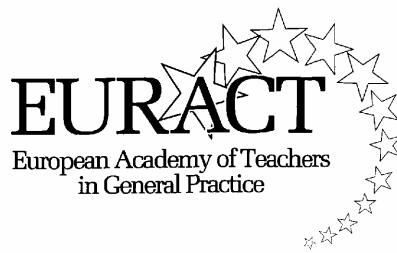


Network organisation within WONCA Region Europe – ESGP/FM

---

# EURACT Council meeting – Faro, November 2011





Network organisation within WONCA Region Europe – ESGP/FM

# Report of the 2'nd 2011 EURACT Council meeting

## Faro, Portugal

### November 10-13, 2011

---

**President: Prof Janko Kersnik**, Koroska 13, SI-4280 Kranjska Gora, Slovenia, e-mail: [janko.kersnik@uni-mb.si](mailto:janko.kersnik@uni-mb.si)  
**Honorary Secretary: Dr. Roar Maagaard**, Plantagen 22, DK-8541 Skoedstrup, Denmark  
Phone +458699 1655/+458699 3929, fax +458699 3588, e-mail: [roarmaag@post7.tele.dk](mailto:roarmaag@post7.tele.dk)  
**Honorary Treasurer: Dr. George C. Spatharakis**, Health Center of Itea, 7, Epam. Papalexandri street, GR-332 00  
Itea – Phokida. Phone 30 2265 3 51 007, fax 30 2265 0 32 26 8, e-mail: [george\\_spatharakis@yahoo.com](mailto:george_spatharakis@yahoo.com)  
**Admin. Secretary: Barbara Toplek**, Institute for development of Family Medicine, Poljanski nasip 58,  
SI-1000 Ljubljana, Slovenia. Phone +386 1 43 86 913, fax + 386 1 43 86 910, e-mail: [barbara.toplek@mf.uni-lj.si](mailto:barbara.toplek@mf.uni-lj.si)

## **Contents**

List of participants .....	5
Program of the meeting.....	6
Report of the meeting.....	7
Pre-Council Executive Board Meeting .....	7
Session 1: Welcome, introduction .....	8
Session 2: Committee work I.....	9
Sessions 3 + 9: Task group work a and b.....	9
Session 4: Business meeting part 1 (including General Meeting).....	9
Session 5: Conference: Basic medical Education.....	10
Session 6: Committee work II.....	11
Session 7: One slide 5 minutes presentations .....	11
Session 8: Educational Research presentations.....	11
Session 10: Business Meeting part 2... ..	12
Review of meeting .....	13
Post-Council Executive Board meeting .....	14
ANNEX 1: Review of national activities .....	15
ANNEX 2: Reports of Standing Committees .....	38
Basic Medical Education Committee.....	39
Specialty Training Committee .....	39
Continuous Medical Education Committee .....	40
Member Services Committee .....	41
ANNEX 3: List of new EURACT members .....	44
ANNEX 4: President’s Report .....	47

ANNEX 5: Cash transactions, Faro Meeting .....	50
ANNEX 6: EURACT Statement, November 2011 .....	54
ANNEX 7: Report from taskforces . .....	56
ANNEX 8: EURACT – Policy plan for 2012 .....	61

**Meeting of the Council  
of the European Academy of Teachers in General Practice  
(EURACT)  
held in Faro, November 10-13, 2011**

**Members present:**

Prof. Janko Kersnik, Slovenia, President  
Assoc. prof. Roar Maagaard, Denmark, Honorary Secretary  
Dr. Georgis C. Spatharakis, Greece, Honorary Treasurer  
Prof. Ruth Kalda, Estonia, EB member  
Dr. Mario R. Sammut, Malta, EB member  
Prof. Adam Windak, Poland, EB member  
Dr. Jachim Bednar, Czech Republic  
Prof. Mette Brekke, Norway  
Prof. Francesco Carelli, Italy  
Prof. Jan Degryse, Belgium  
Dr. Eva de Fine Licht, Sweden  
Dr. Dolores Forés, Spain  
Prof. Elena Frovola, Russia  
Dr. Luis Filipe Gomes, Portugal  
Dr. Givi Javashvili, Georgia  
Dr. Eva Jurgová, Slovakia  
Assoc. prof. Yvonne van Leeuwen, The Netherlands  
Dr. Inguna Locmele, Latvia  
Dr. Roger Price, United Kingdom  
Dr. Brendan O'Shea, Ireland  
Dr. Bernhard Rindlisbacher, Switzerland  
Assoc. prof. Llukan Rrumbullaku, Albania  
Dr. Edita Cerni Obrdalj, Bosnia & Herzegovina  
Dr. Philios Phylaktou, Cyprus  
Assoc. prof. Esra Saatci, Turkey,  
Dr. Alma Eir Svavarsdóttir, Iceland  
Dr. Howard Tandeter, Israel  
Dr. Peter Vajer, Hungary  
Assoc. prof. Mladenka Vrcic-Keglevic, Croatia,  
Dr. Natalia Zarbailov, Moldova  
Dr. Egle Žebiene, Lithuania

**Members absent:**

Dr. Liudmilla Bohush, Belarus  
Dr. Snezana Djordjevic, Serbia  
Dr. Razvan Miftode Florentin, Romania  
Prof. Christian Ghasarossian, France  
Dr. Nevena Georgieva Ivanova, Bulgaria  
Dr. Ilse Hellemann, Austria  
Prof. Markku Timonen, Finland  
Dr. Natalija Kryzyna, Ukraine  
Prof. Stefan Wilm, Germany

## **PROGRAM OF THE MEETING**

*Thursday, 10<sup>th</sup> of November 2011*

### **Pre-Council Executive Board Meeting.**

#### **Session 1:**

**Welcome and introduction and introduction of new members.  
Review and approval of meeting agenda.**

#### **Session 2:**

**Working in Committees I**

*Friday, 11<sup>th</sup> of November 2011*

#### **Session 3:**

**Task group work – session a and b**

#### **Session 4:**

**Business meeting – part 1.**

#### **Session 5:**

**Conference: Basic Medical Education – Who should teach what?**

#### **Session 6:**

**Working in Committees II**

#### **Session 7:**

**1-slide 5 minutes presentations**

*Saturday, 12<sup>th</sup> of November 2011*

#### **Session 8:**

**Educational Research presentations**

#### **Session 9:**

**Reports from Task groups and discussion on the future of EURACT.**

#### **Session 10:**

## Business meeting – part 2.

### Review of meeting

### Post-Council Executive Board Meeting

# REPORT OF THE MEETING

### Pre-Council Executive Board Meeting

The Executive Board met prior to the Council Meeting.

Welcome by the President – and welcome by the host – Filipe Gomes.

Review of action points from Tallinn:

- EUPA → it should be finished by Jerusalem – there is now progress in the process – so we are optimistic. How to get it published? and yo distribute it? We must plan in Jerusalem how to go on with this. Review of the product: Jan Heyrman and Justin Allen perhaps to be asked. Ask EUPA group to have it finished by end of January.
- Response to WE EB on future organisation of WE. → Janko and Roar reported back from WE Council Meeting in Warsaw. No changes decided until now. The process of re-organising WE Executive can take different directions. MSC to produce a list of EURACT of productions – as a proof of our activities.
- Policy plan → Janko presented a suggestion for a Policy Plan. The plan revised. George suggested to include concrete plans and dates for courses etc. in the policy plan. Hippokrates program discussed – Yvonne is liason person. EURACT would like to have a yearly half-page report from liason persons. Especially regarding the contact with the Hippokrates program it could be part of the yearly Country report. For Jerusalem: a short session with “collaborative activities”. Format of Country reports to be revised – Ruth will bring a suggestion for winter EB meeting.
- EURACT Website → “very well done” to Mario and his group! We think it is well functioning. Mario has sent a budgetplan for different scenarios regarding the “ST-Excel” files implementation in the new website. Plan: to be discussed in ST-committee – and suggestions taken back to EB who is going to make a decision.
- Membership issues → Bulgarian member not present 3 times in a row – EB will suggest Council to send a “reminder”-letter to her. Ukranian member same problem – EB will suggest the same procedure to Council.
- Finances. → George: finances are good – but in some countries members are not willing to pay the fees due to financial crisis. George to produce a nicer “receipt”

book so Council Members can get a more official looking receipt when paying membership fees. Janko cleared out the budgetary consequences of LdeV project as a very important activity. Committees should be asked if they have material that perhaps should be printed in future creating expenditures for EURACT. Membership fees for 2012 will be finally decided in Jerusalem.

- LdeV project will be discussed further during Council meeting.
- Certificate – Mario – one version exists now (little difference if new or re-newing members)
- WE Conference Vienna/experiences from Warsaw:
  - Booth → to be decided
  - Presentations/workshops → we should continue to do this!

### **Chairs of the Committees and Task Forces joined EB:**

- BME (Francesco Carelli) → not present
- ST (Alma Eir Svavarsdottir) → ST will present for Council during 1 slide 5 minutes two productions from the ST committee. Question to this committee from Janko: do you have anything to present in Vienna?
- CPD (Ruth Kalda) → a survey is finished and a publication is ready as a draft version (on re-certification in Europe) – and it will be presented to Council. Portfolio based CPD/CME will be the next topic to work with in the Committee. Question to this committee from Janko: do you have anything to present in Vienna?
- Member services (Esra Saatci) → Warsaw conference reporting back. Do we have any goals for how many members we head for in EURACT? No,... Future course activities to be discussed in this meeting.
- EUPA (Stefan Wilm) → not present
- EURACT News-letter (Jan Degryse) → How will we work in between meetings? it must be discussed again! (This goes for Research taskforce). Jan suggests we go for 3-4 Newsletters yearly – 2 is too little. Jan would like to have an editorial board.
- New idea: Trainer of the year in Europe??

### **Session 1:**

#### **Welcome and introduction.**

#### **Introduction of new members.**

#### **Review and approval of meeting agenda.**

The President, Janko Kersnik, welcomed all – 31 members present.

- no new members at this meeting
- action points, Tallinn:
  - EUPA will be ready for Jerusalem!
  - position in WONCA EB – discussion took place in Warsaw – no firm action taken yet, discussion going on in WE and to be discussed in Vienna
  - policy plan sent out before Council meeting



- in autumn meetings there should be reports from liason persons
- website: we are very pleased by the work done by the taskforce – and in particular Mario
- Council Members not showing up in more than 2 meetings in a row will be sent a “warning” letter as it is a violation against our bylaws – this time to 2 members
- buzz groups with country reports were planned but due to time limits had to be omitted at this time – but they were discussed later in buzz groups
- from the buzz groups came the suggestion to EB (coming from problems in some countries): to produce and send a policy statement to UEMO and WONCA Europe regarding training and re-training of GP’s. Council decided to ask the President/EB to do this. The statement can be seen in ANNEX 6.
- also from the buzz groups: could it be possible to get an institutional subscription of EJGP? – Adam to check this out.

The country reports on educational activities can be seen in ANNEX 1.

## **Session 2: Working in Committees I**

The work in the Committees continued next day – see reports further on.

## **Session 3 + 9: Task group session a and b – and reporting back from task groups**

The four taskforces were briefly presented by the chairs, so that Council Members that had not worked in the task groups could choose – and some members changed groups

- educational research task group → Jan chaired the group and later reported
- website task group → Mario chaired the group and later reported
- conference/educational task group → Howard chaired the group – and later reported
- educational expertise task group → Egle chaired the group and later reported.

Egle gave a longer presentation of the Leonardo project during the introduction to the task groups. Egle summarized the work in the task groups afterwards: A draft version to be sent to Council before Christmas – and comments to be sent back in 2 weeks. Final document for approval.

See the report of the task groups in ANNEX 7.

## **Session 4: Business meeting – part 1.**

1. Welcome (Janko)

Agenda was approved.

2. Notes from Tallinn meeting – see report from Honorary Secretary (Roar)

Report approved.

3. Approval of new members (Roar)

BiH: 1

DK: 2

Finland: 1

Ireland: 5

FYROM/Macedonia: 5 → this means that election of a CM

Moldova: 1

Russia: 2

Slovakia: 4

Spain: 2

Turkey: 8

UK: 1

32 in total

See total list of new members in ANNEX 3.

4. General meeting

- a. Opening of GM for 2011 (Janko)
- b. Determining of a quorum (Roar) – 31 present
- c. Appointing an audit committee of two members (Roar) Brendan and Alma already appointed – and they have to do their auditing before General Meeting in Jerusalem
- d. Budget (George) – presented the budgetary situation – EURACT has a stable economy. Regarding 2012 fees these are to be final approved by Jerusalem meeting. Council Members can collect fees according to 2011 fees – and re-adjustment can be done afterwards if necessary.
- e. Policy plan (Janko) – see the policy plan i ANNEX 8.  
Approved.
- f. Elections of Honorary Treasurer (Roar) Georges elected with applause.
- g. Other issues - none

**Session 5:**

**Conference: Basic Medical Education – Who should teach what?**

We experienced a very interesting conference together with Portuguese colleagues. There were presentations from Universities of

- Maastricht (Yvonne van Leeuwen)
- Oslo (Mette Brekke)
- Cukurova University in Adana (Esra Saatci)
- Algarve (Luis Filipe Gomes)

The presentations can be found on [www.euarct.eu](http://www.euarct.eu)

## **Session 6: Working in Committees II**

The work in the 4 committees continued – and the results presented in plenary.

Note: during this session Council approved financing of a technical solution that allows us to have an easily updateable database with information on different educational information from all countries.

Full report from the committees can be found in ANNEX 2.

## **Session 7: 1-slide 5 minutes presentations**

- Holland/Romania meeting – GP trainers. (Yvonne).
- EURACT Courses in Brazil. (Filipe).
- Innovating or dismantling primary care? (Francesco).
- Selection and reaccreditation ST Trainers in General Practice in Europe. (Brendan).
- Training, career change & migration among European GP's (Roger).

The presentations can be found on [www.euarct.eu](http://www.euarct.eu)

## **Session 8: Educational Research presentations**

We enjoyed 4 presentations:

Jan Degryse gave 2 presentations on different aspects of students OSCE examinations.

Mladenka Vrcic-Keglevic presented “Recertification/licensing of GP's in Europe”

Egle Zebiene described the Level 3 Course of the Leonardo Project.

The presentations can be found on [www.euarct.eu](http://www.euarct.eu)

## Session 10: Business meeting – part 2.

### 5. Activities reports

- a. “EURACT LdeV Project n° 2010-1-PL1-LEO05-11460 Framework for Continuing Educational Development of Trainers in General Practice in Europe (CEDinGP)” (Egle) – Egle reported for the task force work on the Framework document during this meeting. A plan presented on how to re-new faculty on these courses (LdeV, level 1 + 2). Decided:
  - task force to send Framework document to all CM’s with short deadline for responses due to further work with this document in Lisbon.
  - in future planning of Level 1 and 2 courses the agreement with local organisers should include the possibility of training future faculty members via their participation in these courses
- b. Assessment course (Janko)  
The latest course were pure national – and no more of these courses planned.
- c. EURACT website (Mario) – new website launched in June – with big success. Mario to continue as chair of this. Mario proposed to promote EURACT Website as the place where all valuable educational material in English could be uploaded (if there are no copyright problems).

### 6. Future Council meetings

- a. Spring meeting March 2012, Jerusalem, Israel (Howard)  
22.-24. March in Jerusalem – Howard will provide us with airport transfer information and other practical information.
- b. Autumn meeting 2012, Turkey.- Esra presented our autumn meeting elegantly.
- c. Spring meeting in Serbia 2013: will be organized in Serbia – we will ask if Belgrade is possible instead of Nis.
- d. Autumn 2013: proposal from Llukan to arrange it in Tirana.
- e. 2014: Slovakia (Bratislava) in Spring, and Autumn in Greece.

### 7. WONCA Europe Conferences

- a. Vienna Booth, presentations (Filipe, Esra, George)
- b. Vienna: Yvonne and Esra are coordinator for presentations.

### 8. EURACT Newsletter

- a. next issue on 25<sup>th</sup> of November
- b. Jan asked for an editorial board: Esra, George, Brendan, Elena, Francesco
- c. Jan suggest to go from 2 numbers per year to 3-4 issues – approved
- d. printed version to be available at Vienna booth

### 9. EURACT position within WONCA Europe

- a. situation unsettled – discussion will be going on for some time.

#### 10. Action points not covered elsewhere

- a. One out of 5 Slovakian applicants did not send the application through national representative as bylaws describes. This situation clarified and Council voted: so 4 applicants from Slovakia approved.
- b. Yvonne proposed that we nominate a 5 star GP teacher every year. Yvonne listed pro's et con's. Discussion in Council. Decision taken: Yvonne to elaborate further on this idea together with Elena, Esra, Ruth and to make a proposal.
- c. Bulgarian and Ukrainian representatives have not been present now 3 meetings in a row. Voting in Council:  
19 in favor for dismissal  
1 against  
7 abstain

so these 2 members are dismissed.

“Warning letters” to be sent to

Belarus

France

Finland

#### 11. Any other business

Future EURACT Courses.

There are not planned any EURACT Courses in 2012.

MSC and EB to prepare further courses in 2012/2013.

Policy document on prevention sent to Council by Filipe – to be discussed later.

### **Review of meeting**

A well organized meeting with good results – growing out of good cooperation in Council – was the message around the table.

Warm thanks to Filipe from all – wonderful arrangement including the social program.

## **Post-Council Executive Board Meeting**

Winter EB meeting in Ljubljana Saturday 25.2.12. – provisionally from 9-16.

Timetable for Jerusalem planned.

Election of new Hon. Secretary to be planned – and election of President-elect, too.

Ruth and Adam to consult Legal Status to have these matters clear.

Other points:

- by December 10 Roger and Brendan will produce a draft for a letter – and it will be circulated in EB
- Mario to compare the Norwegian prevention policy document with Europrev document – and taking it further on in Winter EB
- Mario to produce a draft for specification on database
- Wonca Vienna WS: 2 from LdV (including Open meeting), 1 from each Committee – at least 5 in total
- Jerusalem business meeting to address the situation with mission statement not produced by Faro – EB will propose that EB produces a policy plan every year
- Jerusalem: also deal with Chris van Veel workshop 30.11.12. – ask who is going to come (by their own costs) to Nijmegen
- Adam to go for asking about EJGP subscription for EURACT
- European examination for GP / European License for GP? – a future project to sort the pros and cons out?? Adam to prepare a preliminary paper on the possible ways to go on with this

## **Annex 1**

### **Review of national educational activities EURACT Council meeting in Faro, November 2011**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**

## **ALBANIA**

### ***Basic Medical Education (BME)***

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

With the new law for “regulated professions”, a nine month period of internship is added to Medical School before the licensing. A significant part of this period (at least 3 months) is planned to be spent in primary care.

### **Specialist Training (ST)**

The duration of Specialist Training in Family Medicine in Albania is still two years. We have negotiated for years to extend the programme to three years and to reorganize the curriculum. Maybe we have succeeded this time and for the moment we are preparing the new curriculum. Nearly half of the training period is expected to be spent in primary health care settings under the supervision of qualified family doctors.

It seems to be an increasing interest of students and young doctors in Family Medicine, so this year we managed to enroll 29 trainees in our ST programme.

### ***Continuous Medical Education (CME)***

Finally in 2010 for the first time in Albania we set up a system of CME/CPD. Family Medicine was considered the priority and the challenge of this system.

It's now the second year that the system of CME/CPD is in operation and we are facing the first difficulties.

There is an increasing awareness for the importance of family medicine and maybe we will have some important decisions taken in the near future.

## **AUSTRIA**

## **BELGIUM**

## **BOSNIA AND HERZEGOVINA**

### Health Care System in B&H

In some regions of BH, Health insurance has started with control of quality in family medicine this year. It has been planned to start with “extra pay” for preventive and palliative work. Health insurance also has been started with introducing an electronic record in the praxis of FPs. Computerization of health care system started in Serbian Republic in 2010 with evident satisfaction of FPs and their patients because of that.

### Basic Medical Education

All of six University centers have different curricula. Family medicine is on 6<sup>th</sup> years of study. In Mostar we have two to three students per practice during the 5<sup>th</sup> weeks. Other two weeks students attended lectures and seminars. Last exam in most centers includes multiple choice questions and OSCE stations, somewhere the structural interview.

Collaboration of Department for FM from Queen's University of Kingston and Departments in BH Universities results with a Manual of Clinical Skills which could be used by residents, particularly by students.



### Vocational Training

Vocational Training delayed this September, because of the material problems of the Ministry of Health. First residents day probably will be moved to March 2012.

### CPD/CME

The CME for GPs has been started in 7 Health care centers since September 2011. It includes 16 topics per academic year. The topics were selected among GPs using Delphi method. Every teacher/mentor for CME has obligation to finishing the TOT (Training of Trainers) program.

### What have I done in 2010 in my country as EURACT representative?

During past time, I distributed last EURACT report and forwarded the news from EURACT to our members.

## **CROATIA**

## **CYPRUS**

Dr Phil Phylaktou

### **Health Care System**

The current system is divided into 2 sectors. The Governmental / State sector (employing the minority of the body of physicians in Cyprus) and the Private sector (holding the majority of the body of physicians in Cyprus).

All people under a certain income level (usually low) plus retired people (of all socioeconomic levels) are seen at the local state hospitals for free. Medication is also given free of charge to all these people.

The much discussed “**new National Health Care system**” is designed to employ both sectors with the Primary Care to be mainly given to the private sector, and has been approved and voted by the Parliament since some years ago. Unfortunately, after many years of serious work and preparations (but especially during the last 3-4 years), and the investment of a tremendous amount of money by employing experts from another European country, it was just recently announced by the Government that the National Health System is “put on hold” –once again!!. No real explanations have been given thus far as to the logistics behind this latest decision.

The world economical crisis has lead to a tremendous increase of patients (from 83% to 93+ /despite qualification criteria) toward the state hospitals (employing the minority of the body of physicians) and recently the private sector has found itself “victimized” by the entire situation as their medical offices are simply “empty”. As a result, there is a tendency of a lot of private physicians to reconsider their previous decision of having a private medical practice, and they have applied for jobs within the Governmental sector in order to survive regardless of the circumstances under which they work.

This is especially true for newer physicians “fresh out of residency” who find it extremely impossible to make ends meet by working “solo” in private practice and they apply to work within the State sector.

### **Basic Medical Education**

Cyprus has just created a medical program for the first time this year, offered by the University of Nicosia in association with St George’s College Medical School -England, however this is still very fresh and under works.

Most doctors have received their degrees from other countries such as Greece, England, USA, Russia and other European Universities. Nursing faculty exists for more than 3 decades.

### **Vocational training**

Non-applicable (No MFacilities – see above)

Workshops, seminars or voc. Training courses are only sponsored for the doctors who are employed by the Government. The doctors working in the Private sector have to find their own way to all these venues of training through pharmaceutical sponsorships or their own personal resources..

### **CME**

The Continuous Medical Education Program was initiated by the Cyprus Medical Association (CMA) around 2002-2003. This requires 50CME hrs per year for a 3 year Certificate compiled of 150 hours. The proof of attendance from all this 3year work is sent in at the end of the period to the Cyprus Medical Association (CyMA) authorities and a certificate of CME is awarded to each applicant after the consideration of their submitted work.

Lectures and courses, seminars, conferences and International Congresses are organized by the Medical Societies of each specialty, the CMA, the Government, Pharmaceutical companies and others.

**My activities in my country as EURACT representative within the last 3 years:**

Leonardo II pilot training course offered to our Organization members with much success before the Euract Council meeting in Cyprus (Oct.08)

During the Euract Council meeting in Cyprus in October 2008, at the Special Conference day, the Cyprus Association for Gen/Family Medicine to which I serve as the President (3rd term) introduced with great success the serious issue of "Furthering Academic development in Family Medicine in Cyprus in the absence of a local Medical school facilities". This work was organized to include speakers from our Council members, the local authorities of the Ministry of Health, Deans from the local Universities, distinguished Professors, representatives from the National Health System.

The successful event enabled our Family Medicine Organization to receive positive input from experienced individual Euract Council members and from the body of the Council as a whole, in order for to be able to compose further recommendations to propose to the Government body in order to further our actions in the promotion of our Association and Family Medicine in the country in general. (We are extremely thankful to all Council members who were present that day, for all their help, and later contributions to our efforts. We are also grateful for the presence of the Euract Body and for all the efforts of the Euract President, the Wonca President, and EB members during that Council meeting).

The Cyprus Association of General/Family Medicine, during the last decade has invested a great deal of efforts and hard gained financial resources from sponsorships in order to promote the development of Family Medicine in our country in the absence of local Medical school authorities and facilities and in the absence of local government financial support. This was especially pronounced after the landmark- Euract council meeting in Cyprus 3 years ago- by presenting to the Government written proposals with suggestions and European guidelines from models from other European countries exploring Family Medicine and further academic proposals.

I am extremely sorry but mostly embarrassed to announce to you all, that we have been extremely disappointed to see our efforts dissolve in no time when the National Health System is put on hold once more, and nothing is announced further to assure us that there will be something in the works anytime soon.

However, we will keep going strong... and will continue our efforts in years to come!

2009/2010: Clinical presentations with journal clubs/ teaching courses/ seminars and ongoing preparation for the administration of Leo-course to the members of the Association (listed on site).

Currently in schedule for 2011:

November 19, 2011: 2<sup>nd</sup> annual Geriatric seminar with 3 workshops.

January 13-14, 2012 : Workshop in conjunction with the Intl Federation of Sickle Cell Anemia

Further – to be announced in Feb. 2012

## **CZECH REPUBLIC**

### **News from the country:**

In the Czech medical milieu this year was somewhat special and extraordinary.

Czech doctors finished their coercive protests, their 8 months threatening resignations were withdrawn.

In the initiative called "Thanks, we are leaving", 3,800 out of roughly 15-18,000 doctors working in Czech hospitals have been involved.

General protest was found successful at the end. In this initiative hospital doctors managed to get CZK two billion (EUR 80 mil.) for hospitals to be used on salaries and have been invited to cooperate with Ministry of health on reform package.

In the summer 2011 The Czech Chamber of Deputies approved a reform package that brought the most important changes to the Czech health care system in the last 20 years.

The reform raised fees for health care services - for example, people will pay CZK 100 (approximately four euro) for every day they spent in hospital. Presently, they pay CZK 60. Also, drugs worth less than CZK 50 (two euro) will no longer be covered by the health insurance.

As usual, doctors, patients, politicians from opposite political parties complain at this reform. Also general practitioners and private doctors are not confirmed and complain at it. Some working life impeding paragraphs were approved. We will newly be obliged to advocate our „registration“ every 3 years, position of insurance companies in relationship to us and position of medical retail chains enterprising in the Czech private sector has become stronger due to this reform, financial sanctions of the law are much stronger and more threatening.

### **Basic Medical Education: no important change at country level**

In our department of general practice (Institute of General Practice, First Medical Faculty of Charles University in Prague) we as teachers enjoy the privilege to teach and assess the subject „clinical skills“ in newly equipped rooms. We are improving teaching methods (website, web e-learning, web video learning and medical aids) due to approved grant.

### **Vocational Training:**

The GP vocational training syllabus was adjusted, not principally, the newly established system - so called „residential places“ (launched since 2009) works quite well and clearly.

Since 2009 young doctors have got the opportunity to study and practice GP and to have certain income (17000 Kč – 740 Euro/ month) after period of instability in last years.

In the 2011 year the interest of young doctors to be involved in the 3 years lasting vocational training and to become GP is not such a huge as in 2009 (150 students) and 2010(120 students) when it has started.

There were several places in this program left free this year.

### **CME:**

The CME system will become more demanding since 1.1.2013. Changes were approved this summer. GP's will be obliged to get three times more credits than before and to educate themselves more actively.

### **What have I done for EURACT:**

I have approached and involved young GP's, they are very active and interesting in CME.

2 of them participated in Leonardo Course Level 1. I promote EURACT in our most popular journal – Practicus - through distribution of information concerning EURACT itself, EURACT courses and activities. Production and dissemination of reports from Council meetings, Leonardo courses has become obligatory for me and my colleagues as participants – non written law,

I was actively involved in WONCA 2011 – poster presentation.

Collection of membership fees was easy this year because of granted money from of Czech Society of General Practice.

No drop –out of EURACT members, no new members.

## **DENMARK**

Roar Maagaard

### *Basic Medical Education*

4 medical Faculties in DK (Copenhagen, Odense, Aalborg and Aarhus). Most exciting news is a brand new curriculum for the last 3 years of the 6 year study period in Aarhus: this will start September 2011. In this new scheme the GP-content will be re-organised and strengthened. The exam in GP will move to the last semester of the study. In DK GP-training at university level has focused very much on communication and consultation process – in Aarhus there will be a shift towards more focus on clinical GP skills.

### **Vocational training**

No changes yet – but right now we are changing our list of competencies (“The 119”) and perhaps we will also change the content a bit of the 2½ year training period based in hospital wards. Our system consists of 1 year basic training and 5 years specialist training. Time and experience with our system has shown that minor corrections must be done. We will end up with a GP specialist training scheme as: 2 years in hospitals and 3 years in GP.

We still have a “hole” in the EU directives on “free movement of workforces” – this hole is in Sweden, and we will try to “fix it” by contact to our health authorities. The Nordic Colleges of GP's and Medical Associations are trying to help, too – until now without success – but now full understanding in Sweden.

Different selection methods for choosing trainee doctors for GP-training are tried out.

### **Continuing medical education**

Repetition from last time: No compulsory CME/CPD – but our national bodies (Danish Medical Association and GP's Union) propose that every GP should be able to document 200 hours CME over a 4 year period. A personal web-system for registration of your CME is provided by the Danish Medical Association. The College and the trade union for GP's have made a new CME-initiative ("Systematic CME") ensuring all GP's are offered relevant CME in a 5 year scheme – this initiative is also meant to hinder a compulsory CME-plan that could be enforced on us by government. Negotiations about this plan have just now failed (reason to financial crisis).

### **Health care**

We had a new contract for GP's starting from April 1'st 2011. Not a very good contract – but the best we could get during this financial crisis. We now make it compulsory for GP's to use ICPC-coding and use the very intelligent "sentinel data-capture system" (which I can tell about orally – if wished).

### **My role as a Danish EURACT Council member:**

As I am not president for the Danish College any longer (but still observer in the Board) I am trying to integrate EURACT in the Danish educational landscape from my position as chair of the Educational Committee in the College – and still advertising the EURACT Educational Agenda to all devoted to medical teaching in general practice.

## **ESTONIA**

### **Basic medical education**

Teaching of family medicine is provided in 2<sup>nd</sup> and 6<sup>th</sup> years of undergraduate studies. Mostly the active methods (one-to one teaching, interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.

Our department provides special seminars in clinical pharmacology for 6-th year students, and also we have special courses of prevention and evidence based primary care for all medical students. We are invited to provide the seminars on ethics in clinical medicine for all medical students in 2<sup>nd</sup> year of undergraduate studies.

Since autumn of 2008 our department has special curriculum for teaching pharmacists in undergraduate level. The topic of course is "Primary care medicine" and work amount is altogether 160 hours.

We provide also several elective courses for undergraduate students: "Evidence based diagnosis and treatment of common infections in outpatients clinics", "Research in primary health care", "Evidence based prevention of common chronic diseases".

2010 we started with special course for all those medical students who are interested in family medicine- we organise this course after school main activities between 15.00-18.00, once a month. During a course we discuss about specificity of the family medicine, visit a patients at home etc. All students have a certain family to follow-up during 9 month period and in the spring seminar they have a presentation about, what do they learn during the given time.

### **Vocational training**

Mainly the same, as it was, only exception is that we changed a little our curriculum in the way that trainees will spend at least half a year also in rural practice.

Duration of residency training in family medicine is 3 years and includes more than half time in family practice where the trainees work under the guidance of tutor (senior FD). All family doctors who would like to be a tutor should pass the re-certification with specific requirements. Also, they have to participate in quality assessment procedures.

We have regular training courses not only for the trainees, but also for the trainers- in each year in May in different topics. Also, in each year we have a special scientific conference for all tutors and residency trainees, where the small research projects which have been provided by trainees will be presented.

### **Continuing Medical Education/ CPD**

Amongst the priorities of the Estonian Society of Family Doctors' during last years, have been stimulation of both, the professional development and quality of work as well as assessment of professional competency.

To facilitate family doctors' professional development, Estonian Society of the Family Doctors created special web-based self-training environment „Svoog“. This environment allows all registered family doctors to watch via Internet all the conferences and lectures organised by the society of family doctors, ask the questions and respond them and create own personal account for CME points.

At the moment SVOOG includes about more than 200 different topics and lectures of which family physicians can listen and read without living their everyday practice.

CPD includes also elements of practice quality. In 2009 Estonian Society of Family Doctors worked out collection of standards describing acceptable level of family medicine practice organisation and clinical work. The document consists of written text, tables of the indicators, the example of patients questionnaire for the feedback and digitable tabel in our society intranet for voluntary comparing the practices and doctors. The quality guide has 4 parts: access to practice, organisation of the practice, quality of clinical care and practice as the base of teaching and research. Quality management system is linked to the practice contracts and certain incentive system.

In 2011 more than 50 family practices were candidates for the „A“ (highest quality level) level of family practice and after final assessment 24 family practices obtained this price. There was an audience in the State Presidency level of all the „A“ level family practices. And this was really a big honour for us.

### **Health care organisation**

Family medicine has quite stable position in the health care system. During last year primary health care took even more responsibility in health care through making gate-keeping position more efficient. Some problems exist with health care personnel and especially in rural areas. Young family doctors do not like to go work in rural areas and until this year there was no good incentive system to support this. In the program of the new Estonian government in 2011 there is a promise that in 2012 they will start with the specific support of the young doctors who will go to work in rural area after finishing their speialty training. The support includes special money, transportation (car) and appartment.

The task profile for family nurses is described and officially recognised, and this places more responsibility on the well-educated nurses. Now family nurse is the first point of the contact with the patient and she makes the first decision.

One very important development is related to nationwide the e-health system (please find more information in the last report).

Today the e-health system is functioning quite well and almost all health care providers sent regularly medical information to the e-health system called “Digilugu”.

The Estonian health information system is globally unique which encompasses the whole country, registers virtually all residents' medical history from birth to death, and is based on the comprehensive state-developed basic IT infrastructure.

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

I am responsible in organizing of Leonardo EURACT Courses in Estonia. 4 courses have been provided, 90 FDs trained. Together with previous Estonian representative of Euract (Margus Lember) and with one other colleague in my department, I provided 2 courses similar to Leonardo I, for all tutors of clinical practice (not only for the family medicine but also to surgeons, internists, paediatricians etc) and other 2 we will provide during next 6 months. I am responsible for vocational training courses in Estonia and also I am coordinator of practical work of undergraduate students in family practices.

In 2007 spring I organised first CPD courses for Estonian family doctors and in 2008 a second one.

I am one of main organizers of research courses for our vocational trainees and also teaching of research in family medicine in undergraduate level.

After council meetings I usually inform EURACT members in Estonia and colleagues from Family Medicine Department about activities connected with EURACT.

Usually I also try to share the ideas of EURACT concerning life-long learning, selecting of trainers and training posts for vocational training, educational agenda etc. during the courses for our trainers but also among vocational trainees.

### **FRANCE**

### **FINLAND**

Markku Timonen

### **HEALTH CARE**

Our public health care seems to be in continuing problems when primary health care is concerned. Municipal health centres have found it very difficult to get doctors in permanent positions, and far more easy has been to recruit doctors via specific “private recruiting companies”. The continuity of care has been threatened.

### **BASIC MEDICAL EDUCATION**

Number of teachers in the faculties of medicine has been decreasing for years, while the number of new students has been increasing. The salaries of the teachers in the faculties of medicine are too low at the moment, and we have great difficulties in getting clinical teachers.

### **SPECIALIST TRAINING**

We are writing a national guide book for the doctors who are tutors of those who are doing their clinical clerkship in GP-training.

In Oulu, we have a two-year theoretical “GP-training programme” together with the Unit of General Practice of the Oulu University Hospital and the discipline of General Practice in the faculty of Medicine in the University of Oulu. In “GP-training programme” we are teaching the core competencies of the EURACT Educational Agenda to those who are specialising in GP at the University of Oulu. The first 16 trainees did their programme during 2008-2010, and this second programme started in autumn 2010.

### **CPD-CME**

At the moment the Evidence-Based Medicine electronic Decision Support (EBMeDS) system is being developed by Duodecim Medical Publications Ltd, a Finnish company owned by the Finnish Medical Society Duodecim (in practice, nearly all Finnish doctors are members of the Finnish Medical Society Duodecim). Both the association and the company have a long-standing collaborative relationship with the Cochrane Collaboration, the GRADE Working Group, the Guidelines International Network (G-I-N) and the publishing company Wiley-Blackwell.

### **EURACT ASSESSMENT COURSE**

In August 2011, we had the 5<sup>th</sup> EURACT ASSESSMENT course in Rokua, 90 km to the east of Oulu. We had “only” 14 national attenders, but still our course was a success. The attenders came from all the universities/units of general practices of the university hospitals of Finland (with the exception of Helsinki). Consequently, with the help of this course we have great possibilities to develop the discipline of general practice at national level; many thanks for this to Janko, Justin and Roger, the teachers of the course. And also thanks for Paula Vainomäki, who was the tutor of our course.

### **GEORGIA**

Givi Javashvili  
Family Medicine Department  
Tbilisi State Medical University

### **HEALTH CARE SYSTEM**

Important characteristics of the current system (from my viewpoint):

- a) Mostly based on private business;
- b) The finances health care of the population below the poverty line (through private insurance companies);
- c) The state finances primary care system for all citizens only in rural regions – there is the special programme for rural family doctors;
- d) Private insurance companies develop private health insurance schemes for all population who are able to pay; mostly this is employment based schemes and mostly in urban areas. Most of the private insurance companies established their own clinics.
- e) New practice guidelines and protocols, together with implementation tools are being developed for various specialities, including family medicine / primary care. Currently, the total number of clinical practice guidelines (CPGs) is more than 100. In 2010 40 new clinical practice guidelines for primary care doctors (family doctors) have been developed and approved as National Clinical Practice Guidelines.

## **BASIC MEDICAL EDUCATION**

The role of family medicine in undergraduate (basic) medical education is being increased gradually during the last 5 years.

*The first family medicine department was established at Tbilisi State Medical University (TSMU – the largest high medical school in Georgia) in 2006 when Tbilisi State Medical Academy (institution which was in charge for only postgraduate/specialty training) merged with TSMU.*

*The first module in family medicine was developed in 2006 for 6<sup>th</sup> year students (3 credits, 40 contact hours, 50 independent study hours; 90 hours in total).*

*In 2007 the new module for II year students, mostly focused on communication skills, was introduced (1 credit, 25 hours in total).*

*This year the overall curriculum was amended and there was decision to increase the role of family medicine. Particularly, there were following changes made to the curriculum:*

- a) *New module for I year students was introduced (2 credits in total; 24 students in primary care clinic, 26 hours for independent study and 10 hours for small group work and assessment). This is factually the first contact of students with the health care system and the clinical medicine. The students are introduced to the patients and familiarize them with the primary health care system as part of the overall health care system.*
- b) *Number of credits of the II year module was increased to 2 credits (60 hours in total, from which 24 students spend in primary care clinics, attend consultations, take vital signs and assist staff in taking ECG; 14 hours is for communication with tutor, feedback and assessment sessions in small groups; and 22 hours for independent study). So, students develop their first skills: communication skills, taking vital signs and taking ECG.*

So, the overall credits delivered by family medicine department increased from 3 to 7 credits and there 3 modules which is run by the family medicine department for the 1<sup>st</sup>, 2<sup>nd</sup> and 6<sup>th</sup> year students.

The syllabi for all modules are available in English and I can send them to interested people if requested.

## **VOCATIONAL TRAINING**

Up to now there are two types of vocational (post-graduate) training of family doctors:

- a) Full time postgraduate Training or residency training programme, which lasts for 3 years, and
- b) Re-training or short-term postgraduate (residency) training in family medicine. It lasts for 940 hours (re-training is considered to be temporary measure to reach critical number of family doctors, after which main route of training will be full-time residency training for 3 years).

In 2010 the process of institutional accreditation of all postgraduate training (vocation training) programmes completed and the limits of the numbers of trainees have been defined. For family medicine it is – 48.

The full time residency training programme was amended again recently (in 2011); however, the general structure of the programme has been retained: Programme lasts 34 months, which is divided into three parts: (1) Introduction to family medicine, lasting 6 months; (2) Hospital rotations, lasting 18 months; (3) Advanced family medicine, lasting 10 months.

Now there are 60 trainees in the above programme, from which 14 are graduating this year. So, we will have the number of residents (46) almost equal to the limit (48) defined in the process of accreditation during the last year. However, two more residents could be accepted this year.

The main problem in vocational training is the unfavourable system of financing – trainees are financing training themselves. Also, the quality assurance system is not effective.

Currently there are about 1800 family doctors trained through the above two different modes of training (most of them were trained through short-term or re-training programme).

## **CONTINUING PROFESSIONAL DEVELOPMENT**

The last year was quite busy in terms of CME (continuing medical education) programmes for family doctors. There was special project developed with the help of European Commission (grant) and World Bank (loan) the aim of which was to give an opportunity to all practicing rural family doctors to get acquainted with the new clinical practice guidelines (CPGs).

As mentioned above, there were 40 new CPGs developed for primary care physicians and approved by the MoLHSA in 2010.

In 2011 almost all rural family doctors undergo intensive cycle of trainings (each module lasted for 3-5 days) on CPGs.

Since March 2008 CME/CPD is not mandatory in Georgia. Before 2008 participation CME/CPD was required by law for re-validation of doctors of all specialties (they should collect certain numbers of credits through participating in CME/CPD activities).

## GERMANY

### GREECE

George C. SPATHARAKIS

#### Health System

The Socialist Government has not presented yet (after two years of Government life) a comprehensive and global plan for the future of the Primary Health Care (PHC), although certain measures have implemented towards the restructuration and unification of the major multiple insurances and parallel PHC systems functioning independently so far. This was complemented by an effort to introduce electronic prescription of drugs and laboratory examinations but the project is yet far from complete. Some kinds of financial controls have been also been instated and this led to discoveries of multiple frauds, especially in the hospital environment. All these, under the influence and pressure of the “troJika” have led to important decreases of the costs, but not to improvement of the bad quality of services, absence of homogenization of practices and big inequalities in the PHC provision.

#### Basic Medical Education

No change.

#### Specific (Vocational) training

The Committee on Education – Training of the Greek Association of General Practice Medicine (ELEGEIA) has proposed to the Central Health Council the replacement of the 2 months training in Intensive Care Units by a Pre-Hospital/Ambulance training on the field and the introduction of a 2 month training in Neurology. Decision by the Central Health Council is always awaited.

#### CME / CPD

The new so-called Schools for “COPD-Chronic Obstructive Pulmonary Disease-” and “Metabolic Syndrome” run succesfully (the other four being: Methodology of Research in PHC, Leonardo 1-Training the Trainers, Geriatric, Strategic Deveopment and Management in PHC) while a very recent one on “Incontinence / Nocturia” was launched 2 weeks ago with great success, covering an educational gap and need of the GPs/FDs in Greece. These so-called “Schools” folow the W.H.O. Methodology, that is: Closed Groups with 24 Participants based in Remote Areas/Hotels with a Duration of 3 ½ - 4 days, Interactive using Work with group dynamics.

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

Distribution of information concerning EURACT courses and activities

Collection of membership fees [not very succesful so far, due to the important financial crisis and salry cuts [39 members].

## HUNGARY

### IRELAND

Dr Brendan O’ Shea

Key developments in General Practice Teaching in Ireland include the following.



### **Undergraduate Teaching**

The first cohort emerging from Ireland's first Graduate Entry Course at University of Limerick were conferred this summer. Two aspects of this are significant. Given the age profile of these graduates, it is likely that a larger proportion of them will be seeking to enter ST training in General Practice, recognising it to be shorter than other specialties. A second aspect of the UL undergraduate curriculum is that particularly large parts of the programme are delivered in General Practice, with long attachments of c 14-16 weeks, during which the undergraduate integrates and functions as a Primary Care Team Member within a designated Teaching Practice.

Elsewhere, the extent to which General Practice is chosen as the preferred location for an increasing proportion of undergraduate teaching continues to grow, with longer attachments, and increasingly locating elements of the final medical exams and internships in General Practice.

### **Postgraduate Specialty Training**

Following decisions taken 2 years ago, when the intakes on GP Training Schemes was uniformly increased by c 20-25%, larger class sizes are working their way up through Training Schemes. This increase was not actually funded, and the impact of larger class sizes was commented at a recent National Association of Programme Directors (NAPD) Meeting.

Another major change in Postgraduate Specialty Training currently underway relates to a change in the manner in which it will be funded nationally. Hitherto fore, individual Training Schemes were funded directly through the Health Ministry (specifically the Health Services Executive (HSE)). Early in 2012 it is envisaged that this will change, and it is planned for Training Schemes to administered and funded through The Irish College of General Practitioners, which in turn will be provided with funding on a national basis to deliver Specialty Training on a fully co ordinate basis nationally.

The current model of funding was felt to devolve significantly more autonomy to individual GP Training Schemes; the new system is likely to lead to a more standardised approach throughout the health service, administered more closely and more uniformly by The ICGP.

### **Continuing Professional Development (CPD)**

Following from the 2007 Medical Practitioners Act, Irish GPs are now required by law to register and actively participate in a system of CPD, which is administered by the ICGP. It has become effective as a requirement for Medical Council Registration, from April 2011, and it has seen a large number of practicing GPs to date register online and set up their own electronic learning portfolios through the ICGP website. Each GP has a requirement to obtain 50 credits per year, under a variety of separate headings, and the process also includes the need to complete a full audit cycle in practice each year, which attracts 12 of the 50 credits required annually.

Outside of GP Teaching / Training activities, General Practice remains stressed by economic uncertainties, with continuing falls in practice income, increasing demands on service provision, and continuing high patient expectations. We are given to understand that litigation against Irish GPs is markedly increasing.

All in all, it's not a pretty picture.

## **ICELAND**

Alma Eir Svavarsdóttir

### **BME**

No changes from last rapport.

### **Specialist Training:**

We have now doubled the intake into the Family Medicine programme which is partly due to the national financial crisis as positions for specialists in Family Medicine have not filled and budget has been directed to increase the residency slots. All positions in the training program are full. It looks like the wait for a change in Regulations No. 305/1997 is coming to an end. This Regulation has to do with what requirements a physician must fulfill to gain the right to be granted a specialist license in Family Medicine.

### **CPD**

No change from last rapport

## ISRAEL

## ITALY

Francesco Carelli

### Basic Medical Education

The previous steps for basic medical education with some experiences are now in **very serious danger** in some places as Milan, Rome and Bologna where a compulsory Family Medicine Course was finally created.

In Milan the EURACT National Representative, following a tutorship managed in the previous academic years, scheduled on EEA system and philosophy, now he is in charge for two full Elective Courses of Family Medicine and also coordinator for the FM Course but this last Course is in serious danger for academic hostility and FM internal weakness as body.

( also not considering EURACT's selection and curriculum etc. Criteria and teaching positions mainly as political links ).

All European WONCA Networks ( also if woncaitaly was created since years..) continue to be out of the national political decisions. Probably this had been more contrasted having a strong EURACT's position as a legal institutional body and if WONCA Journal would had been able to understand priorities and political issues how important are.

### Postgraduate specialist training

Unfortunately, and because of political regional divisions, VT is not yet changed into a real specialist certificate. This three years schedule ( not as specialty ) is managed only in some Regions, more able to use money; others did not created at all.....creating strong national disparities.

In Rome, Nat Rep EURACT is involved as Scientific Organising Committee to create and manage the First Italian Master 2<sup>nd</sup> Level in FM , Campus Biomedico University and we presented it at a press conference inside the Parliament in Rome, being there the National Health Minister. After that, nothing changed politically for teaching at all levels.

## **Continuing medical education**

Confusion and debate. Nothing changed as numbers but all really changed because of the bad financial situation, nobody been able to pay for and to sponsor events and meetings about courses anymore, just near only Health Authority's Courses concentrated on controls, cutting and administrative bureaucratic workload from them.

## **Health Care**

The National Health System is getting a progressive devastating situation with dramatic cuttings, inquiries ( also in Courts ! ), conflicts, problems. So, GPs are on the highest level of frustration and burn out and more and more are looking at retirement from NHS as soon as possible. Sponsorships are now totally not allowed for Family Medicine, companies involvement is disincentived, the companies themselves are ...closing.

**As denounced to EURACT and to UEMO, the Government and the Health Authorities in Italy strongly push a weak Family Medicine body to a new no-contract, considering deeper involvement and duties**

**on " patient records total summary " to be sent...daily..to Health Authority , already a Big Brother and a political guardian.. The same for online sickness certifications to be obligatory sent from GPs also for one day absence.**

Where do core values of FM and its unique patient doctor relationship go and with which level of danger on privacy etc ? Efficiency is the cover, really the points are greater and greater control and important political and market interests ( last one, the introduction of CREG – Chronic Related Groups – is the death for FM, the introduction of external group market, the externalisation...as I wrote on BJGP as Editorial with Clare Gerada, Chair Royal College of GP, and Chris VanWeel , Past World President of WONCA.

Can we " contract " on core values ? can we " sell " core values as in the European Definition, and spread data treated by us FOR patients with confidentiality and voices flow about what happens in the upper floors etc etc .?

The European Health Authorities and WONCA in particular and the networks, EURACT in particular as the most active and productive, should give at least indications so that a general national referendum could be supported instead of political "agreements" between politicians , health administrative authorities ( with a growing crazy power ) and some politically oriented specific leaders of some in a series of trust doctors' associations.

### **Life as Council Member**

The translated EURACT Statement on Selection for Teachers and Tutors and the EURACT Educational Agenda are consulted and used for VT in five Regions ( in Friuli, Trentino, Lazio, Emilia Romagna, Liguria ), for national exams in some Universities and by WONCA Italy, the aggregation of networks refused by the national societies.

The Nat. Rep. got other papers published on the European Journal of General Practice ( also as Editorial ), on British Journal General Practice ( as paper, as letters, as backpages, as forum ), on Family Practice, , on London Journal of Primary Care, on Synapse Magazine, on Romanian and Turkish Journals, and on weekly Italian magazines ( mainly with themes concerning EURACT, five expressly only on EURACT, on BJGP, on LJP and on Synapse more pages were on EURACT in the European Context ).

The National Representative was appointed again for this year as Professor for Family Medicine at University of Milan for students at 5<sup>th</sup> and 6<sup>th</sup> year , with big enlargement of duties as the Deanery asked him ( see Elective Courses, and the FM Course with tutors , above ). Also he was called in the scientific body to create a Master High School of Family Medicine in a prestigious University, far from his residence.

EURACT – Italy is absolutely the biggest and unique as working international society in Italy and the most visible on journals and on internet also with debates. Now this situation is relative, because we are reducing very much and progressively in numbers ...

More members are leaving or disappearing , retiring from doctor ( see above ) also convinced not to receive enough national feedback from abroad during the years or pressed by their national societies to leave ...and this would be a matter of reflection in the Council ^^.

WONCA Florence style and time would had been to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters unfortunately and logically did not go for the best because of new internal conflicts and refusing again WONCA and EURACT concepts on Definition, Competences, Selection, Quality Assessment and we see the consequent weakness as a whole of the profession and a worsening low level for working conditions in General Practice. This does not change with the change of national government because it is a no-style and General Practice is at basement level and now the financial situation is creating the worst final.

## **LATVIA**

## **LITHUANIA**

## **MALTA**

Mario R Sammut

### **Basic Medical Education**

Since 2001, the University Department of Family Medicine (comprising 6 part-time lecturers) has been providing undergraduate teaching (lectures, tutorials, community attachments) to 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> year medical students. In 2011, eLearning was introduced for medical students, consisting of completion of selected BMJ Learning modules with lecturer availability for advice and support through the University of Malta's Virtual Learning Environment (VLE).

### **Specialist Training**

The first-ever Specialist Training Programme in Family Medicine ([www.stpfm.ehealth.gov.mt](http://www.stpfm.ehealth.gov.mt)) was launched in Malta during 2007. Specialist Training in Family Medicine in Malta takes place under the auspices of the government's Primary Health Department, with the Malta College of Family Doctors (MCFD) responsible for ensuring the quality of academic training and assessment. The three-year programme is based 50% in family practice with the other 50% in appropriate hospital specialties. Thus each GP Trainee undergoes training by working under the supervision of a GP Trainer in primary health care, and under the supervision of a hospital supervisor in various departments within secondary health care. Moreover, from October to June, the trainees participate in an academic Half-Day Release Course consisting of afternoon teaching sessions taking place on a weekly basis. For satisfactory completion of training, a trainee must successfully conclude the training programme and the formative/summative assessment process. In 2010 the first cohort of 11 trainees undertook the summative examination (consisting of an Applied Knowledge Test and a Clinical Skills Assessment) organized by the MCFD under the supervision of the UK's Royal College of General Practitioners. Since then the summative examination is being held annually.

### **Continuing Medical Education**

Since 1990, a Continuing Professional Development Programme has been organised by the Malta College of Family Doctors in the form of a meeting in each term of the academic year (Autumn, Winter, Spring). In 1991 accreditation of CME activities was launched, with continuing membership of the College depending on the accumulation of sufficient credit units within a CPD Accreditation Scheme.

### **Malta Health System**

In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Over 300 family doctors were nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors. In 2006, the inaugural full Membership of Malta College of Family Doctors (MMCFD) was awarded by acquired rights to family doctors accepted on the Specialist Register of Family Doctors. In 2009, the Ministry of Health published a Consultation Document entitled 'Strengthening Primary Care Services. Implementation of a Personal Primary Health Care System in Malta' intended to introduce the concept of doctor-patient registration in Malta. Structured dialogue sessions with all stakeholders were held and feedback and comments requested from all those interested. The document (<https://opm.gov.mt/file.aspx?f=2121>) is being reviewed according to feedback received.

### **Council Member Activities**

In 2011, 7 new members from Malta were recruited into EURACT, with Maltese members now totaling eleven. These and MCFD members were kept informed of EURACT events.

**NEW:** The new EURACT website at [www.euract.eu](http://www.euract.eu) was launched in June 2011 as a joint effort between the EURACT Website Editorial Board led by Mario R Sammut, Barbara Toplek (EURACT Administrative Secretary) and the website developer.

*Co-organised and spoke at the following conference in Malta:*

- 6th Biennial Primary Health Department Conference "Primary Health in Malta - from the Cradle to the Grave?" (11 October 2011, St Julian's, Malta) where read paper entitled 'Maltese Patients' Views of Lifestyle and Prevention and their Attitudes towards Change and Support'.

*Participated in the following international meetings:*

- Delivered a presentation entitled 'Influenza Vaccination' within Workshop EUROPREV 1: 'Do patients in European countries differ?' and delivered a presentation entitled 'A Training Needs Analysis of Primary Health Care Professionals in Malta' within Symposium EURACT 3: 'Educational research in undergraduate and postgraduate GP training' at the 17th WONCA Europe Conference 'Family Medicine – Practice Science and Art' (8-11 September 2011, Warsaw, Poland)
- Participated in the EUROPREV Meeting for national representatives (9 September 2011, Warsaw, Poland)
- Successfully participated in the Leonardo EURACT Level 2 Course for Teachers in Family Medicine - from competent to proficient teacher (6-8 October 2011, Ljubljana, Slovenia)

## **MOLDOVA**

Natalia Zarbailov

### **Basic Medical Education**

The Family Medicine rotation transferred to V year of study, 9-Th semester. There are 41 groups at the Medical faculty with 11-12 students in each. The education is done in four languages Romanian – 33 groups, Russian – 4 groups, English – 2 groups, French – 2 groups. Starting with current year 3 weeks rotation(70 h) is completed with ambulatory practical hours (72h). There are also 52 students from Public health faculty who benefit from same 3 weeks rotation.

### **Vocational/Specific Training**

The general tendency is increasing number of residents from year to year. The residents fill in short report daily. The education curriculum didn't change during last two years.

### **Continuous Medical Education / Continuous Professional Development**

The Continuous Medical Education works on self budget management. The number of rotations is 16 per year; the Program is same during last two years.

### **Health System and Family Medicine**

The Third Congress of the Family Medicine Association postponed and transferred to year 2012. The new elected Government keeps the Primary Care as a priority direction for Health Reforms.

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

- Wrote letter to Family Medicine Department staff who are not EURACT members in order to make publicity about EURACT , to provide EURACT site and to get new member candidates.
- Gave proposal to introduce PPT Presentation about EURACT activities at the Family Medicine Congress in 2012.
- Collecting membership fees .

## **NORWAY**

Mette Brekke

In Norway there has been some changes since the last report – regarding specialist certification and internship after medical school (see below).

### ***Basic Medical Education***

Four medical Faculties (Oslo, Bergen Trondheim, Tromsø). General practice is one of the three main clinical topics beside surgery and internal medicine. It includes a 6-8 weeks periode of doing clinical work in a GP's office during the 5<sup>th</sup> year, as well as a written and a practical exam.

Until now the six years at medical school have been followed by 18 months of mandatory internship, where six months have been in general practice. This has secured that all doctors – regardless where they subsequently chose to work – gain a rather substantial knowledge of general practice. Because of EU workforce regulations, this system is no longer possible to run, and it seems that it will shortly be closed down. This will imply a serious loss of general practice competence and insight among young doctors, and we will inevitably need to rethink on the contents and extent of general practice education in medical schools.

### **Vocational training**

Until now our formal vocational training program - which is structured into every detail- has been administered in total by the Medical Association. After completing this program, you become a GP specialist and your fee increases. The training implies 4 years full time GP (or up to 8 years part time) and one year hospital employment after authorization. In addition: 2 years group supervision, four mandatory courses as

well as a number of other courses (you may choose from a certain pool). Candidates must also document a comprehensive list of clinical skills.

Although most young doctors in GP now start vocational training, it has not been compulsory, and around 60 % of GPs are specialists. The decision has been made to start the process to make specialization mandatory for doctors who want to work in GP.

Certification of specialization has recently been moved away from the Medical Association and will be administered by governmental health authorities.

### **Continuing medical education**

After specialization, you have to participate in a structured CME program. Every five years you must show documentation for your CME and renew your specialization, otherwise you will lose it. In Norway, GP is the only branch of medicine having this system for renewal of specialization, and the program is rather demanding with practical as well as theoretical components.

### **Health care**

A list system was introduced in Norway in 2001 so that each GP has a defined patient list and every citizen knows who is their personal GP. The system has been highly successful. But since the introduction, the government has delegated new obligations to the GPs and at the same time neglected to increase resources. The result is that many GPs feel exhausted and frustrated. The government has recently launched a new health care reform ("The Coordination Reform") as a "white paper", which states that even more health problems should be solved in the community and by GPs. Not surprisingly, increasing health care expenditures have been a major drive behind this reform.

There is a major problem regarding recruitment, as it is difficult for a young doctor to get established in GP.

### **My role as a Norwegian EURACT Council member:**

I have informed about EURACT in the societies of general practitioners. And I have informed about EURACT courses among the people responsible for vocational training and CME.

I have recruited some new EURACT-members, so that at the moment most academic GPs are also EURACT members.

## **POLAND**

## **PORTUGAL**

Luís Filipe Gomes

### **In general**

The financial crisis keeps coming on GPs: after having lost 10% of their salary, they are now going to lose more 14%. Hundreds of GPs retired and will keep on retiring. The number of young GPs is not enough to replace them. There are speculations about nurses taking over some of the GPs work. The government is hiring doctors from Latin America to work as GPs with no previous training in General Practice/Family Medicine.

The number of patients with no Family Doctor is increasing; the Primary Care reform is more or less stopped. Some of the young specialists in GP/FM, very well prepared, are choosing private practice and emigration.

New laws prepared by the government with disrespect of the specificity of medical work are being heavily criticized. The Medical Association and Unions are preparing to oppose them.

### **Basic Medical Education**

New Medical School in Aveiro will not start this year.

Financial restrictions are creating problems in Universities.

### **Speciality Training**

Some trainees and trainers are demanding a 5<sup>th</sup> year training (with strong opposition by many other trainees). Meanwhile, there are still questions on how the 4<sup>th</sup> year is going to be put to practice.

## **CME / CPD**

Nothing new.

## **Work done as a EURACT Council member**

The first Brazilian edition of the Assessment Course took place in Porto Alegre, in August, together with the second edition of the Rolling Course, in Florianópolis, both with success. I was the Course Director for both. New editions of the Assessment Course are being prepared in Portugal. The Rolling Course is still being reproduced.

I have organised the EURACT Booth in Warsaw WONCA Conference, and participated in EURACT and CEDinGP workshops. One of them was on BME, and I presented it with four of my students from Algarve Medical School!

I am organizing the 2011 Autumn EURACT Council Meeting in Faro, and the CEDinGP Level 3 Programme, in Lisbon (December 2011) and Faro (June 2012).

## **ROMANIA**

### **RUSSIA**

#### **Health care system**

The new order of Ministry of Health Care was issued. This order determines the primary health care structure, competency of all medical specialties on primary level, the ways of collaboration between different levels, hospitals, inpatient and outpatient's departments, mandatory list of equipment of GP offices and list of responsibilities for GP. Some criticism was sounded from GP. Not all GP's responsibilities are clear, especially in small cities and in the countryside.

#### **Basic Medical Education (BME) and Vocational training (VT)**

In St-Petersburg two University were joined: for postgraduate education (ST-Petersburg medical academy for postgraduate study ) and for Basic medical education (St-Petersburg medical University named after I.I.Mechnikov). It means the changing of teaching style, programs and curriculums for many departments. The process of restructuring will continue till 2012. The educational process will not disrupter.

#### **Continuous Professional Development (CPD/CME)**

Professional Association of Family medicine had organized The Second Summer School on osteoporosis for primary care physicians.

The credit system started to develop in ST-Petersburg among the members of Associations of Family medicine.

The Turkish Association of general practitioners visited St-Petersburg in September. The Joint seminar on the Management of chronic diseases in Family medicine was conducted. 75 Turkish physicians attended the seminar. The members of Russian Association of Family physicians participated as lecturers. Site visits in GP offices and centers of Health were organized.

Prof. Elena Frolova.

## **SERBIA**

### **SLOVAKIA**

**Dr. Eva Jurgova, MD, PhD**

#### **BME**

Out of the five Universities with Medical Schools in Slovakia, there are General practice departements only at two of them.. Medical discipline General practice/Family medicine is taught at all of them, but in three Universitees the teaching is still covered by Internal medicine departements and internal medicine

specialists. First professor of GP/FM was appointed in Slovakia only last year. GP/FM teaching on universities contains from obligatory theoretical lectures and voluntary practicing in GP teaching practices.

### **VOCATIONAL TRAINING**

To become a specialist in General practice, for the new graduated doctors, takes 36 months. Out of it the trainee must spend two and half years in hospital: internal medicine dpt. - 12 months, surgery and urgent medicine - 3 months, gynaecology and obstetrics - 2 months, neurology, psychiatry, ophthalmology, dermatology, ENT, gastroenterology, oncology, cardiology and other optional specialities (f.e. pathology) – one month each.

The last 6 months has to be spent in the GP training practice.

In the end of 3 years there is an obligatory examination – atest – and only after successful passing through the atest, one can start to work as an independent General practitioner.

Very recently (September 2011) a new rule was approved by the Ministry of Health (MoH) of Slovakia, related to those medical specialists, who decided to work as a GP.

Based on the new legal directive of MoH, a medical doctor with any specialisation (internist, dermatologist, ENT, gastroenterologist or any other) can become a GP after spending 6 months in a teaching general practice.

This caused a small „revolution“ amongst Slovak GPs, who feel threatened in their position. Official protest letters were sent to the MoH from the Slovak society of GP/FM, Slovak Medical Association and also from the Slovak Medical Chamber, but no response came from the MoH so far.

### **BME**

The legislation on this field is clear for all doctors, including General practitioners.

An obligatory 5-years cyklus of recertification was legislatively introduced in 1999, which means that each one practicing doctor is obliged to collect 200 credit points per 5 years. Credited seminars, conferences and congresses are held on national, but also on regional level, and are well attended. Besides, it is possible to get credits for publishing, lecturing, distance learning tests, etc. The control is in the hands of the Slovak Medical Chamber and it is taken seriously. The punishment can be hard, f.e. the Health insurance company does not prolong the contract with the GP or other doctor, who is not able to prove the achievement of requested credit points (recertification) in the relevant period of time.

### **SLOVENIA**

Janko Kersnik

### ***Undergraduate education***

In Ljubljana University early clinical exposure started in the past year with broad involvement of Family practice department and practice staff. Students work on communication skills development. Their practical assignment is a visit to a nursery home, where they engage in communication with a patient. Primary focus is well being and psychological aspects not disease. They have to write a report on it and introduce it in a seminar. In the second year they continue their assignments in rehabilitation department where their primary focus is communication with a patient with a disease and handicap to raise the empathy.

### ***Specialist training***

Specialist training for family medicine trainees continues. 12<sup>th</sup> generation of trainees started in May 2011.

### ***CME***

We kept 6 CME meetings with a total of 500 participants. We published a paper on using movies in undergraduate education to teach students humanities in medicine.

### ***WHAT HAVE I DONE FOR EURACT***

I was involved in preparation of EURACT Bled course on LEARNING AND TEACHING ABOUT PROFESSIONALISM IN GENERAL PRACTICE/FAMILY MEDICINE, September 20<sup>th</sup> – 24<sup>th</sup>, 2011. We have two sponsored places from Serbia and Bosnia. Next EURACT Bled course will take place September 18<sup>th</sup> – 22<sup>th</sup>, 2012 on LEARNING AND TEACHING ABOUT THE IN GENERAL PRACTICE / FAMILY MEDICINE. I took part in two EURACT workshops during Warsaw Wonca Europe conference. In May I took part on behalf



of EURACT in a national meeting of Tahud in Turkey and Serbian Society of general practice. I took part in EURACT Assessment course in Faro end of August 2010. In September I took part in TUFH preconference in Graz on interprofessional education. End of October I took part in a bilateral meeting of Split and Ljubljana University in Split with the presentation about the role of EURACT in medical education. I took part in repetition of the EURACT Bled course in FYR Macedonia end of October. I was not able to respond to five other invitations from Serbia Slovakia, Bosnia, Bulgaria and Montenegro due to conflicting dates with my other engagements.

## **OTHER**

I worked hard part of the summer and enjoyed four days travelling Finland.

## **SPAIN**

Dolores Forés

### **Health System**

The probably future Government hasn't presented any definitive plans for the future Health System, although the term "privatisation" sounds every time stronger. In Spain Health Services are transferred to the regions, so a general vision is difficult. It seems we are going to maintain the NHS, but after the elections in each region the new elected local Government will have the opportunity to develop their programme, for ex. to contract not only with public health providers, they also will allow contracts with private enterprises of little conglomerates of doctors not only in Primary Care, also in hospitals.

Two big questions are:

- 1- the creation of new specialities: emergencies, infectious diseases,..... and internists and we generalists are totally against that kind of "superspecialisation", and we are for the possibility of an expertise model
- 2- now we start to have too many doctors, because the posts offered, in reason of the economical crisis are stepping down, and not only in GP/FM

### **Undergraduate Education/Basic Medical Education**

No major changes

Students do practices in Health Centres with Family doctors as mentors

There are 32 Medical Schools and General Medicine is included as a mandatory discipline in 20. In 24 Faculties the curriculum offers in the 6<sup>th</sup> year a mandatory Practicum in Primary Care.

### **Postgraduate Education: Specific Vocational Training**

No increasing interest

Accreditation system of teaching general practices is going on.

We still perform the selection procedure of the candidate's registering for the post graduate training without changes in the last twenty years.

It's a national examination. The NHS offers about 7000 posts of all specialities, last year we had 13480 candidates (46% foreigners, 5818 not EU) ...

The candidates must know the Spanish language and answer a medical knowledge test, and with the classification from the test and with some points that can be added of their marks in the undergraduate period (University), they have a general pool position

After that the candidates choose specialty, and hospital or health centre, for example ....

Number 1 (Dr X): Cardiology in Hospital Clinic Barcelona

Number 2 (Dr Z): Paediatrics in Hospital LaPaz, Madrid

Number 3 (Dr M): GP/Family Medicine in .....

.....  
And so on until we cover the all offered posts.

Usually the last numbers, or better said the doctors in worse positions choose GP (in Spain the speciality is called Family and Community Medicine)

We offer about 1700 posts of Family and Community Medicine, but about 20% resign during the vocational training or after finishing start with a new speciality!

### **Continuos Medical Educación/Continuos Professional Development**

The primary care doctors are still the most active specialists in taking part in quality and independent activities on voluntary basis, mostly organized by the scientific societies. The reimbursement for that kind of

activities coming from the pharmaceutical companies diminishes year after year, but we still are working together based on their new legal ethical codicil and our ethical compromise. To assure the quality (independence, best evidence based, and also the use of the methodology depending on the kind of activity: course, workshop, e-learning,) the activities are externally accredited by the Health authority. We participate in National Congresses and in the last years also thematic meetings (Cardiovascular, mental health, community care,) with specialist of the disciplines. Compulsory recertification is only for tutors.

### **What I have done in mi Country as a EURACT Council member**

The national members are regularly informed about EURACT activities, also the International Section of semfyc and the activities are published in our web pages, for Example in [www.semfyc.es](http://www.semfyc.es) , [www.camfic.org](http://www.camfic.org) and others.

The Educational Agenda is translated to Spanish, and it is on our web pages.

## **SWEDEN**

Eva de Fine Licht

### Basic Medical Education

The Swedish government has taken the decision to enlarge the number of medical students by 200 more students a year – we now have 7 universities that enlist medical students and the extra students will be spread over the already existing medical institutions.

*Early exposure to general practice* is strongly emphasized in our BME-curricula. Teaching and learning take place at university hospitals as well as at smaller hospitals and at health centres/primary health care facilities supervised by GPs. *Our aim as family doctors is that the students should be exposed to family medicine from day one and forth on thru the education.*

*5½ years of BME is followed by 21 months of compulsory internship.* Internship includes 6 months of clinical work in GP/FM and ends with national *final exams* in 4 topics namely GP/FM, surgery, internal medicine and psychiatry. If passing the exams and the clinical training the trainee will graduate. This makes approx 7 years of theoretical education and clinical training before graduation.

The Government of Sweden has decided to investigate the possibility of 6 year BME with a stronger emphasis on research and a final exam for the whole BME education. The aim is to harmonise the Swedish system to the Bologna system in Europe, and make it easier for medical students in Sweden and Europe to interact. There will be a special investigator chosen by the government to make a proposal by the end of 2012 on how to carry out this harmonisation.

The compulsory internship (AT) is also under discussion. The Swedish Medical Association (Läkarförbundet) is positive to the 6 years of BME but wants to keep at least one year of compulsory internship (AT) for Swedish medical students as well as students with a non-swedish education, to prepare the young doctors for the clinical work. Swedish family medicine demands very well educated specialists since family medicine is the basis of our whole medical system. To participate in Speciality Training you have to have well clinical trained doctors that can work self-sufficiently.

## **Specialty training (ST)**

As before, requirements: 1) at least 5 years of *supervised clinical training* mainly at a Health Centre and partly in secondary care, 2) a personal and *trained supervisor* specialized in family medicine for each trainee and 3) *all goals* of the specialty-description to be achieved. Compulsory "course-work" includes 6 *courses* in specific topics, to do a *project using research methodology* (corresponding to at least 10 weeks of full-time work) and to participate in *quality improvement work*. It is hoped that this will stimulate increased research. This structure is also under debate, mostly because the EU has stated that a so called EU doctor with 3 years of speciality training after BME has the right to get a job in Sweden as specialist in Family Medicine. This question is still under investigation by EU and the Government has stated it's support to the 5-year speciality training. Since a Swedish specialist in family medicine needs skills that most specialists in family medicine in many parts of Europe adhere to the hospital, because of our medical system, this is of great worry to us. We work on schedules for additional training so the correct level of education will be obtained. In many parts of Sweden systems for additional training has been achieved but a nation wide system would be prefer.

## **Continuing Professional Development**

Most doctors still take part in CPD-activities such as small-group learning, seminars/lectures, courses, attending conferences and other educational activities. However, the reorganization of primary health care that took place in 2008 has made it *more difficult to take part in CPD-activities*, partly due to increased workload and “production demands” (doctors must “produce health care”). This tendency has become more emphasised the past year.

#### Health Care

All Provinces have implemented new models of organizing primary health care; many different models. Health care providers now have the right to establish themselves wherever they want as long as they meet the basic requirements. Patients are able to enlist themselves wherever they want and to change as often as they want. The contracts vary however and some provinces have better agreements concerning the quality and safety of education and training in the system than others.

### **SWITZERLAND**

Bernhard Rindlisbacher

#### **Health Care System**

Our government stresses their impression that the people’s initiative “Yes to General Practice Medicine” is putting too much weight on GPs. They say there should be more weight on collaboration with nurses, chemists etc, all the people also working in primary care.

A new law which would lead to a rather big change towards “managed care” with some gate-keeping by GPs and a financial co-responsibility of GPs to keep the expenses within a certain budget has been accepted by the parliament. The people will have to vote in a referendum on it and the outcome is not yet clear.

In the hospitals beginning with next year there will be a new tariff no more based on the length of stay in hospital but on “Diagnosis Related Groups” (“Swiss-DRG”). So the payment will be based on the diagnosis like “acute appendicitis” irrespective of the length of stay. There will be much more stress on the hospitals to dismiss the patients as soon as possible which will also affect the work of the GPs.

We just had general elections but as usual this will not change a lot in our country.

#### **Basic Medical Education**

Nothing really new compared to my last report.

#### **Specialty Training**

As I already mentioned in my last report the DRG-system might put into danger the time and efforts for postgraduate training. It is now becoming clearer where the money for the training of doctors will come from, i.e. from the cantons (we have 26 health systems in Switzerland, every canton is responsible, more than the whole state). The good news is that hospitals will get more money for trainees wanting to become GPs. This is necessary as these GP-trainees will normally not work for more than two years in departments of the same speciality whereas all others will stay for their whole training or at least 4 of 5 years in the same speciality.

#### **Continuing Professional Development**

As the two speciality-titles of GP/FM and “General Internal Medicine” (GIM) are being moulded into one single speciality (with one track of hospital doctors in GIM and one track of family physicians or “Hausarzt”) also the regulations for CME/CPD are being united. The negotiations on this have been started. They are a bit difficult because actually two different cultures have to be moulded together.

#### **What I have done for EURACT**

I wrote an annual report for the Swiss Society of GP/FM and for the members also based on the report on the meeting in Tallinn which I unfortunately have missed.

### **THE NETHERLANDS**

#### **Health Care**

The financial crisis continues to affect the healthcare system. The GP that has always been kept out the wind has to hand in income, too. 5000 of the 8000 Dutch GP went on strike. They argue that they substitute secondary care. They still negotiate now with the government.

GPs tend to collaborate in rather big corporations, which facilitates their daily work. They delegate discussion-partners for government and insurance companies. We tend to mirror the UK-system. There is no real shortage of GPs for now. However, youngsters do not tend to apply in jobs in education and research. Many GPs work part-time now, mostly women.

### **Undergraduate curriculum**

The bachelor-master structure is fully introduced now. Patient-contacts are organized in the earlier (1-4) years. The shortage of practices for the vast amount of students each year is solved by 2 students per practice during rotations, inviting patients in student groups, asking trainees to teach students etc. The e-portfolio is a habitual part of their toolkit, although the question remains whether they regard it as an obligatory exercise or as something really useful.

### **Vocational training**

So far, so good. Still no financial cuts (Never were in the last 20 years!). Medical issues are still the most popular, management is not. Chronic diseases and care for the elderly are hot issues. Trainers get mentors who guide them in their early years of training. The trainers' influence on the entire training increases. They take part in boards on the local and national level. IT is introduced more and more to support the organization as well as the learning process.

### **CME/PDP**

Tailor made CME is now the adage. What do groups of GPs need? Can we provide that? What is the role of the university? How can we avoid pharmaceutical sponsored courses? GPs are so overburdened these days, that the amount of accreditation points gained per year do not exceed the required minimum, most of the time.

### **What I do for EURACT**

I keep in touch with Vasco da Gama, trying to find out what they need.  
I held in 2010 a keynote lecture in their name at WONCA-Malaga. About succession policy.  
I coordinated 4 EURACT workshops at WONCA. In 2 of them I participated.  
I visited AMEE in August 2011 and established bonds between AMEE and EURACT together with Howard Tanteter. The result is that we will probably have a timeslot for GP-workshops in Lyon, next year.

My write regular newsletters for the Dutch members, but I would like more input from members. I will think hard how to.  
I had a meeting with the directors of vocational training to talk about EURACT-impact and input. The next will be in December. I hope to initiate a European Trainers Exchange and to stimulate Dutch trainers to participate. In November 2011 Belgian Trainees will visit Maastricht as has been done in May by Swedish trainees. In March Dutch staff members, mostly of Maastricht and trainers will visit Danish colleagues (Roar). We – EURACT – are invited to organize a session at the farewell ceremony of Chris van Weel, WONCA past president.

## **TURKEY**

Dr. Esra Saatci

### **News from the country**

The First article of the "Act of Practice Medicine" (Date: 11.04.1928, Act No:1219) is changed as "*in order to practice medicine and to treat patients by any means, one is obliged to graduate from a medical school*" and "*Turkish physicians*" statement in the fourth article is changed as "*physicians*". This will enable the foreign doctors to work in Turkey.

The below article is added to the act:

*"Provisional article 9 – Until 01.01.2020, family doctors working under contract statutory to "The Act of Implementation of Family Medicine" (Date: 24.11.2004 Act No: 5258) can have family medicine specialty training (ST) according to their marks in "The Central Examination for Specialty in Medicine."  
They will not be placed centrally like other candidates. They will be free from central placement. The content of this ST will be determined by the Council of Specialty in Medicine. This ST will be based on methods of distance learning and/or part-time training and will be completed in at least six years. During the training, contract for family medicine will continue. Rules and procedures regarding the continuation of primary care services during ST and the payments to the trainers and other related parties will be determined by the directive which is prepared according to the eighth article of the Act No: 5258. The form of ST and the*

*related issues in family medicine ST according to this article is determined by the Council of Specialty in Medicine.”*

### **Basic Medical Education**

There is nothing new about BME and family medicine teaching.

#### Specialty Training

It seems that it will be very negatively affected by the new regulation mentioned above. There will be no demand any more for residency in Family Medicine.

### **CME**

2<sup>nd</sup> Congress on Emergency Medicine and Family Medicine, 8-10 April 2011, Ankara  
6<sup>th</sup> Istanbul Congress on Family Medicine, 28-30 April 2011, Istanbul  
10<sup>th</sup> National Congress on Family Medicine, 19-22 May 2011, Fethiye  
1<sup>st</sup> East Mediterranean Family Medicine Symposium, 27-29 May 2011, Mersin  
Leonardo EURACT Level 1 course for teachers in Family Medicine, 27-29 June 2011, Izmir  
5<sup>th</sup> Summer School in Family Medicine, 21-25 September 2011, Antalya  
Black Sea Family Medicine Congress, 27-30 October 2011, Trabzon

### **What I have done as EURACT representative in Turkey?**

I attended to the EURACT Council Meeting, Tallinn, Estonia, in 5-8 May 2011.

I gave a conference on cardiovascular risk factors in 10<sup>th</sup> National Congress on Family Medicine, Fethiye 18-22 May 2011.

I contributed to the organization of Eastern Mediterranean Symposium on Family Medicine, Mersin 27-29 May 2011.

I participated in 17th Wonca Europe Conference, Warsaw, Poland 8-11 September 2011 as chairperson in the Elderly Care session, as presenter of two posters and as EURACT representative in the EURACT Booth.

I participated 5<sup>th</sup> Summer School in Family Medicine, Antalya 21-25 September 2011.

I had some correspondences with the presidents of TAHUD and EURACT to decide the date and place of the Autumn 2012 Council Meeting and some contacts with the Rector of Cukurova University and Dean of Faculty of Medicine for the organization.

Six new candidates for EURACT membership (12 new members in Leuven meeting in November 2010 and 8 new members in Tallinn meeting in May 2011)

### **UKRAINE**

### **UNITED KINGDOM**

## **Annex 2**

### **Reports of Standing Committees**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**

## Report of Basic Medical Education Committee

### BME Committee Report from Faro

Present: Mette, Natalia, Givi, Howard, Francesco ( Chair )

Absent: Ilse, Snezana, Markku, Stefan.

With half Committee absent, we shortly and easily discussed the agreed next project,

presented at CM in Tallinn: to map how much and how FM is taught in medical

schools throughout Europe.

We clearly shared responsibilities for that ( also responsibilities for each one toward specifically 5-6 countries through the nat. rep. ) and prepared clear and strict time – endpoints. Francesco reported to Council Members and informed that all of them will receive in short time a short questionnaire to be filled by themselves or using informed persons in their countries and filled completely and by all CM. Reminders will persecute not responders till the result....

Time - endpoints respected, the Committee wants to discuss data in Jerusalem and have the paper finalized in Adana and sent to an Editor.

Invited by EB to send an abstract as workshop as privileged-line of Networks at WONCA Europe 2012 in Wien, we informed the CM, Committee will try to do it thinking at a title and sending an abstract ( endpoint for this 15 December ).

Francesco Carelli

EURACT Council, Basic Medical Education Committee

## Report of Specialty Training Committee

**Present:** Alma Eir Svavarsdottir (Iceland) chair, Eva De Fine Licht (Sweden), Inguna Locmele (Latvia), Mario Sammut (Malta), Brendan O'Shea (Ireland), Roar Maagaard (DK), Roger Price (UK), Llukan Rrumbullaku (Albania), Jan Degryse (Belgium), Dolores Forès (Spain).

### Agenda

- **Preliminary results from descriptive study on:  
Selection and Reaccreditation of ST Trainers among EURACT Members States - Brendan**
- **Selection of GP-FM Trainers & Practices and Implementation of Specialist Training - Mario**
- **Training Status and international migration of General Practitioners/Family Physicians in EURACT countries - Roger**
- **Status on updating the Specialist Training database and future plans - Roar**

– **General Discussions**

The above agenda was discussed and Brendan presented the preliminary results on Selection and reaccreditation of ST Trainers among EURACT Members States. We decided to continue working on it by sending the spreadsheet again to EURACT members and ask them to review the information and or to get a second informant if needed for validation. Once this is in place the plan is to put the information on the EURACT web-site and also to send an abstract for the Wonca Vienna conference and present the data there. Eventually we plan to have it published as a paper in a peer-reviewed journal.

The committee continued to work on the “Selection of GP-FM Trainers & Practices and Implementation of Specialist Training” and we finished the review of this document. We still need to do some finalizing work on the document and we will present this at the EURACT Council Meeting in Jerusalem.

Roger presented Owen's paper on “Training Status and international migration of General Practitioners/Family Physicians in EURACT countries“. The next step is to get this paper published in a European journal.

Finally we discussed the status on updating the Specialist Training database. The EB asked for our advice on quotations supplied by the website developer regarding the transformation of the Specialist Training database into an interactive one on the new website. The committee discussed this and opted for the option of a dynamic interactive database.

Alma Eir Svavarsdóttir, chair

## **Report of CPD/CME Committee**

Participants: Mladenka Vrcic-Keglevic, , Elena Frolova, Peter Vajer, Ruth Kalda , Edita Cerni Obrdalj , Bednar Jachym, Phil Phylaktou, [Bernhard Rindlisbacher](#). [Eva Jurgova](#)

### **Reported by Ruth Kalda**

1. Welcome. Short summary what we are going to do within 2 working days in our Committee
2. Discussion about first draft of the paper about re-certification in different European countries (prepared by Mladenka). There are differences between non-European, old-European and new-European countries regarding re-certification procedures. Discussion, whether this is right to divide the countries in three groups: non-European, old-European and new-European. According to this division Swiss and Norway will belong to non-Europe countries, but are much more similar to old-European countries. We agreed that no such division is needed.
3. There are some problems with reliability (consistency) of the results. We have to go back to the original data (questionnaires) and compare the raw data with the data on the database.



4. Preparing the presentation for “Educational Research presentations” on Saturday. Talking about interpretation of the results.
5. Discussion about- “Does/should the CPD/CME Committee take a leading role in providing guidelines for the evaluation of educational programs”. All members agreed.
6. In Tallinn CPD/CME Committee made a consensus that we will develop an educational course about: “How to prepare educational portfolio as a basis of re-certification?” As our study results show, most of general practitioners use passive methods of learning. Portfolio can be one possible method of active learning. Long discussion whether we can implement portfolio in CME/CPD. Different opinions and we decided that before we start with course development we have to ask (*ask what ??*) our colleagues from different countries. Portfolio without assessment is not valid, but in several countries there is no re-certification and assessment after graduating at all.

## Report of Member Services Committee

Present: Janko, Yvonne, Egle, Filipe, George, Adam, Esra

### **1-Website:**

Specialization Training (ST) committee needs information to put into website. Each representative may update a table on ST in his/her country in addition to writing a country report. During the Council Meeting (CM), each representative brings new data on ST. These ideas are discussed in the CM and then put into web. **Mario** will explore the subject and should negotiate to manage this dynamic database.

### **Ask Peter for updating ST table!**

### **2-More new members:**

We need practical tools for increasing the number of members. What is the added value of being a member? Prestige, practical advantages (getting information, access to courses, discount in fees), getting access to EURACT courses within the country, Wonca workshops, AMEE conferences, EURACT Newsletter, giving documents such as EEA, EEEF. We have to focus on practicality. We can prepare a checklist of ideas for promoting the number of new members. Specialization dissertations/research projects can be included in the databank.

### **3-Non-member European countries:**

Usual promotion will continue.

### **4-Five star GP trainer/Teacher of the year:**

We can make a profile, invite all members to nominate one or two names, a group will select and will be announced in Wonca Europe. We need negotiation with Wonca.

**Ask the council if they think that it is a good idea to select the teacher of the year.**

We have to pay for the person and we will publish the name in the Newsletter. We will brainstorm about selection criteria. **Yvonne** will present pros and cons.

#### **5-EURACT courses:**

##### *Assessment courses:*

Assessment courses in a way finished as it was first planned. Sponsored places were not filled in. There were only Finnish participants making the course national. Each country should run its own course. There should be guidance and rules for organizing a course. Member Services Committee should prepare these documents. It was suggested that there should be a waiting list after assessing the needs.

**Ask the council who will organize the future L1, L2 and L3 courses in 2013.**

**Date and organizer for 2013 course?**

**Who would be interested to organize?**

**Who would be interested to participate?**

**Which part of Europe?**

It is a problem to run the course if there is no project. L1 course can be organized once in two years. New faculty members will take care of L2 course next year. L2 faculty representatives are Justin, Igor, Egle and Roger. The new faculty members are Howard, Mario, Ruth and Ilse. Contact person is Justin Allen. L3 course can be carried on as a EURACT course. **Adam, George** and **Egle** are responsible.

##### *Sponsorship for Bled course:*

First level: Propose the empty place to low income (Albania, Belarus, Bosnia & Herzegovina, Georgia, Moldova, Serbia and Ukraine) countries.

Second level: If they do not respond, propose progressively to higher income countries (first to the 20 Euro countries, then to the 35 Euro countries, etc). This will be motivating.

#### **6-EURACT publicity materials:**

2000 note books with small rectangular with EURACT text on the inside of the outer cover and the EURACT logo on the back (outside cover), 25-50 cent/piece. George should ask for new price for this quantity of notebooks.

#### **7-LdV Project:**

Most of the courses were completed. There are three candidates for L3 course from Czech Republic, Malta and Sweden. There should be local supervisors. Nobody from the council was volunteer for organizing Level

3 course. Educational platform is working. Content and grid should be clarified. When finished it should be a EURACT document and will be in the booth in Vienna.

**How can we benefit?**

**Workshop in Wonca Europe Conference?**

**Adam** will present to the council.

**8-Vasco da Gama:**

Invite VdG to EURACT for a common workshop, every committee should present a workshop, two workshops from Leonardo (one is workshop on expertise and the other one is on Level 3 course). We will have up to five workshop proposals and two will be suggested.

**Ask for ideas to the council, proposals from other committees.**

**9-Publication policy:**

**George** and **Yvonne** will prepare a draft. New ideas to promote EURACT in the literature.

First, we should set the goals of EURACT. Why publish? Why present? What education could we offer? We should focus on educational journals (eg: Medical Teacher, Academic Medicine, Medical Education) especially on European Journal of General Practice.

**Adam** will check group subscription for EJGP for the EURACT. There can be three kinds of publications: Press release of the past activities, future activities and scientific articles. Informative article should be on EEF. Wonca Europe edition can be published in EJGP. **Adam** will ask the editorial board the publication of EEF in EJGP. It will be a short version with links. Performance agenda, article from Mladenka on different CME/CPD systems in European countries, press release of the courses are other possible publications. Publications will be in the website. Negotiation should be reached with journals for being freely available. The official representative is Francesco.

There should be a professional course organizer company. **Adam** will present on this in Israel.

For the Newsletter, **George, Okay, Dilek** and **Adam** will write about the courses in Ljubljana and Izmir. **Egle** will write about EEF. **Stefan** will write about the performance agenda. **Roar** will write about the evaluation of Izmir course. **Yvonne** is the publication coordinator.

Esra Saatci, Chair of MSC Committee.

## **Annex 3**

### **List of new EURACT members**

**EURACT Council meeting**  
**November 10-13, 2011**  
**Faro, Portugal**

**New Applications**  
**Faro Council Meeting November 2011**

**Bosnia and Herzegovina**

1. Zoran Dakić

**Denmark**

1. Helle Ibsen
2. Søren Prins

**Finland**

1. Paula Reponen

**Ireland**

3. Jim Mc Shane
4. Darach O Ciardha
5. Catherine Darker
6. Aisling Ni Shuilleabhain
7. Anne O Cuinneagain

**Macedonia**

1. Violeta Jovanoska
2. Gligor Lozhankovski
3. Radmila Ristovska
4. Katerina Venovska
5. Katarina Stavric

**Moldova**

1. Georgeta Gavrilita

**Russian Federation**

1. Postnikova Ekaterina
2. Zaika Galina

**Slovakia**

1. Peter Marko
2. Peter Makara
3. Iveta Vaverková
4. Jana Bendová

**Spain**

1. Clotilde Boix
2. Juan Vicente Quintana Cerezal

**Turkey**

1. Serdar OZTORA
2. Berna MERGEN
3. Haluk MERGEN
4. Inci TURAN
5. Suheyl ASMA
6. Aysen FENERCIOGLU
7. Umit Avsar
8. Ummu Zeynep

**UK**

1. Martin Block

## **Annex 4**

### **President's Report**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**

## **PRESIDENT'S REPORT**

### **EURACT Council meeting Faro, November 10-12, 2011**

Since the last meeting in Tallinn, Estonia, as a President and Council member I was involved in some EURACT related activities.

On May 19 I was invited to Turkish family medicine society (TAHUD) national meeting to deliver a presentation on Training of Family Medicine: Today / Tomorrow.

May 26-29, I was invited to Bela Crkva, Serbia, where participants of Cappadocia Advanced teachers course repeated the course in a national language for 30 participants.

June 10, I attended WONCA Europe EB meeting and June 10-12 I attended invitational meeting of Societies and Colleges in Lisbon. The overall conclusions were very positive, aiming at next formal meeting of Societies and Colleges in 2013, when there is not any WONCA Europe conference and thus less time for discussions during WONCA Europe Council meeting. It has been proposed to keep current status of networks in WONCA Europe EB adding representative of VdGM as additional EB member.

I took part as a member of the faculty (together with Justin Allen and Roger Price) in the Assessment Course in Oulu, Finland, August 22-25, 2011. The course was successful, thanks to the good organization of Markku Timonen. EURACT could sponsor 9 places for lower income countries, but there hasn't been any interest shown.

During Warsaw WONCA Europe conference September 8-11, I attended WONCA Europe EB and Council meeting and in three WS EURACT informative meeting Hot topics in GP- education: exchange of ideas and the role of EURACT in promoting the primary care view in medical education, Educational research in undergraduate and postgraduate GP training, WONCA open meeting and informative meeting of VdGM. The overall conclusions are, that representatives of Societies and Colleges have very divergent views on the future development of WONCA Europe, which led to the fact that no one of the proposals for the future composition of WONCA Europe EB was left unanswered. So, It has not possible to secure position of EURACT representative in future WONCA Europe EB. However, with representatives of EGPRN and EQuIP agreed to enhance collaboration between ourselves and with other NWs and SIGs, to prove that NWs are core of WONCA Europe activities. Minor revision of the European definition of GP were presented to Colleges and Societies during Council meeting and approved. Thanks to Yvonne and all who contributed we filled 5 slots of 1.5 hours duration. Thanks to Filipe, Barbara and many other Council members we presented our organisation at the booth, which served as a meeting point for discussions. We met also candidates for the membership from FYR Macedonia and Republic Kosova, who were explained the procedures to be accepted as EURACT members.

September 17 I was invited by Ilse Hellemann to pre-conference workshop on intrerprofessional education at The Network Towards Unity For Health conference in Graz, Austria. This theme can be one of the focuses for future work also in EURACT.



From September 20-24 I was leading EURACT Bled course on Learning and teaching about professionalism in GP/FM.

October 20-21 I was invited to regional conference of 8 Family Medicine departments in Split, Croatia. We discussed curricula and students' exchange. A collaboration of the Departments will continue collaboration and put into practice criteria for teaching practices, which will serve for short term exchange of medical students.

October 29-30 I was invited to take part and deliver part of the EURACT Bled course on professionalism repeated by Macedonian colleagues in Skopje.

On November 5, I joined EQuIP meeting in Zagreb, Croatia, where we have discussed common topics on teaching quality improvement and on accreditation of practices, both topics interesting for EURACT as well EQuIP. We proposed that we should use resources, which are in place in member countries and/or neighbourhood. Members of other NWs should be invited to meetings on the content basis in order to improve knowledge of each other's activities.

I accepted and invitation from EQPRN to attend their meeting in May 10-12 in Ljubljana, Slovenia.

I was not able to respond to an invitation of Slovakian Family Medicien Society to join their national conference in October and EURIPA to join their meeting in Porto, Portugal, May 11-12.

EUPA is still not on table of this Council meeting, but I got response from key players to have it finished by March meeting in Jerusalem.

EURACT is in good shape and I am looking forward to work together with you towards our strategic goals fostering good GP/FM education for the benefit of our patients.

Janko Kersnik

## **Annex 5**

### **Cash transactions, Faro meeting**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**

**EURACT TREASURY**  
**George C. SPATHARAKIS**  
**CASH TRANSACTIONS**  
**during the FARO AUTOMN COUNCIL MEETING**  
**10-12<sup>th</sup> November 2011**

**A.-) INCOME**

- 1) Receipt No 46: BELGIUM (Jan DEGRYSE)  
Membership fees for 2011 [1,250.00 Euros]    MINUS  
EURACT Newsletter Edition Expenses [500.00 Euros]  
(1,250 – 500 = 750)    Euros 750.00
- 2) Receipt No 47: BELGIUM (Edita CERNI-OBRDALJ)  
Membership fees for 2011 of 52 members  
(52 X 10 = 520)    Euros 520.00
- 3) Receipt No 48: MOLDOVA Republic (Natalia ZARBAILOV)  
Membership fees for 2011 of 5 members  
(5 X 10 = 50)    Euros 50.00
- 4) Receipt No 49: CROATIA (Mladenka VRCIC-KEGLEVIC)  
Membership fees for 2011 of 11 members  
(11 X 20 = 220)    Euros 220.00
- 5) Receipt No 50: GEORGIA (Givi JAVASHVILI)  
Membership fees for 2010 and 2011 of 25 members  
(2 X 25 X 10 = 500)    Euros 500.00
- 6) Receipt No 51: RUSSIAN Federation (Elena FROLOVA)  
Membership fees for 2011 of 15 members  
(15 X 20 = 300)    Euros 300.00
- 7) Receipt No 52: ESTONIA (Ruth KALDA)  
Membership fees for 2011 of 9 members  
(9 X 20 = 180)    Euros 180.00
- 8) Receipt No 53: Howard TANDETER -- ISRAEL  
Personal Membership fees for 2010 and 2011  
(2 X 50 = 100)    Euros 100.00
- 9) Receipt No 54: DENMARK (Roar MAAGAARD)  
Membership fees for 2011 of 8 members  
[(2 Direct WONCA members X 25) + (6 X 50) = 350]  
Euros 350.00
- 10) Receipt No 55: ITALY (Francesco CARELLI)  
Membership fees for 2011 of 20 members

	$[(2 \text{ Direct WONCA members} \times 25) + (18 \times 50) = 950]$	Euros 950.00
11) Receipt No 56: SLOVAKIA (Eva JURGOVA)	Membership fees for 2011 $(1 \times 35 = 35)$	Euros 35.00
12) Receipt No 57: LATVIA (Inguna LOČMELE)	Membership fees for 2011 $(3 \times 20 = 60)$	Euros 60.00
13) Receipt No 58: TURKEY (Esra SAATSI)	Membership fees for 2010 and 2011 $[(24 \times 2 \times 20) + (19 \times 20) = 1,100]$	Euros 1.100.00

---

**TOTAL INCOME: Euros 5,115.00**

## **B.-) EXPENDITURES**

### **B1. Travel Reimbursements**

- 1) RRUMBULAKU Llukan -- ALBANIA  
Air Tickets Price: 642.00 Euros  
Reimbursement at 90%  $(642 \times 0.9 = 577.80)$  Euros 577.80
  - 2) JAVASHVILI Givi -- GEORGIA  
Air Tickets Price: 695.00 Euros  
Reimbursement at 90%  $(695 \times 0.9 = 625.50)$  Euros 625.50
  - 3)  
Air Tickets Price: 761.63 Euros  
Reimbursement at 90%  $(751.63 \times 0.9 = 685.47)$  Euros 685.47
  - 4) CERNI-OBRDALJ Edita -- BOSNIA & HERZEGOVINA  
Car Expenses Mosta -- Zagreb -- Mosta (No Air Ticket cost)  
Reimbursement at 100% Euros 72.00
- SUBTOTAL Travels: **Euros 1,960.77**

### **B2. Hotel Stay Costs**

- 5) RRUMBULAKU Llukan -- ALBANIA Euros 200.00
- 6) JAVASHVILI Givi -- GEORGIA Euros 160.00
- 7) ZARBAILOV Natalia -- MOLDOVA Republic Euros 160.00

- 8) CERNI-OBRDALJ Edita -- BOSNIA & HERZEGOVINA  
Euros 180.00
- 9) TOPLEK Barbara -- EURACT Administrative Secretary  
Euros 120.00
- 
- SUBTOTAL Hotel: **Euros 820.00**

**TOTAL EXPENDITURES: Euros 2,780.77**

**SURPLUS in CASH: 5,115.00 - 2,780.77 = 2,334.23 Euros**

## **Annex 6**

### **EURACT Statement, November 2011**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**

## **“General Practice/ Family Medicine can deliver real solutions in stressed healthcare systems, throughout Europe”**

### **Public statement of EURACT Council Meeting, University of The Algarve November 10-12, 2011**

Crisis and great difficulty was reported in the health care systems of many EU countries at a recent Council Meeting of the European Academy of Teachers in General Practice and Family Medicine (EURACT). The Council Meeting was held at the University of the Algarve in Portugal, and attended by representatives from over 30 European Countries.

At a time when financial uncertainty and cutting costs are to the fore in many countries, the value of General Practice/Family Medicine as a key part of acceptable, cost effective and proven healthcare delivery was restated at the EURACT Council Meeting.

*“Health care systems which contain well trained and well supported general practitioners/family doctors consistently deliver best value for money, and better outcomes for individuals, families and care, or models which provide fragmented care are neither as effective nor as efficient as systems which maintain well organised Family Practice as the point of first contact for patients accessing healthcare for themselves, and for their families. “We appreciate that many EU Countries and their citizens are working under very difficult financial pressures,” has been noted, “but we urge individual citizens and political leaders to place a value on General Practice and on Family Medicine.”* The evidence and international consensus is that continued modest investment in Primary Care delivers major benefits in terms of both population health and the wellbeing of individual patients. Best value is obtained from Euros invested in General Practice/Family Medicine than in any other element of the healthcare system. Countries and healthcare systems faced with difficult decisions regarding obtaining best value for reduced health care budgets can look to General Practice/Family Medicine with confidence, in terms of delivering real value and good care, at the least cost. Further adequate investments in General Practice/Family Medicine are also necessary to enable it to develop its full potential and to prevent an increasing use of hospital based care and an increasing division of care on different providers, which would cut family doctor-patient continuity and relationship and in this way would lead to higher cost.

*“Many of us engaged in General Practice/Family Medicine Teaching might be tempted to feel discouraged by the uncertainty and stresses faced by our Patients,” has also been stressed, “but this is arguably a time when the discipline of General Practice, driven by science and compassion rather than money and profit, can really shine.”*

Moreover, the EURACT Council is worried explicitly about the way EU regulations concerning the Undergraduate and Post-graduate specialty training of Family Physicians is neglected or disrespected in some European countries, concerning selection of teachers, students and trainees, as well as General Practice/Family Medicine curricula. We therefore ask for the attention of all members of the European Parliament and other national governments EU structures and other stakeholders for this matter.

On behalf of EURACT

Professor Janko Kersnik,  
EURACT president

## **Annex 7**

### **Reports from taskforces**

**EURACT Council meeting  
November 10-13, 2011  
Faro, Portugal**



## **Minutes from the Task Force for Conferences/Education Meeting, Faro, Portugal**

Friday 11<sup>th</sup> November 2011

09.00-10.30 and 11.00-12.00

Present: Howard, Yvonne, Roar, Esra

### **1-Wonca Europe workshops:**

Deadline for Vienne is 15 December 2011. **Yvonne** and **Esra** are the advisors for Vienne.

### **2-Collaboration with the other organizations:**

What are we identified with? What is our product to sell? One-to-one teachings, contents, overlapping parts of networks, faculty development, educational research, elements of primary care are some topics. Concerning AMEE: Faculty development could be a keynote lecture or could be a preconference workshop. We should encourage other council members to come to AMEE meetings in August 2012, Lyon and in 2013. For Lyon, 2012 time is too short. For 2013 there could be a one day pre-conference workshop like a mini Leonardo. **Howard** will prepare a report from the last AMEE meeting.

**Roar** got an invitation from Allyn Walsh; She is interested in a collaboration between EURACT and the Canadian Family Physicians Association for the Toronto conference in 2014. The first faculty development conference was organized in Toronto in May 2011 and there were GPs. Roar welcomes this collaboration. Both organizations can benefit.

Exchange of trainers/trainees/materials between the European countries should be encouraged. EGPRN, EQUIP or Vasco da Gama (VdG) representative of the country where Council Meetings take place can be invited to the meeting. We should aim at minimum effort for the maximum outcome. VdG-EURACT should prepare joint workshops at Wonca. It was suggested that we may organize educational workshops on new topics such as social determinants of health, disease monitoring, quaternary prevention, negative impact of guidelines and indicators.

**Janko** will be the contact person for EQUIP and EURIPA, **Howard** for AMEE, **Esra** for EGPRN and **Roar** for Canadian Family Physicians Association. [No one till now is liaison person for UEMO, YvL]

### **3- Retirement ceremony for Chris van Weel on 30 November 2012 in the Netherlands:**

We can make a contribution. Yvonne will ask for further details.

## **Report of EURACT website taskforce / editorial board**

*EURACT Council Meeting, Faro - 11/11/11*



Present: Mario Sammut (chair), Brendan O'Shea, George Spatharakis, Jachym Bednar, Adam Windak (for first part of meeting), Filipe Gomes (guest for last part of meeting)

### 1. Chair:

Mario asked if anyone is interested in taking on the responsibility as chair of the taskforce / editorial board. The other members of the committee agreed that Mario stays on as chair until the next meeting, and he accepted.

#### – Changes/improvements:

- Homepage could be made more attractive: Filipe offered to help.
- The introduction to EURACT needs to be updated: Mario is to do so.
- Jachym suggested that Council members be given the facility to update their individual country pages directly: Mario will check if this is possible.
- Jachym offered to administer the website Image Gallery: Mario will check if this is possible.

### 3. Specialist Training Database

The board agreed that this should be made interactive and ideally extended to CPD and BME not just ST. It was also proposed that Council members, instead of describing ST, CPD and BME in their country reports, would simply update the databases on the website as needed when checking them on a regular basis (e.g. 6 monthly or yearly).

Mario revealed that the webmaster had offered 5 options for making the database interactive, with different levels of sophistication and prices ranging from Euro 1000 to Euro 4500. George and Adam revealed that during the Membership Services Committee meeting the prices quoted were felt to be high and advised that Peter Vajer be asked his opinion as he had arranged for the original database on the old website. This was agreed to.

#### 4. Future ideas

The website needs to be developed further as an updated state-of-the-art resource for GP education. GP teachers need to be involved to use the website as a resource for teaching by contributing and using such resources. The Council is to be asked to direct its members to obtain such resources for the website from their individual countries. Furthermore a regular email could be sent to all EURACT members with news of the latest updates to the website and, if available, with details of the 'hits' on the website by individual countries.

As regards types of resources, it was proposed that these also include PowerPoint presentations with voice-overs and even videos: if need be the latter could be uploaded on e.g. YouTube and then a link put on the EURACT website. Another suggestion was to develop e-Learning modules, but, although ideal, in discussion this was felt to involve too many organisational and financial resources. Instead it was decided that it would be more practical to put on the website links to e-Learning modules which already exist.

The board felt that a policy needs to be developed regarding what resources to include on the website. These would need to be:

- clinical/teaching material used in training schemes or university departments
- in the English language (or in the national language with an English translation)
- in various formats (specified accordingly)
- vetted by the Editorial Board
- acknowledged by users regarding the author/s.

Material in other languages could be uploaded to the respective national pages: Mario is to check if this is technically possible. Brendan drafted the 'Guidelines for Contributors to the EURACT Website' (see appendix below) and these were approved by the taskforce.

Mario R Sammut  
Chairman  
EURACT Website Editorial Board / Taskforce

**Guidelines for Contributors to the EURACT Website**  
*EURACT website taskforce / editorial board, Faro - 11.11.11 (at 11 am)*

The EURACT Website is an appropriate repository for material relevant to Teaching in General Practice / Family Medicine, and as such will consider submissions from individual Teachers, Students, Trainees, Training Schemes, University Departments, Associations and National Colleges of General Practice, together with any other sources at the discretion of The Editorial Board.

It is expected in time to become a core resource, and broadly relevant to Students and Teachers on General Practice in fulfilling their own National Curricula, as well as the objectives of EURACT.

1. Material can be contributed on a word document, PowerPoint, pdf or as a url.  
In due course, material will also be acceptable as PowerPoint with voiceover, or as a recorded video clip.

If you feel you have relevant / valuable material, please be encouraged to forward it for consideration to the Website Editorial Board at EURACT

2. Written material can be submitted in national language, but also preferably with an English translation. National language material will be hosted on the national webpage, whereas English material will be maintained in the relevant section of the general website.

3. Submissions should include, and will be hosted with, a clear communication on origin and authorship.

4. Material especially suitable for location on the EURACT Website will include clinical / teaching material relevant directly or indirectly for General Practice / Family Medicine teaching purposes.

Material including suitably anonymised case presentations, literature reviews, use of best standards/ guidelines in practice, practice based research and audit are all especially relevant, together with material delivered by local, national and international experts. Clinical images will also be considered, subject to satisfactory consent and appropriate anonymity, the latter ensured by the website Editorial Board.

**Report from Educational research task group meeting:**

Missing

**Report from Educational Expertise task group meeting:**

Missing

## **Annex 8**

### **EURACT – Policy plan for 2012**

**EURACT Council meeting**  
**November 10-13, 2011**  
**Faro, Portugal**

## **EURACT Policy plan for 2012**

Draft: Janko Kersnik, commented by Mario R Sammut, Adam Windak, Roar Maagaard, Ruth Kalda, George Spatharakis, for Faro Council meeting

Based on EURACT aim, bylaws and discussions held in Leuven and Tallinn I propose following tasks for policy plan for 2012:

EURACT will

- produce a position paper on EURACT strategy for the next 3 years, responsible: a task force on EURACT strategy.
- held two regular Council meetings to enable exchange of ideas, work on projects and “production” of new ideas – one in Jerusalem, Israel, one in Adana Turkey, responsible: EB & local organizers (Howard, Esra) & Council members to attend on a regular basis
- publicise EUPA by WONCA Europe Vienna conference, responsible: Task group led by Stefan
- publicise a News-letter twice a year (one printed for the Vienna conference), responsible: Task group led by Jan
- maintain and regularly update its web-site, responsible: Task group led by Mario and his successor
- simplify membership application process, responsible: MSC
- try to include more members in member countries where feasible (more members enable solidarity), responsible: Council Members
- try to include countries in Europe region, which are not yet members of EURACT, responsible: MSC
- collaborate in Leonardo da Vinci Project n° 2010- 1-PL1-LEO05-11460 Framework for Continuing Educational Development of Trainers in General Practice in Europe (CEDinGP) and disseminate its products, responsible: Task group led by Egle, after the project finishes MSC committee will become responsible
- support or provide existing EURACT courses, responsible: MSC
- provide educational workshops during WONCA Europe Vienna conference, responsible for coordination Yvonne
- collaborate with similar organisations, i.e. AMEE, responsible: Howard
- collaborate with EGPRN, for Spring meeting responsible: Janko, for Autumn meeting responsible:
- collaborate with EQuIP, responsible:
- collaborate with EUROPREV, responsible: Mario
- collaborate with EURIPA, responsible for Portugal meeting:
- collaborate in Hippocrates programme, responsible:
- set Undergraduate educational agenda and standards of BME (undergraduate) teaching in GP, responsible: BME committee
- 2
- set standards for family medicine and hospital parts of specialist training, responsible: ST committee
- look for collaboration in future international education related projects, responsible: Council Members
- promote educational research by presenting it during Council meetings and by other means, responsible Jan
- look for future projects, Council Members
- run elections on Honorary Secretary, responsible: EB
- look for the opportunities to provide help in less developed countries, responsible Council Members
- look for the expertise in developed countries, responsible Council Members
- try to network with educationalists in Universities across Europe, responsible BME.