

Annex 1

**Review of national educational activities
After EURACT Council meeting
in Praha, October 2006**

**EURACT Council meeting
May 9-13, 2007
Zagreb, Croatia**

COMPILATION REVIEW OF ACTIVITIES

Zagreb Meeting, May 9-13, 2007

COMPILATION REVIEW OF ACTIVITIES

ZAGREB MEETING, MAY 9 - 12, 2007

ALBANIA

Llukan Rrumbullaku

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

Postgraduate Training (PT)

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

Continuous Medical Education (CME)

Using all the resources available and the international help, we have managed to develop a CME Curriculum for the doctors who have completed the postgraduate training.

We have designed also a short-term programme for training in Family Medicine and we have applied it in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID. Based on this training that seems to be very successful we have designed and proposed a training schedule for use across the country. The training was replicated in the entire Prefecture where the pilot centers are.

After that the proposed training was planned to be applied in four more Prefectures through the Pro Shendetit project also funded by USAID. At the beginning in 2 of these Prefectures 7 trainers for each Prefecture were selected and trained.

It was also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to this course leading to an accreditation system. So we selected also 7 trainers from the prefecture where the pilot centers are in order to start the programme of CME. This programme is now in operation with two topics every month.

We organized the Leonardo-EURACT Course with the 21 trainers already selected.

After that we selected and trained 14 trainers from the third Prefecture. We organized for the second time in Albania the Leonardo-EURACT Course with these trainers.

Latter on we selected 7 trainers from the fourth Prefecture and applied again the same model. The training of trainers in this Prefecture was completed last year. We organized with these trainers and with 14 trainers from Tirana the Leonardo-EURACT Course on November 2006.

The selection of trainers in all cases was performed according to EURACT criteria.

The trainers from the four Prefectures are training now the rest of doctors in their districts. The first training sessions were done under the supervision of the Lecturers of the Department of the Family Medicine.

AUSTRIA

Basic Medical Education

At the Medical University Innsbruck (MUI) Dr. Peter Kufner, a long-time teacher of general practice has been given the title of "Hon. Prof". Although this is a great validation of the contribution of Peter Kufner and his group of dedicated lecturers, education & research in primary care is given little priority at the MUI. The chair of GP/FP has not been filled, organisational work (secretariat) to coordinate the GP lectures, due to lack of support from MUI, is done and paid for by the Tyrolean Society of Gen. Pract. // At the Medical University Graz (MUG) general practice teachers are currently contributing (lectures, seminars) to the following subjects ("modules" of teaching/integrated curriculum): "Medicine & Society", "Growth and biological maturation", "Tension field Personality", "Communication". // At the MUG there is a special study module "general practice". The coordinators for this are Dr. Gottfried Thalhammer, Dr. Reinhild Höfler). In the sixth study year there is a 5 week compulsory attachment programme for students in surgeries of GPs (programme is coordinated in the name of Styrian Academy of Family Medicine by Dr. Ilse Hellemann, Dr. Michael Wendler and Dr. Martin Sprenger. // The "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg (PMU) (Prof. Soennichsen, EURACT member) was newly founded in April 2006 and is involved with a number of lectures and seminars in the curriculum at the PMU especially with lectures/seminars in "Patient Care", "Basics of History taking and physical examination" and a course on "General Practice and Family Medicine". // At the Medical University of Vienna (MUW) (Prof Manfred Maier, EURACT member) the clinical attachment programme in general practice in the 5th and 6th year was well received and evaluated. We reported in an earlier country report from Austria in detail about the multifarious lectures the department of general practice in Vienna is involved with.

The newly "Student's Platform for General Practice" introduced at MUW by Manfred Maier met with students interests and seems to develop into an important initiative for other medical schools. It is designed to offer students who are interested in PC a platform for exchange experienced GP clinicians and teachers.

Vocational Training in General Practice

There was a invitational meeting at the Austrian Ministry of Health devoted to clarify the question "Does Austria need Family Medicine specialists (September 21, 2006). There are serious endeavors to develop a 6 years specialty training curriculum for GP/FM in Austria instead of the current 3 years. As national equivalent to the Vasco da Gama Movement Austrian GP trainees, who are still in their vocational training, formed a new body for professional and social exchange called Young General Practitioners Austria ("Junge-Allgemeinmedizin-Österreich", JAMÖ).

Continuing Medical Education

The "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg a centre service was established where GPs can have questions concerning evidence based medicine can be clarified (Rechercheprojekt Evidenz-basierte Medizin). A working group between GP (Wolfgang Spiegel) and the head of the Psychiatric Clinic at the MUW published a paper which evaluated an educational intervention to teach GPs psychiatric knowledge and skills. (Spiegel W, Tönies H, Scherer M, Katschnig H. Learning by doing: a novel approach to improving general practitioners' diagnostic skills for common mental disorders. Wien Klin Wochenschr 2007; 119: 117-123.)

EURACT Austria

I presented the EURACT Educational Agenda at a symposium devoted to general practice at the University of Zürich (May 2007), collected membership fees, maintained contact with members,

sent out information. The last national meeting of Austrian EURACT members was held in autumn '06.

BELGIUM

BOSNIA AND HERZEGOVINA

Country report for Zagreb meeting, May 2007.
Natasa Pilipovic Broceta, national representative

Health Care System in B&H

Draft of new Law on Primary Health Care is in preparation process, there is some intention for family doctor to treat not only adult population but children above 6 year as well. Concerning children under 6 year parents could choose between family doctor and pediatrician.

Basic Medical Education

There are six medical faculties in B&H (Sarajevo, Banja Luka, Tuzla, Mostar, Zenica and Foca). Medical faculty for nurses started to work during this school year in Zenica and 6 members from Family Medicine Department in that city have been engaged for education of nurses.

Vocational Training

There is a plan for revision of Vocational Training curriculum in order to harmonize and standardize Vocational Training Program in B&H.

“Workshops on Clinical Skills in FM” for members of Family Medicine Departments started in November 2006. During these workshops, Core Curriculum in Clinical Skills for FM and resource material on clinical skills (book, CDs) have been developed, but not completed yet because the Workshop will be finished in the end of this year.

Academic development of Family Medicine (FM) Departments: there are new 3 PhDs and 3 master degrees in Tuzla, in Banja Luka 3 members of FM Department (Head of Department and two assistants) have become primarius.

CPD/CME

The fifth generation of general practitioners and nurses started the Program of Additional Training (PAT) in the beginning of October 2006. The Program for this generation will last until July 2007, when final exam will be held. Nowadays, PAT curriculum has been revised. Swiss Project on education for patronage nurses as well as family doctors in palliative care (Professional in Health) has been continued.

What have I done in my country as EURACT representative?

This is my beginning as a council member. I revised a list of EURACT members in B&H, at this moment updated list has total number - 43.

CROATIA

Mladenka Vrcic-Keglevic, PhD, Associate Professor
Department of Family Medicine,
«A. Stampar» School of Public Health
Medical School, University of Zagreb

mvrccic@snz.hr ; ivica.keglevic@zg.htnet.hr

News from the country

Health Service Reforms are ongoing process, but it haven been seen a consistent strategy yet. A New Health Service Low has been accepted in the Parliament. The attempt to introduce a comprehensive payment for GPs services has been rejected. A capitation remain the only one option. Scientific Conference has been organised in Dubrovnik by The Croatian Association of GP/FP and finished with great success. More than 1200 GPs have participated, with around 150 scientific papers.

Basic Medical Education

Many changes are going on within the medical schools. The two mains are: a) changing a curriculum regarding "The Bologna process", introducing more active learning methods, ECTS, and more electives; b) Family Medicine subject was expanding to 6 weeks. Department of FM has proposed elective subject at each study year.

Vocational Training

A big changes have happened in this area. 560 trainees are at different stages of training. 220 trainees undertook specialist's exam until now. It was comprehensive exam consisting of two phases. First is preparatory, they should submit portfolio, 8 essays, log-book, and trainers report of achievement and assessment form of professional competence. The second is consisting of written test (120 MCQ and 30 EMQ), OSCE (25 stations) and oral in front of three members jury. Around 20% of trainees did not pass the exam. External peer-review of exam was performed and the comments are satisfactory. A textbook for VT is in progress. A new VT curriculum is under the discussion.

CME

It is going on as usually, many courses and teaching sessions were held, because it is obligatory for relicencing procedures and it is hard to change from CME to CPD.

What have I done for EURACT

The Croatians members were informed about EURACT activities, provided by materials (Educational agenda), and whole profession was informed as a report in Croatian Journal of Family Physicians and during annual conference. Dubrovnik Course «Training of Teachers in GP/FM» was held from 22 April to 28 April 2007, with 20 participants. Topic was "A role of art in GP/FM education" and work was very interesting and fruitfull.

CYPRUS

Country Report for Zagreb Euract council meeting May 9-12, 2007

Dr Phil Phylaktou, National Representative

Health Care System

The current system is divided into 2 sectors. The Governmental/State sector and the Private sector. All people under a certain income level (usually low) plus retired people are seen at the local state hospitals for free. Medication is also given to all these people there for free. The new National Health Care system which is designed to employ possibly both sectors is under works and negotiations are currently employed between the government and the individual Medical Societies and the Health care Organization. No details have been given out in written form as to the final outcome.

Basic Medical Education

Cyprus has no Medical School (even though there is a National University and other Higher Education Colleges etc.), thus no medical faculties exist. 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 2 decades.

Vocational training

Non-applicable (No MF - see above)

Workshops, seminars or courses are only sponsored for doctors employed by the Government. The doctors working in the Private sector have to find their own way to all these venues of training.

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

My activities in my country as EURACT representative

This is my first 3year service as a council member. I was elected to serve for the last 6 months of last year when our previous NR had to resign for personal reasons. The compilation of our members comes from 2 societies and has a total of 40 members. This is the first time I will start meeting with the 2 societies and start organizing further activities. My personal goal is to see Euract Activities taking place in Cyprus if possible and I am eager to work hard to establish this goal.

CZECH REPUBLIC

5000 GPs are working independently as private providers in primary care. The reimbursement of GPs is mixed capitation and fee for service payment. The concept of family medicine does not exist and children up to age 19 are registered with primary care pediatricians. GP's do not play the strict gate-keeping role but most of patients seek for health care first in general practice.

Basic Medical Education

General Practice is a part of curriculum in all seven medical schools, but not all faculties have established GP chair.

Vocational Training

60-months postgraduate program, established by new law in 2004 has been restructured to 48-months program. It includes a hospital part (internal medicine, surgery, gynecology, psychiatry) and ambulant part with a dominant training in general practice. If the new law will pass than this new 48 months program will start since 2008. Currently all teaching practices have to pass a process of accreditation. The solution for financing of postgraduate training in general practice has not yet been found.

CME/CPD

The dominant role in CME had the Society of General Practice of the CME (SGP CMA). Credited CME program includes regional CME conferences, national conferences and special educational programs on leading actual topics (colorectal cancer screening, cardiovascular prevention, pain management, palliative care etc.) The attendance of annual conference of the SGP CMA in November 2006 exceeded 1000 of participants. 5 new practice guidelines were presented in 2006. New e-learning project of EUNI (e-university) was launched in October 2006 (the joint conference of EURACT and EUNI in Praha), until now has got more than thirty lectures from different specialties and is very popular not only among GPs.

The title of the most successful lecture of 2006 gained a lecture developed by general practitioner.

New e-learning program is in course of development by the SGP CME.

What have I done as Euract Representative?

- Active contribution to development of the e-learning projects for GPs
- Organizing CME program for SGP CMA

Jaroslava Lankova

DENMARK

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). But there is a constant threat to the length of the GP-period for students due do economical (and other?) reasons!

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate “internship” for all doctors. Government wants to reduce this 18 months basic training to 12 months - and this was decided a few days ago. And GP in Denmark lost part of this battle - from 2008 GP-training is no longer compulsory for all young doctors. We don't know yet how many % of trainees will be offered 6 months in GP - we hope it will be about 75 %.

This is a pity for the coordinated and collaborating health care system, for the young doctors - and for general practice.

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.

Personal Learning Plans have been introduced as a principle some time ago - now evaluated: very difficult to make the GP's use this system - in spite of its benefits!

The College and the trade union for GP's are planning a new CME-initiative: 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.

Health care

Much more focus on how GP's should be responsible for care for chronic diseases - in cooperation with the patient, the municipality and secondary health care system. Diabetes is selected as the first example for this “chronic care model”. A new way of organizing diabetes care starts 1st of May 2007.

It is planned by the national health authorities that general practice in the future (5 years) should be the only entrance to the health care system - also for acute illness (hyperacute referrals via “911”).

My role as a Danish EURACT Council member:

As Council member and as president of the Danish College trying to integrate EURACT in the Danish educational landscape - and advertising the new Educational Agenda to all devoted to medical teaching in general practice.

Made by Roar Maagaard

ESTONIA

Basic medical education

Family medicine has its position in undergraduate curriculum, no big changes recently. Teaching of family medicine is provided in 2nd and 6th years of undergraduate studies. Mostly the active methods (interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.

Vocational training

Duration of residency training in family medicine is 3 years and includes more than half time in family practice. During last years family medicine got enough trainees posts, but problematic is to have enough good candidates for the posts. Problems exist not only in family medicine but also in other specialties, because about 25 % of the graduates of the medical school do not start vocational training in Estonia but move to work in Finland or Sweden or other Western European countries due to salary differences. In January there was a general strike of health care workers because of low salary. In result of the strike the increase of salaries was in general 25%, but not for residency trainees.

Continuing Medical Education

The Estonian Society of Family Doctors works a lot to organize CME courses for family doctors by Internet. Now the software is developed out and already several courses have been provided. Some problems exist with verification and giving of credit points but developers of software promised that everything will be correct in autumn.

Now there is movement from CME to CPD as it is suggested by EURACT. First courses for family doctors to introduce the idea of CPD have been organized and more active and enthusiastic family doctors have their own personal learning plans.

Health care organisation

As it was mentioned above, in January 2007 we had general strike of health care workers in result of which the increase of salaries was in average 25%.

Family medicine has a strong position in the health care system. In the plans of the Ministry of Social Affairs the primary health care should take even more responsibility in health care, but problems exist with personnel.

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

Personally I am responsible in organizing of Leonardo EURACT Courses in Estonia. 2 courses have been provided and at the end of May there will be 3rd one.

Ruth Kalda

FRANCE

Bernard GAY, May 2007

Basic Medical Education

Numerous clauses after the first year of curriculum increased: 7100 students (2000 more than 4 years ago) to limit the decrease of the number of doctors (particularly GPs). But, it will need 10 years to have an impact on medical demography!!!

The LMD (Licence, Master, Doctorate) evolution is difficult to apply because the length of BME curriculum is 6 years and the length of LMD 5 years.

Practical training in general practice (3 months, like hospital training) is now compulsory for students of 4^o or 5^o year, in all universities. The difficulty is to find enough trainers.

Specialist Training in General Practice

Training in ambulatory setting always is not sufficient during the 3 years of specialisation: 1 period of 6 months for all trainees and a second 6 months period of self practice for 1/3 of them.

In October 2007, the first specialists of General Practice will complete their curriculum. It is a symbolic moment. Portfolio is the main tool of educational process and it is used for validation.

Research

Research in General Practice is a great challenge for the academisation of the discipline. Nevertheless, the number of studies in primary care managed by GPs is not enough extensive. The young doctors have the possibility to perform a Master and to develop research competencies.

University level

The status of GP Teachers is not clear. Professor of General Practice are associated professor, and not full professor. University does not accept that medical education could be outside university hospital! GP's organisations try to change this situation, but in France, at the moment, it is not a good period, and it is necessary to expect the new government.

Continuing Medical Education

The obligation of CME is now applied: French doctors have to collect 250 credits on a period of 5 years, with different types of activities: meeting, conference, medical reading, e-learning, teaching, research... Assessment of professional practice is a part of the credits (100). There is an agreement procedure for CME organisations. CPD is not yet an usual concept in France.

Health Care System

Young GPs will be specialist of General Practice. The older GPs want also to be qualified as specialist in General Practice. But what are the right criteria of qualification?

Now, in the French Health Care System, there is an obligation for each patient to have a Personal Doctor ("médecin traitant") who is in charge of continuing care in a global approach. If 80 % of patients chose a Personal Doctor, this reorganization is not really efficient.

French National College: CNGE

CNGE organise the 2007 WONCA Europe Conference in Paris (17-20 October):

- Organising Committee: President Pr. Pierre-Louis Druais
- Scientific Committee: President Pr. Bernard Gay
- International Advisory Board: Chairperson Pr. Marianne Samuelson

We received 1350 submissions after call for abstracts. We expect more than 3000 participants.

Action for EURACT

There are only 6 French EURACT members, and only 3 new members. It is difficult to involve French GPs in a European organisation because of language and membership fees....

A French translation of Educational Agenda is in work. I presented a French version during the International Forum on Medical Education in Quebec.

FINLAND

April 2007, Paula Vainiomäki

HEALTH CARE

Finnish Health Care system has been a model, but during the last years we have had problems. Shortage of doctors, especially in primary health care, but also shortage of nurses has made the main challenge for the municipally employed system. Private health care has made successful efforts in many ways and regions to substitute and finally conquer public health care. When we

got a conservative right-centre government last week after the parliament elections in March, the same trend may go on more powerfully.

BASIC MEDICAL EDUCATION

We have five medical faculties, who are relatively free in choosing their educational goals and contents of curricula to educate a fully licensed doctor. General practice/family medicine has been developing quite well in all five faculties, even though ways of teaching and learning may differ. Our university Turku has been willing to use all the hospitals and health care centres in the region as points of education. We have teaching of general practice as well as of many other clinical disciplines outside university clinic, and this makes the work of general practice teachers look like a puzzle, when we have teaching for every term in the curriculum. Generally, a huge problem has been the increased student intake, when the state has not been willing to recruit teachers in the same proportion.

SPECIALIST TRAINING

Specialist training in general practice will take six years. Our basic medical education does not include any internship months after qualification, so in practice the training of general practice is not that long compared with many other countries. Most trainees in all specialties (who are willing to have private practice as independent doctors during their specialist training) have a two years period after qualification, during which it is obligatory to serve nine months in a primary health care centre. This really concerns all specialties. The trainees are quite fully salaried during the training time, and the state is paying subsidy for the municipalities. Many trainees feel that the training time is more working than being in training.

CME/CPD

Continuing medical education is voluntary and there is no recertification. Anyhow the employer (most often municipalities) is responsible for giving the employees opportunities for continuing education. The educational system is quite diverse, there are a lot of different organisers. There are also some non-profit institutions organising CME. Next fall, the three general practice associations together organise an annual meeting together. This is good development.

WHAT HAVE I DONE FOR EURACT?

One successful point is that after many years of negotiation I have got a positive result for funding of travels to council meetings. A fund for Physicians' education formed by the Finnish Medical Association, the Finnish Society of Duodecim (who was main sponsor for Turku council meeting), and the Association for Swedish speaking doctors in Finland, has made a decision to support Finnish representatives' participation in EURACT council meetings, at least once a year. Since we joined EU they have financed travels to UEMS boards, but when general practice has not had any UEMS board, general practice as a specialty has been out of this system.

GEORGIA

Givi Javashvili
Family Medicine Department
Tbilisi State Medical University

Health Care System

Health care system in Georgia is in the process of reforming. Primary health care is declared to be priority. A lot of activities are being carried out in this field with the support of international donors (World Bank, UK Department for International Development (DFID), European Commission and others), as well as with the use of central budget.

Primary health care reform includes rehabilitation of the infrastructure (renovation/building primary health care centres in rural areas - in total 717 primary health care centres will be functioning at the end of the reform), training of primary health care personnel (family physicians and primary health care nurses) and changing the overall management of primary health care system including system of financing.

Currently physicians have fixed salaries, which will be gradually changed to capitation based financing during the next 3 years (2007-2010).

Basic Medical Education

There are two state medical faculties in Georgia - Tbilisi State Medical University and Medical Faculty of Tbilisi State University, and about 30 private medical faculties and universities.

Until 2006 family medicine was not taught to undergraduate students as a separate subject. In 2002 the first family medicine department was established at Family Medicine Academy of Georgia, which was the major state institution being responsible for post-graduate education. So, this department was focused only on vocational training of family doctors.

In 2006 Postgraduate Medical Academy of Georgia merged with Tbilisi State Medical University (TSMU) and as a result of this merger family medicine department was established at Tbilisi State Medical University.

Aforementioned department introduced two-week (40 contact hours in total, which constitute 3 ECTS) curriculum for 6th year students, which is already being delivered during the current teaching year (2006-2007) by our department/chair.

Later department made proposal to introduce family medicine early in the curriculum of the Medical Faculty (early introduction to family medicine). In April an official consent has been obtained to develop short course in family medicine for 2nd year students. Curriculum and programme is now being developed for 2nd year students in family medicine.

In 2006 special project was developed to revise undergraduate education system in family medicine at TSMU. EURACT experts were invited to conduct this work (Dr. Igor Swab, Dr. Justin Allen and Dr. Egle Zebiene) from the beginning of 2007. It is expected the new curriculum will be approved in family medicine at TSMU at the end this year.

Vocational Training

Family Medicine as still new specialty in Georgia (it was introduced as distinct specialty in 1998-99). The main goal of the Government now is to develop critical number of family doctors to move to the new primary health care system, which will be based on family medicine.

According to the master-plan of the primary health care system of the country, the country needs 2106 Family Physicians. It is planned to re-train/train 2200 family doctors by 2010. Until now about 500 family doctors have been trained. In this (2007) year 500 more family doctors will be trained.

Currently there are two types of vocational (post-graduate) training of family doctors:

- a) Full time postgraduate Training or residency training programme, which has been revised in 2006 and instead of 2.5 years it lasts now for 3 years.
- b) Re-training or short-term postgraduate (residency) training in family medicine. It lasts for 940 hours. It has been slightly revised in 2006 to stress main competences of family doctors as outlined in European Definition of Family Medicine and EURACT Educational Agenda.

Currently the full time residency training programme is being revised in collaboration with international experts from EURACT and WONCA Europe (Dr. Igor Swab, Dr. Justin Allen, Dr. Egle Zebiene and Dr. Adam Windak). This process will be finalized at the end of 2007. New curriculum will be introduced in 2008. It will be based on the latest development in Europe in

family medicine education and training. Of course, the conceptual foundation of the new curriculum will be European Definition of Family Medicine (WONCA) and EURACT Educational Agenda.

Continuing Professional Development

Continuing Medical Education (CME)/Continuing Professional Development (CPD) is mandatory for physicians in Georgia. Participation in CME/CPD system is absolutely required by law¹ for re-validation of doctors in Georgia; i.e. for extending the term of State Certificate in a given specialty (State Certificate is valid for 5 years).

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

There quite large number of CME programmes offered to family doctors and other primary health care professionals. Family Medicine Department of TSMU has developed over 20 accredited CME programmes specifically designed for family doctors in 2006-2007. Currently the government do not provide funds for CME activities. It is funded by doctors themselves or donor organizations or pharmaceutical companies. For the letter special policy exists, according which CME activities should be entirely free of any commercial interest from pharmaceutical and other types of companies.

What have I done for EURACT

I with my colleagues have organized 3 Training-of-trainers (ToT) programme in family medicine in 2006-2007. 78 teachers were trained during these courses. The training course is based on Leonardo ToT course developed by EURACT. This first course was run in 2005 with participation of EURACT experts (Egle Zebiene, Justin Allen and Igor Swab).

EURACT Educational Agenda have been used at the main document during curricula development/revision on all levels (undergraduate and postgraduate). It is now reflected on all teaching programmes.

I tried to attract colleagues involved in training/education in family medicine to join EURACT and the total number of Georgian members to EURACT is now 34.

GERMANY

Basic Medical Education

The new Approbationsordnung für Ärzte - ÄAppO (Regulation on the Licensing of Doctors) of 27th June, 2002, entered into force on 1st October, 2003. After a transitional phase, more or less all students now are subject to the new ÄAppO. As medical training was thoroughly reformed, its contents were modernised, new forms of teaching and examination methods integrated and a comprehensive evaluation of teaching introduced. BME now puts more emphasis on practical training, social skills, interdisciplinary management of treatment processes and clinical pictures. Cross-sectoral areas like geriatrics, prevention and health economics have been added to the curriculum. The number of state examination has been reduced from 4 to 2 (after 2 years and after 6 years of studies). In between, examinations are held by universities themselves in the form of marked course credits, being preconditions for admission to the ‘practical year’, the 6th year. The final examination after 6 years is partially case-based, and the weighting of the written MCQ test has been reduced. Each graduate is legally entitled to the licence to practice medicine immediately after passing the second state examination.

¹ Law on Doctor’s Professional Activity

General practice has been given a stronger position in the curriculum by the new *ÄAppO*, and in many Medical Schools it has managed to find into its new role. Looking back on more than three years under the new *ÄAppO*, there are still huge differences between Medical Faculties with well established departments of general practice for teaching and research and others, where teaching is still exclusively done by some enthusiastic GPs with no institutional background. 14 out of 36 Medical Schools have posts for regular professors in general practice departments. At the moment, three universities (Jena, Rostock, Witten/Herdecke) run the procedure to establish new posts.

General practice can be chosen by students as an elective of four months in the 'practical year', the 6th year, but still many Medical Schools are still not willing to pay GP practices for this attachment, although it is part of the *ÄAppO*.

The Society of University Teachers in General Practice (Gesellschaft der Hochschullehrer für Allgemeinmedizin, GHA; chair: Wilhelm Niebling, Freiburg; www.gha-info.de) and the subgroup 'Medical Schools' (Chair: Erika Baum, Marburg) of The German Society of General Practice and Family Medicine (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin, DEGAM; www.degam.de) (the scientific GP society) together try to consolidate and foster the role of general practice in BME. The GHA has established training courses for GP trainers in the 'practical year' (responsible: Lothar Schmittziel, München).

Vocational Training

No changes: The new 5 year VT as outlined in my Autumn 2003 report has been put in operation in the majority of States, but there are some variations. There are still incompatibilities with regulations of the European Community. Probably the whole VT will be 'reformed' again.

Health care system

As of 1st of April, 2007, we have witnessed a reform of health legislation in Germany (Gesundheitsreformgesetz). Its main focus is on structural reform of the statutory and private system of health insurance and on re-structuring the financing of the statutory health insurance. Being insured will be mandatory for everyone without exception. New integrated structures of health provision in ambulatory and hospital care will be established. But we still have a pronounced institutional separation between public health services, hospitals (inpatient care) and office based physicians (both GPs and specialists). There is still free access to medical care and no real gatekeeping by general practitioners. Shortage of GPs especially in the East and in rural areas is increasing.

What have I done as a council member for EURACT in Germany?

Membership of EURACT in Germany represents 16 medical schools. My main activity is networking with all educational and scientific organisations (DEGAM, GHA, GMA, EGPRN, VdGM) on the national level through our members.

Our member Frank Peters-Klimm is a delegate in the core group of the Vasco da Gama Movement (former Junior Doctor Project); he is partially sponsored in his activities by DEGAM. There is a smooth co-operation with the German EGPRN group via our member and EGPRN council member Eva Hummers-Pradier.

EURACT Germany will send 9 sponsored participants to the Leonardo EURACT Course in Magglingen in May 2007.

GREECE

Basic Medical Education

Since this October the implementation of pregraduate exposure [theoretical and practical] of medical students of the two largest medical faculties of the country (that is Athens and Thessaloniki) is a reality. Unfortunately the persons charged with this mission

are not trained GPs but Professors and Lecturers of other disciplines (Internal Medicine in Athens and Internal Medicine and Social Medicine in Thessaloniki).

Specific training

The Committee on Education - Training of GPs has prepared an audit about the Log Book of Vocational Training implementation. The first results seem satisfactory although there are problems for its full implementation: lack of legal recognition of the document, inequities in its implementation, lack of sufficient number of trainers, etc.

CME

Although the Greek Association of GPs is the only medical body which is developing, organising, running and funding CME programmes in the country, in the perspective of even better dissemination and global implementation, there is a question of the creation of an even more comprehensive program posed to the Committee on Education and Training. News and orientations should be available until EURACT Autumn Council.

Health System

No evolution as it concerns the future organization and restructuring of the Primary Health Care (PHC) sector and the Health System in Greece. This year is an atypically electoral one and no change will be implemented during this period. There is a huge debate concerning the implementation of the 48 hours work / week regime for doctors of the Public Sector.

G. SPATHARAKIS

HUNGARY

National representative: Peter Vajer

Health Care System

Due to both economical and structural problems of the health care system in Hungary deep and quick changes have been performed in the system. Together with so called reforms in other fields of our life (tax increase, higher inflation, increase of living costs) these changes have put big pressure on the people and the health care providers as well. Most of the people do not understand and are against the changes, while lots of conflicts have been generated in doctor-patient, health care providers-patient relationship.

Let me list the main steps of changes:

- Reduction of beds in hospitals by 25-30%
- Closing of hospitals
- Converting beds from active into rehabilitation and long term care
- Creating waiting lists
- Motivating doctors to use generic drugs by administrative and financial means and by strict regulation of drug promotion
- Introduction of co-payment (2.2 Euro) at each visit

Basic medical education

A debate has been started in curricula changes these days. At the Medical Faculties in Hungary also English and German Speaking Programs are running, from this academic year a new course has been implemented in their curricula in the first year of medical studies, it is called introduction to clinical medicine, the course is coordinated by Family Medicine Department.

Vocational training

Although there is a lack of doctors in Hungary in a lot of specialties the state supported places are cut by 30 percent from the forthcoming academic year. The government would like to change the vocational system in a way that only those places would be supported in which there is not enough applicants and for the rest residents should pay the costs of his training. I do not write down the reaction of the students, you can imagine.

CME

A doctor should collect 250 points in five years long period, from which he can collect 100 by practicing as a physician; the rest should be done by participating in CME. EURACT Hungary is very active in organizing CME; I can tell it is one of our main activities. Since 2004 we organize CME courses for GPs coming from the three of four university cities and its surroundings. Each month one 8 hours long course is held in each city. The average participation rate is 100 GP/town/month.

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

Although I have just been elected I was previously involved in activities of EURACT since I had the chance to participate in Leonardo course in Zakopane. With some other colleagues of mine we have started to build a kind of network in tutor training.

I am one of the organizers of the above mentioned CME courses which goes under the name of EURACT Hungary.

At the moment based on the experiences of the tutor training courses we are about to establish a training course for smoking cessation.

IRELAND

Background

Ireland is currently in the middle of a general election campaign. There is great uncertainty over the direction health policy in many respects with different priorities expressed by the various political parties. We will find out more when the election is over. Voting is on 24th May!

BME

The last report from Ireland referred to the plan to increase the Irish/EU intake of students to undergraduate medical school from 350 to 700 per year. This will happen on a gradual basis and at this time it is still not clear what will happen later this year in September/October when the academic year starts. Things should become clearer over the summer months.

Specialist Training

Once again specialist training for general practice was a popular choice of career in Ireland. Approximately 280 candidates competed for the 122 places available. We are pushing towards an annual recruitment of 150 to meet our manpower requirements but some obstacles are emerging which will have to be overcome. We currently have insufficient access to hospital posts in pediatrics and obstetrics/gynecology in particular to create the next 30 places we require. We are examining a few options to see what can be done. The change in the duration of training to 4 years has had a big impact. Now up to 50% of general practitioners will have to be involved in training in some role.

CME

The national CME programme continues to provide GPs around the country with local access to CME in a small group setting. There are 15 CME Tutors who arrange activities for an average of three CME groups in their geographic region. GPs who wish to remain on the specialist register (General Practice is recognized as a specialty) will have to maintain evidence of CME and this National Programme provides easy access to high quality and appropriate education.

General Practice

Proposals to create Primary Care Teams which will include nurses, physiotherapists, occupational therapists, counselors and social workers in teams with general practitioners are apparently moving towards implementation stage. These proposals are around since 2001 and the long delays in moving things forward has resulted in general apathy and skepticism among GPs to an initiative which was widely welcomed initially. We will see what happens.

ISRAEL

BME

Family medicine has been invited to participate as one of the disciplines setting up the summative examination at the end of basic medical education along with medicine and surgery. This is a big step in terms of recognition by our peers. The student curriculum in Tel Aviv continues to use the EURACT education agenda as a blueprint with good results. The OSCE remains a popular choice for students who are allowed to pick the format of their evaluation at the end of their family medicine clerkship. A written examination, family project or research project are the other options.

VT

The spring session of the national specialty board examination in family medicine has just ended with 36 of 56 (64%) of candidates successfully passing the four-hour oral examination. Changes in the scoring system this year allowed examiners to give a global rating score at the end of the exam, much to their satisfaction. An examiners workshop is planned for September 2007 to continue with the difficult task of improving standardization among oral examiners. The residency program has been made more flexible to allow an increased number of elective choices in the 6-month elective period. Family medicine is now recognized as a basic specialty before additional subspecialty training in emergency medicine, sports medicine, geriatrics or infectious diseases.

CME

The annual national scientific assembly was held in Nazareth in March and was well attended. The results of a wide variety of original scientific studies were presented. This included studies conducted by our trainees during their training. CME in the health insurance funds tends to focus on quality performance measures, which has generated some debate among physicians who claim that the race for numbers has left the patient behind.

EURACT activities

GP teachers in Israel continue to sample EURACT activities at courses like the Bled course and the rolling course and in workshops such as those held at WONCA meetings, in which I also participated. New faculty development courses using the rolling course model and methods are scheduled to start in the next academic year.

Personal notes

I am happily looking forward to my sabbatical year coming up in the new University of Minho in Braga, Portugal. I have been invited to help with faculty development in family medicine. I also plan to write a book on counseling and learn to cook codfish.

Yonah Yaphe

ITALY

Basic Medical Education

More steps for basic medical education are now organized in Italy. Now we have various kind of experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, with courses and lessons and tutorships (even if usually not in a really structured module) for students on fifth and sixth year. A course is organised for Tutors specifically for an unique aim: the post-graduating national exams to get professional license. These ones are really Tutors for the University, working in every town where an University of Medicine is seated, and in charge on deeply examining the new doctors giving a structured scheme of scores, in this way judging what these students learned during six years in University, usually not been prepared at all on Primary Care specific competences. The academic body is still not agreeing in its majority (but consensus is growing), and because all European WONCA Networks are out of the political decisional arena (now EURACT National Representative is trying to be always there, active and super-parts in a national context really divided in Societies and Trust Associations. The success could be facilitated if enough supported by a strong EURACT position (EURACT as legal position could help).

Postgraduate specialist training

VT is not yet changed into a real specialist certificate, with a three year course, one year in the practices. This schedule (not as specialty) is managed only in some Regions, more able to use money; others are still at two years or not created at all.....creating strong disparities. The National Task Force on Undergraduate and VT met twice in Treviso and in Rome and two big mail- lists work strongly all the time, exchanging and developing ideas in progress, also on EURACT Educational Agenda and core competences

Continuing medical education

It is obligatory for National Contract with NHS , to take 40 hours of CME , (20 with Health Local Authorities , 20 with Scientific Societies or in other places of choice).

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

Many colleagues involved in teaching and research and the biggest Scientific Society (Italian College of General Practitioners) are not satisfied and they are studying to arrive to a system accrediting also curricula, active participation at congresses, and distance learning systems (more difficult to organise and value). Italian College is trying to realise this, having changed its bylaws with a system based on membership and fellowship.

CME by Internet accreditation is not working well and points are attributed automatically not with real verification, with problems on getting real control on providers, different credit - points just attributed to the same event in different cities, no real consideration about professional quality. So, for this year the system is on stand-by.....

Health Care

The National Health System is getting one of the worst period in its life with cuttings, inquiries, conflicts, problems. So, GPs are on the highest level of frustration and burn out since years. As example, also with WONCA Europe Congress for the first time in Italy, sponsorships were not

allowed for Family Medicine, companies involvement is disincentived and everything for Family Medicine is considered of second level, but at first level as control for finances guards and magistrates (Paris will get the worst consequences).

Life as Council Member

The National Representative translated the EURACT Statement on Selection for Teachers and Tutors. Now it is consulted and used for s VT in four Regions, for national exams in some Universities, and we hope to get a national use.

Also, he pressed and convinced that EURACT Educational Agenda needed a national translation, and in short time, with nine colleagues, all EURACT members, one colleague in charge for print, with Nat. Rep. supervising and managing and enrolling five male as well as four female EURACT Italy members, divided as working in Northern , in Central and in Southern Italy, members for at least four different Italian Societies, the miracle happened ...and we have many paper copies of Italian EURACT Educational Agenda to be used according to necessities, and with versions on different web , owners Regional Schools and Societies. One will be put on EURACT website. The official presentation was made in Florence during WONCA Europe Congress at EURACT Workshop on E.E.A.

The Nat. Rep. got other papers of him published on the European Journal of General Practice, on British Journal General Practice (also as Editorial) , on Family Practice, on Slovenian Journal of Family Medicine and on weekly Italian magazines (just every time with themes concerning EURACT, three expressly only on EURACT).
So EURACT persists to be known, as it was in all these long years in Council.

The National Representative was appointed also for this year as Professor for General Practice at University of Milan for students at 5th and 6th year (winning all the four existing chairs) with enlargement of duties.

The National Representative, was charged to organize the international side for a National High Level Meeting in Como, where EURACT's leader role was finally accepted and was put into the philosophy of the meeting (temporarily ? see above).

The network of the Italian scientific societies, recently created, and who met in Milan on Saturday 10th February 2007, decided to activate a list named WONCA Italy. The aim is to spread information about activities of Italian GPs in WONCA.

The invitation to subscribe is for GPs with charges in WONCA and its Networks, and GPs sitting at the meeting on 10th February 2007. The invited GPs are pushed to accept discussion and put together information concerning news and working in progress for activities in their positions. The network will overlook as an umbrella and will operate a link with the existing mail-lists on VT and on undergraduate and teaching at national level.

The network will work on documents so to present them at political tables where trust associations and government discuss.

Two Euract members were invited to activate three task forces: dr. Stefano Alice on VT and dr. Francesco Carelli on BME and on Selection of Tutors and Practices

Unfortunately, resistences still persist in the Italian ground and the EB of two biggest scientific societies do not still agree to take part, as it was well known also before.

Although the Presidents of the two biggest trust GPs associations participated at the final part of meeting of WONCA Italy and approved the way forward and accepted to cooperate, the same trust associations organized on the same day in the same city a parallel meeting inviting only the two scientific societies known as not recognizing WONCA and EURACT's documents. The consequences could be devastating another time for real Italian General Practice's progress. The theme of teaching at University was accepted but not the European Documents and Societies and Networks and their well known documents.

At the meeting of the network of the other Italian scientific societies (eight of them members of WONCA), EURACT Educational Agenda was agreed by the present national delegates as the cornerstone from which to create in Italy an academic and departmental Family Medicine. As last news, the Health Minister Livia Turco organized a national forum to study the development of General Practice's care and structure. None of the networks linked with or recognising WONCA and networks was invited, also people not directly involved in General Practice was invited.

New members for EURACT continue to come, all from different geographic areas and from different GPs Societies (Csermeg, Snamid, SIMG, SNAMI, FIMMG, local P.C. schools, and now also ASSIMEFAC, society in WONCA and from GP Health Educational Authorities) . So EURACT - Italy is absolutely the biggest international society in Italy and the most visible on journals and on internet. We have lost some members really convinced not to receive enough feedback and this would be a matter of debate at Council.

About WONCA in Florence, the National Representative was in the International Advisory Board, and in charge as reviewer and as chairman, and to give feedback about all EURACT workshops. The personal presentations were fifteen as presentations, workshops or symposia. The Italian participation was the biggest till now....but not so much because of the bad situation indicated in the paragraph " health care " and the lack of real political willing towards GP in Italy (Presence in Paris will be minimal since years because of this and loosing of money and enthusiasm).

Many of EURACT Italy members were directly or indirectly, more or less involved (I thank so many doctors: Valle, Di Marco, Rieve, Nati, Bruschelli, Stimamiglio, Petrazzuoli, Buono, Sauro, Parisi, Carosino, Valcanover, Colorio, Sartori, Gorini, Lieto, , Piccoliori, Rivolta, Bagnoli, Valenti, Assorgi, Cacici, Migliavacca, Sorghi).

Florence style and time had to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters are not going for the best because of new conflicts and consequent weakness as a whole.

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recognizing WONCA and networks was invited, also people not directly involved in General Practice was invited. In this difficult situation, some chief of societies are known as acting internationally with personal or conflicting decisions, possible to put more in difficulty national image and EURACT's National Representative is upset for this.

Francesco Carelli
EURACT Council Representative for Italy

LATVIA

Latvian National representative: Sandra Gintere
Adress: Riga Stradins University
Dzirciema Str. 16
Riga, Latvia, LV 1007

Health Care system

At last here is a unified financing model for urban and rural regions in Latvia. Beginning with this year preventive Check-ups are financed once a year. Cancer screening, OC, analyses of fecal blood, mammography are paid for adults. Preventive examination cards for children are being elaborated. The work is completed for children up to 5 yrs of age, now we are working at cards for the age up to 18.

Basic Medical education

Teaching of FM is carried out in two universities in Riga. Time of studies is 6 years. Specialization in FM takes place in the last year. Students have theoretical course and practical studies.

Vocational training

We have residency lasting for 3 years. Trainees go through different specialized clinics during 2 years. The last year is spent on working under guidance of experienced FM practitioner in their practice. Subjects related with theoretical side of FM are taught by representatives of different specialists.

We have 6 Ph.D. students in FM. They are doing lecturing and practical studies for trainees now.

CMD/CPD

The situation is the same as in the previous years. We have licensing system, where doctors have to collect 500 credit ours during 5 years. Main source of these credits are attendance of courses, organized by Assotiation of FM, listening to lectures in different specialities connected with FM. Continue Small group work with patient demonstration, discustions in circle of nearest colleagues. New certification criteria have been worked out, according to witch credit points are collected, but they were not accepted by Latvian Doctors` Association. The regulations have been submitted to the Health Min

LITHUANIA

Egle Zebiene

Basic medical education

No significant news for the BME training, as Family Medicine training remains as 2 weeks course during the sixth year of studies.

Vocational training

Taking 3 years according to the requirements, and more emphasis is given lately to the training in ambulatory care level and General Practice particularly. However, the well structured learner-oriented Vocational training programmes are not implemented yet. Good news is increasing level of student research projects, which introduces more evidence-based approach to the overall learning process.

The Autumn EGPRN meeting will take place in Vilnius, which is supposed to stimulate development of FM research activities in Lithuania.

Health care organisation

It seems that the role of Primary Health care within the Health care system was strengthened by the State prevention programmes, where the key role for screening the population and in some cases performing tests is given to GPs. This system has been introduced during the last years, and includes Cervical Cancer screening, Prostate Cancer screening, mammography, screening for high cardiovascular risk population and some others. Certainly this practice is going on for years in number of countries, although it took years here to acknowledge that only PHC physicians are able to cover majority of the eligible population.

Good news also include introduction of networks of computerised systems which cover not only the patient registration systems, but also data transfer possibilities, which will allow in future exchange of information between the health care institutions easily.

MALTA

Dr Mario R Sammut

Basic Medical Education

- Since 2001, University Department of Family Medicine (6 part-time lecturers) providing undergraduate teaching (lectures, tutorials, community attachments) to 3rd, 4th and 5th year medical students.

Vocational Training

- June 2005: National Coordinator of Specialist Training Programme in Family Medicine appointed by Department of Primary Health Care.
- April 2006 & January 2007: 11 GP Trainees appointed.
- 2007: Specialist Training Programme in Family Medicine, which was due to start in 2006, postponed until government approves trainers' proposed conditions of work.
- January-April 2007: Pre-implementation evaluation by prospective GP trainers and trainees of Specialist Training Programme.
- 2007: Malta College of Family Doctors (MCFD) to appoint Curriculum and Assessment Boards for Specialist Training Programme in Family Medicine.

Continuing Medical Education

- Since 1990, a Continuing Professional Development Programme is held by the MCFD in the form of a meeting in each term of the academic year (Autumn, Winter, Spring).
- Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units.
- 2005-7: Diploma in Family Practice being organised by MCFD.
- 2007: Draft programme for postgraduate MSc in Family Medicine being prepared by University Department of Family Medicine.

- July 2007: First group of Maltese family doctors to graduate with MSc in Primary Care / General Practice obtained through distance learning from the University of Ulster.

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 have been nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors.
- 2006: Inaugural full Membership of Malta College of Family Doctors (MMCFD) awarded by acquired rights to family doctors accepted on Specialist Register of Family Doctors.
- 2007: New Euro 580 million acute general hospital for 'soft' opening: high building/running costs will preclude investment in primary health care.

Council Member Activities

- 2006: Appointed member of Education and Research Committees of the MCFD.
- November 2006: Member of Organising Committee of 6th Malta Medical School Conference, where presented 2 papers.
- April 2007: Participated in 'Training in Practice' course run at Malta's Medical School over 2 days by the Skills Unit (Oxford).
- May 2007: Reviewer on behalf of EURACT of abstracts submitted to the WONCA-Europe conference.
- 2007: Together with Monica Lindh (Sweden) and Bernhard Rindlisbacher (Switzerland), drafting a report entitled "Funding of VT Programmes for GP-FM in Europe" on behalf of the EURACT Specialist/Vocational Training Committee.
- 2007: Assisting Smiljka Radic (Serbia) in trying to coordinate with the Vasco da Gama Movement a survey on the use of the EURACT Educational Agenda by trainers & trainees in Europe.
- September 2007: EURACT Course for Trainers in Family Medicine to be run by MCFD for local trainers in Malta.

The NETHERLANDS

Health Care

The changes in our health care system which came into effect on January 1st 2006 had a great impact on the administrative duties of the GP's. We had great difficulty billing the health insurance companies. Computer programmes were not ready, had the normal flaws when they were ready but not tested. There is still a group of GP's which claim money from the health insurance companies, but most things are getting back to normal: the computer programs are functioning and we are getting our money.

The contact for 2007 remained unchanged with regard to the fees paid. The change is that the insurance companies want to contract care for specific diseases such as diabetes mellitus. They want a complete evidence based package, included care by the GP, the dietician, the specialised DM nurse, eye examination, and consultant care if needed. If we as GP's had not offered that package they would have contracted other parties. Many GP's wondered what parties that would be and if patients would go there, but nobody really waited for that. We all feel that defining these disease specific Integrated care programmes is worthwhile, but we also are well aware of the fact that people, and certainly elderly people, have multi morbidity. And therefore are more than four integrated care programmes.

Basic medical education

The BaMa structure has been introduced for the first year students in Medicine. The normal 6 year program has been cut in two parts: the Bachelor (3 years) and the Master (3 years). For students with a related Biomedical Bachelor degree some medical schools will offer a Master in Medicine and Science (4 years). Policy makers think that we will need these doctor-scientists for what is called: “translational medicine”, bringing the knowledge from basic sciences to the health care setting of the patient. Maastricht will start with around 30 slots for this combined Master. We will have the opportunity to select candidates and experiment with a more student tailored approach. This would mean that students make their own choices on what to study depending on competencies already mastered. Furthermore we would like to find a way to avoid the normal rotations scheme, but have students see patients from very early on.

Vocational training

The shortage of GP’s will be less then predicted since practice nurses are entering the practice. The minister has decreased the number of GP training posts to 516 a year saying that this will be enough. Given the current number of students entering medical school we will face a problem of limited post graduation training posts in all specialties in a few years.

The GP teachers have increased their influence in vocational training. Although the heads of the vocational training schemes remain responsible for the course, they have to consult the GP teachers on all issues.

CME/PDP

On the level of further personal development or differentiation into a certain topic the Dutch College of General Practitioners has, with the help of the universities, set up Advanced Courses on for instance Palliative Care (Bernardina’s activities), COPD, Mental health problems. GP’s who have such special skills/competencies can ask to be registered in a special registry. It is believed that this will enhance the quality of the work and it is hoped that health insurance companies will reimburse these special activities. The registry opened in January 2007 for GP’s who do obstetric primary care; for GP’s with ultrasound expertise; and for GP’s with expertise in eye care. More then 100 GP’s have already been reviewed and registered.

Job FM Metsemakers

NORWAY

POLAND

Reporter: Adam Windak

Undergraduate education

No major changes in this field. Family medicine is taught on the undergraduate level at all medical university schools in Poland. Nearly all of them provide minimum of 100 teaching hours to all students.

Postgraduate education

Considerable problems appeared in the field of final assessment. During the autumn examination session nearly half of trainees failed the theoretical part based on MCQ. Similar results were observed also in some other specialities. This happened mainly due to new regulations introducing fixed number of correct answers, needed to pass. Furthermore the time limit of 1 minute per question was applied, irrespectively of the nature and level of complication. The situation was scaring for the authorities, so the next exam was nearly trivial. It seems that there is considerable lack of skills and knowledge among authors of the exam. This clarifies why we look forward to the assessment course.

Continuous Professional Development

Two international CME congresses have been organized in Poland - in November 2006 in Cracow and in March in Warsaw. Over 500 participants from abroad attended each of them together with roughly 1000 Polish family physicians. The congresses have purely clinical content and mainly highly recognized specialists are lecturing. Private French company is behind their organization, which is strongly supported by pharmaceutical industry. The company runs similar congresses in other European countries too. Based on this experience International Board for Accreditation in Primary Care was established as an association by individuals involved in organization of congresses in different countries. The Board wants to facilitate recognition of CME collected in different countries. The whole initiative is developing rapidly. Next congress in Poland is planned for November again in Cracow.

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

After whole year of work Polish adaptation of EURACT Educational Agenda was finally completed and published. It was launched at annual conference of teachers in family medicine organized by me also as EURACT representative.

Cracow, May 7, 2007

PORTUGAL

In general

Primary Care Reform is going on, but slowly. Lack of legal definition and difficulties with teams are making GPs find hard to go along. Problems also with computerising.

Nevertheless, there is still the hope for many GPs to achieve important changing.

Closing of services (namely out of hours units during the night) are bringing a lot of protests both by Doctors and Patients. New Emergency policy, with a focus on quick transportation, still to prove benefit.

Obligation to pay for days spent in Hospital is being highly criticized - going on, nevertheless.

The first UEMO Conference under Portuguese Presidency, held in Lisbon, was a huge success.

There was an opening joint Ceremony together with EFMA and WHO Forum with the participation of important authorities, namely José Manuel Barroso, President of European Commission.

Important declarations were made concerning the Specialty of General Practice/Family Medicine.

Basic Medical Education

Nothing new. Still waiting for the new Medical Course in Algarve.

Vocational Training

Still waiting for new GP 4 years VT Programme to be implemented by Ministry of Health.

First "Common Year" for all Trainees is going on. There is now a lot more of input from the Medical Association in all subjects concerning training. Positive outcomes are expected in relation with this, but we will have a lot of work to do. The College of General/Family Practice is strongly committed to this.

CME / CPD

No news.

Work done as a EURACT Council member

Three new Portuguese members joined EURACT, one left.

I was the director (and organized all materials!...) of the Portuguese edition of the "Rolling Course", which was very successfully held in Monchique, in March, and will be held again in May,

in Oporto. Four Brazilian colleagues were present, all in important positions in their Country - and loved it. They are going to reproduce the Course in Brazil!

Several regions in Portugal wish to reproduce the Course, maybe even this year. That includes Madeira and Azores.

Brazil has already prepared their EURACT Educational Agenda - I am, at their request, making the final revision of the document.

Portuguese version of the EURACT Educational Agenda is going to be published any day now - we finally managed to find the money for it.

I have been currently working on matters of the Members Service Committee.

And, as usual, intervening in several meetings on behalf of GP and EURACT. One of these interventions was in Cape Verde. Their GP is incipient; nevertheless, contacts were made, and the Definition was distributed. I offered 3 free places for the "Rolling Course" - they have strong difficulties, but we are hoping they can show in Oporto's edition!

I have been collaborating as abstract reviewer for WONCA.

Luís Filipe Gomes, Portugal, April 2007

ROMANIA

Country Report EURACT 2006

BASIC MEDICAL EDUCATION

There are not major changes - comparing with the previous period - concerning the GP's university departments activities. However, an increasing involvement of GP trainees as part of these departments could be notified. Unfortunately, the financial restrictions require a limitation of new employments into the Medical Universities. I have no information about medical students trained in GP's offices under supervision of GP trainees.

POSTGRADUATE SPECIALIST TRAINING

The project "Improving the Romanian Vocational Training" started in Craiova - south-eastern of the country - is going on, facilitated by the collaboration between a GP trainees team, sustained by National Center for Research in Family Medicine (CNSMF), and the Family medicine department of local University. The Romanian GPs were trained in Netherlands (Amsterdam) during one week; now, they are involved in the development of a new model in Vocational Training.

The national exam for vocational training (residency in Family Medicine) will be organized in September - October this year, with no changes until now. It is a specific curricula needed to be studied for admittance in Family Medicine speciality.

CONTINUING MEDICAL EDUCATION

There are a lot of CME activities materialized particularly in work-shops organized and ruled by GP trainees. It is a good fact that such kind of activities are accepted more and more by the GPs (ex.: AxxA program for training in allergology/immunology and neurology, CPSS-SECS program for sexually transmitted diseases, training in Diabetes mellitus).

These programs are supported by involving of some non-governmental organizations, for example CNSMF (National Center for Research in Family Medicine), CPSS (The Center for Politics and Health Services), and the local organizations for CME (located in Iasi, Cluj, Bucuresti, Timisoara) in collaboration with GP trainees. In the same time, it must be notified some activities having the purpose to improve the medical practice:

- the EPA project (doing by CNSMF) - to evaluate the quality of GP office
- the project for guideline implementation (High Blood Pressure and Diabetes mellitus) - CNSMF and Center for CME of Iasi

As well, The National Society of GP (SNMF) have organized national and local conferences for GPs with a good and relevant participation (5 national and local conferences). This year it is expected to be organized the National Congress of GPs. So far, in 2007 there were organized 3 national and local conferences.

GENERAL PRACTICE

Starting with 2006, the primary care in Romania is sustained by a new law concerning the reforms in the national health system. This new law promote the place of GPs into the national network of health care. Nevertheless, there are a lot of difficulties concerning the complete privatization of Primary care services: many of GPs have the only choice to begin judiciary actions to win the right for buying the office buildings.

The Ministry of Health seems to support the GPs requests even by increasing the financial earnings; in June it is planed to start a large project to evaluate the state of the population's health, the GPs having the main place in this process.

dr. Razvan Miftode

RUSSIA

Health care system

The problems of the primary health system in Russia are the elderly age of most of primary physicians, the lack of staff in general practice and highly developed special care on the primary level.

This misbalance shows that the necessity of a development of family medicine and general practice and retraining of ordinary medical specialists of a primary care into the GPs is obvious.

The tremendous national project "Zdorovie" (The Health), planned for execution during 3 years, was launched by Government in 2006 year.

One of the three main goals of the project is the development of primary health care. To reach this goal, the education of physicians already working as a general practitioners and district therapists retraining were started.

The institutions of postgraduate education have worked out special the curriculums for this education. Then the government coordinated schedules and plans of education and retraining process with medical institutions and universities.

The family medicine teachers were sent to the different regions of Russia, and the educational process was started. And it continues as of nowadays.

As a result of this process, the number of GPs in Russia increased and grown up from 4 000 up to 6 000 medics.

There are regions where the family medicine/general practice develops well, for example - Saint-Petersburg, Leningrad region, Vologda, Samara, Ekaterinburg, Karelia, Murmansk, Pskov, Rostov and some other regions.

All this depends on a level of collaboration with local government, especially, on their understanding of the problem, will and wish to manage and it's management quality.

One of the main reasons which led to the decreasing number of primary physicians is a very low salary.

Therefore the second goal of the mentioned National Project is to increase the salary of primary care physicians and nurses.

This goal was reached, but unfortunately, the Ministry of Healthcare in addition had expanded the responsibility of GPs and included additional functions into the list of their duties, for example, preventive measures and screening of people aged 35-55 years who both do not reside at the local territory, controlled by a certain GP doctor, and are the personnel of certain

organizations.

The third goal of the national project is to finance of an equipment purchases for the newly organized GP offices. This process still continues and allows to develop the general practice in very far regions of Russia and hopefully will help to make the system of family medicine of Russia more modern.

Basic Medical Education (BME)

An idea exists of undergraduate education in family medicine, and the educational medical institutions now start the family medicine faculties on the level of BME.

For example, such a course is to be open in the Saint-Petersburg Medical Academy named after Mechnikov and in The First Medical University named after I. P. Pavlov during this year, and also in some other regions of Russia. However, the question whether a young student can be well motivated for general practice or not is still unanswered.

Vocational training (VT)

The main achievement is the creation of educational centers for the GP on the base of existing offices of general practice.

The curriculum for education of the tutors was worked out and the most experienced and motivated physicians were trained in the Family Medicine Department in St Petersburg. The Family Medicine department had prepared and published the manuals for them and used these books and our "Russian Family physician journal" in educational process.

The international collaboration with our Swedish colleagues gave us an opportunity of equipping of these centers with mannequins, imitators, and others training and study devices.

The collaboration with Royal College of General practitioners of UK which lasts more than 10 years helps us to develop new teaching methodologies, for example, the intermediate and final evaluation of knowledge and skills. A seminar for tutors from the regions of Russia was lead. The topic of the seminar was "The new teaching methods". One of the lecturers was GP dr. Peter Toon (UK), who presented "The learner centered learning" and "The formative assessment" trainings. We have also started a new course "Video consultations in the GP education".

Considering a very high intensity of process of retraining and physician's education according to the government plans, we understand that the distance learning process development is needed also, as it was recommended by the Ministry of Healthcare. The leading Universities elaborated the main principles of distance learning using the international experience and in accordance with Russian conditions.

Continuous Professional Development (CPD/CME)

The CME is an important part of personal and organizational certification and licensing system. Every 5 years a doctor has to take monthly course in an Academy of postgraduate studies or in a special postgraduate faculty of a medical institute. A credit system is not established yet, but the positive element is that the authorities bear a responsibility for CME training of medical doctors.

The professional association of GPs plays a very important role in CME. A special course was organized and conducted for the members of GP Association in 2005-2006 years (6 hours of during each month, and the whole course was 144 hours).

"The manual for a general practice teacher" was translated from Norwegian language and adopted to the Russian practice. Also "The methodology of skill's teaching" for tutors was published.

Prof. Elena Frolova, MD, DSc
SERBIA

Basic Medical Education

General practice is not a subject at undergraduate level, yet.

“Doctor in Community “, topic organized by Department of Social Medicine, is running for the second year at School of Medicine, University of Belgrade. Students are spending some time in Primary Health Care Centers and with health care professionals visit families.

Two general practitioners were invited lecturers for facultative subject “Communication in medicine “for first-year students and had interactive lectures with group work.

Six-year students are spending one week in Primary Health Care Centers during subject “ Primary Health Care “

Vocational Training

Specialization in general practice in Serbia takes three years. This school year there is increased number of trainees compared with previous years. Trainees are employed and fully paid only by Primary Health Care Centers.

As one of invited members of the Department, Deputy Chair of the Department of General Practice School of Medicine, University of Belgrade, participated the 27th Anniversary of the Department of Family medicine, School of Medicine, University of Zagreb.

CME

Following Leonardo EURACT course, 5 more Leonardo courses in local settings in Serbia were conducted: at the end of October 2006 in Novi Sad, in December 2006 in Valjevo, in February 2007 in Belgrade, in April 2007 in Novi Sad and at the end of April 2007, again in Belgrade.

During these five courses, 130 doctors finished the Course. Courses were organized by EURACT members of Serbia, Policlinic of Clinical Centre of Serbia, Belgrade, School of Medicine, University of Novi Sad, Primary Health Care Center Valjevo and Primary Health Care Center Palilula, Belgrade. Participants were doctors from all parts of Serbia, from Republika Srpska, Montenegro and FYR Macedonia, too.

Course “Communication skills for general practitioners- basic course “organized and led by the Department of General practice School of Medicine, University of Belgrade, was held in November 2006. Directors of the Course were Chair and Deputy Chair of the Department of General Practice. 29 doctors from Serbia and Montenegro participated the Course.

Following Bled Course, in Palic on April 21-22, 2007, was organized course: “ Learning and teaching about community orientation in family/general practice “ by Serbian Medical Association, General Practice Section for Serbian GPs. Lecturers were doctors who participated Bled course 2006.

What I have done as EURACT Council member

- 2006: Report from Prague meeting to all EURACT members in Serbia
- 2006-2007: Member of Organizational Board and lecturer for 5 Leonardo courses for mentors in general practice in local settings, and Director of one of the Courses
- 2006-2007: Introduction lecture to mentioned courses with presentation of EURACT, EURACT activities and Leonardo EURACT course
- 2006-2007: During “Communication skills for general practitioners- basic course“- introduction part concerning WONCA Europe and EURACT
- 2006-2007: Regular reports of Leonardo EURACT courses and Leonardo courses in local settings to Scientific Board of General Practice Section, Serbian Medical Association
- 2007: Introduction part about EURACT and Bled Courses at “ Learning and teaching about community orientation in family/general practice “, course followed Bled Course, conducted in Palic
- 2006-2007: Together with Mario Sammut (Malta) and Roger Price (United Kingdom) collaborate a survey with Vasco da Gama Movement

- 2006-2007: Preparing with Roger Price questionnaire about organization of Leonardo courses in local settings, sending questionnaires, as well as collecting information send back
- 2007: Assisting in preparation of Assessment course to Janko Kersnik (Slovenia) for EMQ part and Monica Lindh (Sweden) in literature for communication
- 2007: Together with Egle Žebiene (Lithuania), Justin Allen (United Kingdom), Adam Windak (Poland), Athanasios Simeonidis (Greece), Luis Filipe Gomes (Portugal), Peter Vajer (Hungary) and Roger Price (United Kingdom) writing an abstract on behalf of EURACT, for WONCA Europe Conference in Paris
- 2007: Report of EURACT, activities of EURACT and activities of EURACT members in Serbia in Serbian journal "General Practice"
- Working on increasing the number of EURACT members in Serbia - six GPs have applied for membership since last EURACT Council meeting

Report prepared by
Dr. Smiljka Radić

SLOVAKIA

SLOVENIA

Undergraduate education

We are still working on the teachers' manual for the students' attachment programme. We wrote a textbook for students in the 4th grade of Medical School in Maribor University. We had a meeting with Croatian colleagues about the project on joint MCQ data-base for under nad postgraduate examination.

Vocational training

The Vocational training for family medicine trainees continued. We start the 6th generation of trainees in January 2007. A working-group is developing a new VT curriculum for FP training.

CME

We finished 4 national CME meetings.

The preparations for the next 16th Bled course are well on the way. The same team as last year will (course directors are: Jaime de Sousa, Yonah Yaphe, Manfred Maier, Justin Allen, and Janko Kersnik; local organisers: Nena Kopcavar-Gucek, Leopold Zonik, Marija Petek-Ster, Katja Pesjak) work on the development of the course and will deliver it in September 18-22, 2007. We have chosen the title Learning and teaching about patient empowerment in G/FP. "The aim of the course is to work on "patient empowerment", a recent development in most Western Health Care Systems. It means that the patient is knowledgeable and informed about his/her disease, is willing and/or obliged to take self-responsibility for his/her health, is involved in medical decision making and whose needs are increasingly respected by health care professionals. Therefore, patient empowerment bridges two core competences of Family Medicine and General Practice: Person centeredness and the holistic approach. Further, patient empowerment can be seen as a new framework for the patient-physician-relationship and also as a measure of quality improvement in health care systems." Member Service Committee and EURACT Council acknowledged patronage of this course and will sponsor four places in this course for EURACT members. Detailed programme and updates are available from <http://www.drmed.org/novica.php?id=10483>.

WHAT HAVE I DONE FOR EURACT

I was working on the development of EURACT Assessment Course and EURACT Bled course.

OTHER

I enjoyed climbing mountins, skiing and cross-country skiing during winter season in and around my home town.

Professor Janko Kersnik, MD, MSc, PhD

SPAIN

Dolores Forés, national representative

Health Care System

We have a shortage of doctors in almost all specialties (anesthesia, gynecology, pediatricians) and also family doctors. There is the proposal done by the Health Department for family doctor to treat adult population and also children, not only after ours us usually occurs now. Also many young GP/FM doctors are recruited by the hospitals for emergency departments. The daily number of visits has increased enormous and GP have a huge workload, because the demand has increased, now each person goes to the Primary Care Centre a mean of around 10 times pro year. And also the visits in the emergency departments are increasing. In November there was a general strike because of bad work conditions, low salary and in Primary Care of lack on time. In result of the strike was a light increase of salaries but not the decrease of the lists for GP. We demand 10 minutes for each visit, and around 1500 adult patients for each doctor and 1200 children for each pediatrician.

Basic Medical Education

Little changes are going on within the medical schools regarding “The Bologna process”, introducing more active learning methods, but we still lack Family Medicine Departments, despite we have a high number of well prepared family physicians with good academic development (PhDs and Master Degrees). SemfYc has created a group named also “*Academia de Medicina de Familia*” trying to create a body of professionals with enough good academic curricula that can press the politicians to change the universities curricula.

Vocational Training

All over the country over 5000 trainees in FM are at different stages of training (3 years). But about 20% will not finally work as GP/FM, mostly because they change to another specialty programme (looking for better salary, prestige and work conditions in the future) or to another country with better conditions like Portugal. This year about 1750 post were offered, but 189 were left empty, and the proportion of foreigners’ trainees (Latin-Americans and eastern European countries) is increasing.

We still don’t have final specialist’s exam until now, but we have formative assessment (portfolio and log-book), and summative assessment (trainers report of achievement) based on professional competences. In different regions, including Catalonia also video-consultation, skill-lab, case-analysis, critical reading are used for formative assessment. Our new four years programme (2003) is in his second year. A specific textbook for VT is recently edited.

CPD/CME

No compulsory CME/CPD. But as usually many courses, meetings and teaching sessions were held, because it is obligatory for “professional carrier”, related with increase of the salary, and also to be recertificated as tutor.

A personal on line portfolio for registration of individual CME is provided by the Spanish Family and Community Society (semfYc). And we are still offering OSCE on voluntary basis with great demand and acceptability by young doctors.

What have I done in my country as EURACT representative?

Members and Programme Directors were informed about EURACT activities and materials (Definition, Educational Agenda), and four tutors took part in Leonardo Course in Portugal.

SWEDEN

Basic Medical Education

Early exposure to general practice and professional development are important parts of curricula and at all our Medical Universities. Linköping University started many years ago and other Universities have followed. CeFAM, Stockholm will have a new undergraduate curriculum as from Autumn 2007.

The intake and total *number of students* in BME has increased during the past few Years. But still many applicants are not able to get into Swedish Medical Schools despite having top marks. Some of those have chosen to start their medical training/BME in other countries e.g. in Denmark, Russia, Hungary. Some return later on to forward their studies in Sweden.

Vocational training

There is a *new specialty training (ST)* for all trainees as from July 2006. However the official detailed descriptions of training objectives (VT) in GP/FM are not yet finalised. In short it includes 4 core competences (clinical, communication, leadership and quality improvement/research). It is learner-centred, stresses reflection, continuous assessments, documentation of progress and portfolio-learning.

VT lasts for at least 5 Years, and in all disciplines. Recently it has been decided that anyone who has done a *PhD will get a 6 months credit*. Hence he/she has to do at least 4½ Years of supervised clinical training instead of 5 Years, and no matter the topic of the dissertation. E.g. a GP- trainee who has done a PhD in Histology needs to do at least 4½ Years of VT.

Continuing Professional Development

The Swedish Medical Association and the Swedish Society of Medicine which covers all disciplines have recently established an *electronic portfolio*.

CPD is being done in many different ways e.g. taking part in small group learning, attending seminars, courses and conferences.

The question of recertification is being discussed and controversial.

Health Care

As from September 2006 Sweden has a new government, a coalition of four political parties to the right (eg conservative, liberal). There is increased privatisation taking place, e.g the University Hospitals may be privatised.

In future a patient will probably have the right to choose any doctor, e.g a paediatrician or a geriatric, to be his/her "personal doctor". Presently there is a law saying that the personal doctor (the "GP") has to be a specialist in General Practice/Family Medicine but that is likely to change.

"What have I done for EURACT?"

The preparations for a EURACT Council meeting in Sweden in Autumn 2007 (3-7 October) proceed and has been my main focus.

The preparations for the new EURACT Assessment Course and some follow-up work on the VT & funding survey.

Informing about EURACT via e-mail and at national and regional meetings and conferences.

Monica Lindh

SWITZERLAND

The Swiss GPs carry on to fight hard in the political arena hoping and partly succeeding to improve their situation in the field of their education and also their daily work (among other issues especially the emergency service). There was a national conference on health politics for

the first time addressing the problems in primary health care. Many members of our Swiss Association entered into discussions on GP-training with politicians there.

Basic Medical Education

At the University of Bern the new programme for all medical students in years 1 and 3 (1:1 mentoring) and 4 (clerkship of 3 weeks) will start in October. There are 500 places for students, still 150 more are needed to start also in year 2...There are held GP-Teachers training courses. After 2 years of teaching they will get a special title as "GP-Teacher".

In Basel Peter Tschudi was appointed as the first Professor for General Practice in Switzerland.

In Zurich there will also be a new chair for General Practice, this will be the second. There were 5 candidates chosen to present themselves, among them our Austrian council member!

In Geneva some improvements are under way, too. We hope that General Practice Teaching will be more visible.

Vocational Training

In several cantons new programmes for vocational training in GP-Practices are started, paid by the cantons. There is definitely something on the move....

Continuing Professional Development

Research

At the last Swiss Conference of SGAM/SSMG there was for the first time a poster session with about 30 research projects in general practice. To improve the motivation for research, the Programme on CME/CPD has been adapted. Research activities are now accepted as compulsory CME/CPD hours like teaching and other learning activities without any time restriction or accreditation procedure.

Relationship between Medical Professionals and Pharmaceutical Industry

In the context of the implementation of the new ethical guidelines (cf. report 2006) there has been some discussion about creating sponsoring pools for CME/CPD courses to avoid any conflicts of interest. As a first step it is intended to promote sponsoring pools for regional groups and collect some more experience, because at the moment the resources and especially manpower for the administration of a sponsoring pool all over the country seem to be too small.

International Board of Accreditation for Primary Care

In February 2007 Monika Maritz-Mosimann, the leader of the national group for CME/CPD participated in the first Round Table of IBAforPC at Cannes (FR) together with about 30 national experts, academics and representatives of pharmaceutical and insurance companies. The main objective of the meeting was to share experiences for an optimized system of accreditation of CME/CPD. The Swiss accreditation system was judged to be best for the needs of GPs and for quality improvement in Primary Care. We too appreciate very much our system basing on self-responsibility and on the principles of modern adult education and defend it violently against tendencies towards more control and sanctions.

IBAforPC plans further activities as

- to implement a standard and recognised system of accreditation for national and international congresses
- to encourage exchanges among various existing processes from national and international organisations of accreditation

- to discuss educational innovations and methods of evaluation
- to support actions of accreditation in countries with no existing national accreditation organisation

What have I done for EURACT

I am busy preparing the Leonardo Course in Magglingen/Macolin. I again wrote a report on EURACT activities in our Swiss Journal PrimaryCare and presented on these activities in a workshop at our Swiss Conference of SGAM/SSMG.

Unfortunately, as our Swiss Programme for VT in teaching practices (for which I am responsible) is growing and growing, I am terribly overloaded with work and could not support Mario and Monika in writing the report on the remuneration in VT for General Practice in Europe.

Bernhard Rindlisbacher, 5-5-07

TURKEY

Turkish National Representative, Dr. Okay BAŞAK

‘Transition in Health’ reforms in Turkey are going on. Reorganisation of primary care with the principles of family practice has begun in 11 cities. Meanwhile debates on the applications are ever increasing within the medical community, among family physicians and within our society (TAHUD). The debates are focusing on financial issues and the rights of family medicine specialists compared with family doctors who are practitioner physicians being retrained with a short educational program.

Basic Medical Education

There is nothing new about BME and family medicine teaching.

Vocational Training

Turkish Board of Family Medicine (TAHYK), which was founded in 1998, has completed its work on the standardisation of vocational training in family medicine/general practice in Turkey. The board is constituted of three organs - general assembly, executive board and referee’s board. As I informed you in my previous reports, VT in family medicine covers 3 years full time and is all hospital-based. There are 47 training posts for FM training - 20 posts in the training and research hospitals of Ministry of Health (MoH) and 27 in medical faculties. At the end of training period all trainees must complete a thesis and success the final exam. There are no standards on implementation of the program concerning curriculum, infrastructure of training, trainees’ log book etc.

Legal and academic scientific standards of the training (same as the other specialties), number of training posts and teaching duration compatible with EU regulations are the strength of family medicine vocational training program in Turkey. Its weaknesses are insufficient/non-standardized assessment, absence of training in general practice/primary care and that it does not comply with contemporary definition of general practice/family medicine. University departments of family medicine, strong organisation of primary health care, experience in vocational training and ongoing health care reforms are our opportunities. There are some threats of the program such as the absence of field training, the absence of departments of family medicine in the teaching hospitals of MoH and health care finance regulations of MoH.

Recommendations made by TAHYK cover two main domains and five sub domains. The main domains are: 1) Applications specific to family practice/general practice; 2) Research,

educations, communication skills, managerial skills and applications. The sub domains are: 1) Basic principles of clinical decision making and approaches in Family Medicine/General Practice (the Family Physician/General Practitioner as a clinician); 2) Patient-Physician relationship (The FP/GP as a human being/ as a humanist); 3) Basic principles of administration and office management (the FP/GP as a medical manager); 4) Research and academic activities (the FP/GP as a researcher); 5) Education and training (The FP/GP as an educator/trainer).

The regulations concerning the specialty training in medicine, which covers training in general practice/primary care for family medicine VT have not been acted yet.

CME

Retraining program for practitioner physicians in primary care, the most important CME activity in primary care, is continuing. The training activities are implemented by Turkish Association of Family Physicians (TAHUD).

What I have done as EURACT representative in Turkey?

Fourth Family Medicine Days (a national conference) held in Antalya two weeks ago, as a simultaneous activity together with the Second European Systemic Family Medicine Conference. There was a EURACT workshop in the program. We discussed the implementation of EURACT Educational Agenda (EEA). The chair of the workshop was Prof. Francesco Carelli. He made a short presentation describing EEA and presented a case study. There were 40 participants in the session. After and along with the presentation the participants discussed the case in accordance with six core competencies in small groups. I facilitated small group discussions with the help from Francesco. We had an excellent experience and all the participants were impressed by the content and method of the workshop. Thanks to Francesco for his contributions.

We translated the material of Leonardo EURACT course into Turkish and run a course (Leonardo EURACT course in Turkish) in Antalya in December 2005. In May 2006 we repeated the course again in Antalya. A total of 60 participants attended to these courses.

UNITED KINGDOM

This has been another busy year in Medical Education in General Practice.

Basic Medical Education

- Last years graduates from UK Medical Schools are all now on 2 year Foundation Programmes prior to applying for Specialty training programmes. This has resulted in better links between the Undergraduate and Postgraduate departments as there is a National curriculum and assessment system for the Foundation programme and the Medical schools want to prepare their students for this.
- There continues to be debate about whether the number of graduates being trained is still required in the UK medical workforce of the future.
- General Practice continues to be a prominent environment for Undergraduate training as there is a political drive to move more of the traditional hospital-based care into the community. The context of the learning needs of all healthcare staff is therefore constantly under review.

Specialty Training (Vocational Training)

This has been a significant year in the history of GP Training in the UK.

- We now refer to all training after the Foundation years (as above) as Specialty Training, whether this is in Primary or Secondary care. All Specialties have a defined Curriculum which applies to all training posts in the UK, a single UK wide recruitment and selection process, and defined assessments to support progression along the training programme.

- From next year, ALL trainees will have to apply for complete 3 year training programme, rather than construct their own.
- The EURACT Educational Agenda has many similarities with the UK Curriculum and acknowledgement has been made.
- We now have a National recruitment and selection process, which Roar and some Danish colleagues observed last month.

Continuing Professional Development

- I am sorry to report that there is little advance nationally in improving this. The RCGP is less effective and there is no strategic directive from Health Authorities.
- Appraisal has been sporadic because of a lack of finance to support the process.
- Statutory regulation is still not decided.
- So those who are keen to learn do so via a self-directed learning style, some attend compulsory events and there is no common structure for supporting any of this in the deaneries.

Other issues

Modernising Medical Careers (MMC) has recently been subjected to strong criticism by the media, medical trainees and some Consultants. MMC is framework for ALL postgraduate medical training up to Certification of Completion of Specialist Training and dovetails with the licensing body (PMETB), the deaneries which manage the postgraduate training, and the GMC. It impacts on Trainees, their Educational and Clinical supervisors and all those involved in providing or supporting postgraduate training (Employers etc) It has had less impact on General Practice as we already had a strong recruitment process to match predicted Specialist workforce needs, we had already developed our Curriculum to the point where it was the first Specialty to receive approval, and we were familiar with assessment processes to support education. The current criticism is focussed on the recruitment to all other Specialties and the potential shortfall of posts available for training, particularly for UK graduates (see above for Basic Medical Education). This is not a factor determined by MMC, but by political and financial drivers, taking into account what sort of workforce is actually needed to sustain safe and effective Healthcare in 2007 and beyond, which is a different context from the traditional situation where there was enough work, training opportunity and finance to support almost an indeterminate number of trainees in the hope that many, but not all, of them would end up in a career of their choice eventually, rather than a post where a doctor was needed.

Personal activity

- I apologise for the last paragraph, which is a personal overview of some local difficulty. I have been active in trying to support the recruitment and selection process into all the other specialties at a national and local level so feel some of the pain when there is criticism or concern.
- I was delighted to have Roar and his colleagues to observe our selection process last month. I am happy to offer this to others, bearing in mind that this occurs only once a year.
- I have been working on a review of the workshop we delivered in Florence on the Educational Agenda and have had this accepted for the WONCA Conference in Singapore.
- I hope I have been supportive as Mario and Smiljka have struggled to engage with the VdGM with their survey; it has been a learning experience for all of us I think.
- I have endeavoured to keep up to date with the EURACT website, but I am delighted to pass this on to Barbara after this next Council meeting and I am confident she will prove more skilful than me. My thanks to Justin for suggesting that I should try it, on this

occasion I have to admit that I was not really familiar with the technology and it takes more time than I imagined if you are not working on it all the time.

- Finally, the Assessment course is on track to be ready for delivery in November 2007. I am not sure how much I can truly say that this has been personal activity, I think we would be struggling without Justin's strong lead and some extra activity from Janko. Hopefully I will manage to get the best out of the team as we get nearer to Zacopane.

Roger Price