED KINGDOM

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Dr Shipman
The new century has started with the conviction of probably the biggest mass murderer in history in England, who happened also to be a general practitioner. For those of you who haven't heard, Dr Shipman was a single handed GP in Manchester, who disposed all his heart-sink patients by administering lethal doses of morphine. Although only convicted of 15 murders it is likely that he was responsible for many more.

This has resulted in a press witch-hunt on the quality of general practice, and its management and supervision. The credibility of medical professional supervision is not helped by the fact that he was suspended from the register for misuse of drugs, and then a reinstated in the 1970s. The supervision of single-handed general practitioners, the issuing of the death certificates by only one doctor, and the role of the coroner are all coming under government scrutiny. Prosecution was not assisted by the fact that many of the victims were cremated, and controls on this are also under scrutiny. What it is also becoming clear is that it is unlikely that any of be proposed new safeguards could have prevented a committed mass murderer from carrying out their plans.

Medicine is not a popular profession in the United Kingdom at the moment!

Doctor shortage

It has at last been recognised and acknowledged by the government that there is a shortage of trained doctors at present, and that this is likely to worsen in the not too distant future. There has been a consistent underestimate of the numbers required, and there is going to be a large number of retirements, particularly in inner-city practices, in the next few years. As a result medical school intake has been increased, and the number of general practice training places has also been raised slightly.

General practice in Basic Medical Education

The undergraduate curriculum is facing large changes in the general practice teaching arrangements. Not only is more time being spent in the general practice part of the curriculum, but it has now been recognised that community based teaching should be introduced early, and that general practice provides a very good teaching environment. There is a need for a large number of new teaching practices, and the system is under some strain at present. Other disciplines, for example obstetrics, are also basing students with community staff who are based in a general practice. At present there is little co-ordination and this must be corrected as a matter of urgency.

Funding changes for Postgraduate General Practice Education

These were mentioned in my last report. The arrangements have now been clarified, and the funding for all general practice postgraduate education will be transferred to the GP Directors on the 1st April. Not only does this include the salaries of teaching and administrative staff, but also the salaries of the registrars during their general practice attachment. The number of training places will now be capped, but funds can be vired from one budget to another, and the overall funding has been increased. The likely result is a major shake-up in the way that GP registrars are appointed to training places, and much greater flexibility in the training provided, with the opportunity to increase the length of the general practice component.

Revalidation

The focus on this has increased greatly as a result all the media attention on recent medical disasters. The Royal College is taking a lead in developing a revalidation process for general practitioners. This will require all GPs to maintain a personal learning log and also to be periodically demonstrate their continuing competence to practice. This will not only include clinical work but, for example, will also include competence to teach for all those who are undertaking this activity. For those who fail to demonstrate their competence will have to undergo a period of remedial education followed by a further assessment.