Annex 1

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

EURACT Council meeting
October 20 – 24, 1999
Zagreb, Croatia

AUSTRIA

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The new curriculum for the medical faculty of medicine is still in development. Problem-oriented teaching is planned and the curriculum of the University of Amsterdam could be a model. It means that all Institutes - preclinical and clinical - will be put together and General Practice will be a part of the Institute of undergraduate and postgraduate studies.
The number of students should be reduced by the assessments at the end of each study year, no entrance selection is planned.

Postgraduate education

At the end of the V.T. a written final exam (short answer questions) is obligatory for all trainees. The first exams will be in November 1999. The collection of these questions is prepared by the Austrian Society of G.P. and the Austrian Chamber of Doctors. A lot of G.P.s are involved in this educational project, which is developing very well.
Training courses in General practice for the trainees are in preparation and the communication between the G.P.s and the trainees is geting better.
The trainees still do not get their training in the training practices of the G.P.s.

Continuing medical education

The preparation of the WONCA Conference in Vienna from 2-6 th of July 2000 is in good progress. For advertising the Conference I participated at the Scientific Assembly of the American Academy of Family Physicians in Orlando (Florida at Hurrican time) and the American G.Ps seemed to be very much interested in the WONCA Conferences.
For CME in Austria the development of Quality circles is in progress.
A workshop about Family Medicine will be held in October (organised by Dr. Fuchs and me) and at the Congress in Graz there will be 2 international (English) workshops organised by
Dr. Ilse Hellemann.
The Viennese Society of General Practice started with their own home page in the Internet.

BELGIUM

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Undergraduate education

The curriculum reform started in all Flemish universities. The new entrance examination made the group of applicants in the medical faculty a bunch smaller. It is good for the quality of the teaching.
The new minister of education has already new ideas on the entrance examination procedure. She is, like my university, more in favour of a selection proof after the first year of the medical studies. At the Walloon side, this year the first selection proof will be held this year, but after the 3rd year, which is after finishing the preclinical period, and before the clinical years.
All this preselection is made in view of the limitation of clinical training places to half of the previous rates. From 2004 on we only will accept 300 training places for GP, 180 in Flanders and 120 in Wallonie. For GP, it is not too big a change from the present situation, for specialists it will be a revolution. They will change from the present 800 to some 300. And it is not clear who is going to decide on the different subspecialties.

Postgraduate specialist training

In September, we had the start of the « educational website of GP-specialist training ». Each trainee has his special « website place » from where he can start organizing his program, structure his mailbox, communicate with learning groups. We also prepare learning modules only on web. Urgent cases and dermatology will be the first to start with. Jan Degryse is the initiator.

Health Care

The totally unexpected blow away of the Catholic party (after the dioxine scandal, you know), also the plans for splitting up the health care in different responsibilities for the two communities is blown away. We continue with a federal government, responsible for curative care, and the two communities responsible for preventive care. GP departments are heavily present at the ministerial cabinets. The new governments topic for health care is (again) structural development of primary care. We have heard that before. But now we are preparing programs actively ourselves. Politics are difficult and slow.
The program of relating 60 plus people to a fixed personal doctor is evolving well. The new minister will continue the same line. Half of the envisaged population already appointed their personal doctor.

BOSNIA & HERZEGOVINA

No report received.

CROATIA

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Ordinary, everyday activities in practice, education and research

What is new?

1. Participation at Mallorca Conference:
   - Active participation at workshop (EURACT/EQuip) about CME
   - Oral presentation: "Teaching research in GP"
   - Oral presentation: "Teaching QA in GP"
   - Oral presentation: "Patient satisfaction in GP"
2. Two CME workshops:
   - What is new in the elderly health care?
   - Working with terminally ill patients
3. Participation at AMEE Conference, 29.8-1.9., Linkoping, Sweden
   - Oral presentation: "Methods of clinical teaching in GP"
4. Annual conference of Croatian association of family doctors - "Diabetic care in GP", Karlovac, 26-27. 9.
   - Introductory speech: "Evidence based news in diabetic care"
5. Participation at WHO meeting "Fifth expert network in developing GP/FM in CEEC countries", 13-17.10, Tartu, Estonia
6. Preparation of new student's "Handbook of Family Medicine" (in press)

and at the end one disappointing news:

We are not sure if will be organised postgraduate education in GP (part of VT) because there are no candidates, no vocational trainees (no financial resources, but also no understanding at decision making level)

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Undergraduate education

Teaching of family medicine or general practice is a compulsory part of curriculum at all the seven Faculties of Medicine in the Czech Republic in this time. Ways of teaching and duration of courses differ in various faculties substantially. A new Department of General Practice has been established at Palacky University Faculty of Medicine in Olomouc and the Department of Family Medicine in Brno has been transformed to the Department of Geriatrics, Nursing an General Practice recently.
We have achieved a new success: teaching of Family Medicine has become a compulsory part of study not only for students of medicine but also for students of health sciences at the Masaryk University Faculty of Medicine in Brno since this academic year.

Specific professional training

Post gradual education in general practice was not bad in the past but no important changes happened in this field in the last few years. The different ways of training of so called “general practitioners for adults” and “general practitioners for children” remains unfortunately.

Continuing medical education

Some important decisions were proclaimed by the “Czech Medical Chamber” in the last year. It was said that a certain number of “points” (bonuses) for participation on CME would be a necessary condition for reaccredidation. Nobody knows details but all doctors try to gather “points” and visit courses, workshops and congresses – general practitioners on weekends and specialists on working days. I am not persuaded personally that the participation at congresses or conferences is the best way of CME, peer groups are much better – especially in general practice. As an organizer of scientific

conferences, of course, I am in a better condition now. Nevertheless, I hope in changes.

Intensive course in general practice

As I reported earlier, we have tried to prepare an intensive course in general practice (oriented on communication skills) in Brno with the help of some EURACT Council members and with support of Socrates project. We have not succeeded with our plans up till now. But we decided to postpone the course one year and to realize it in co-operation with the Vienna University. I will give more information when everything is clear.

DENMARK

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Pregraduate education

Evolution is in progress: Reform and re-structuring of curriculum is ongoing now, introducing elements of problem based learning and making education to focus on clinical integration. Students will spend more time in clinical education. Medical study time is decreasing to 6 years.

Postgraduate specific training

Shortage of doctors of any kind is apparent - and practices in "university city distant" areas of the country are vacant.

By governmental order the number of training posts in general practice must increase to 160 by end of year 2000 and 180 by end of year 2002 (1999: 112 posts!).

A new educational programme is designed and the training period in general practice will increase to 18 and further to 24 months - and even 36 months, if a revolutionary scheme of 5 years of specific training following the internship of 1½ years, is put into reality.

At the same time - partly as a measure to attract more candidates - we implement educational tools as: Return days in practice, educational co-ordinator (AMU), local courses, continued relationship with teaching practice, European exchange.

Continuous Medical Education

98% of all GPs are included in at least one (local) small group, defined by geography, interest, theme etc. Quality development is top of the list in small group education.

CME is funded by the contract - USD 2.000 per GP in 1999 (and 2000 and 2001 and ….). > 90% of GPs use their money-funded money, 70% all the money. In average every GP is having > 4 full days of CME on funded money and > 4 full days in other CME activities, in all Danish GPs can be estimated to spend 2 weeks in average on CME every year.
CME is not mandatory and there is no kind of "examination" - anyway GPs have agreed to target 50 hours of CME per year as a professional duty, and on a voluntary base GPs are starting to register all CME activities in a central data bank supported by the professional body.
Criticism is rising towards industry sponsorship - making our own independent funding much more appealing.

ESTONIA

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International peer review of the Department of Policlinic and Family Medicine was performed in spring 1999. Our university department got high evaluation, being the first in the history of any department at the Medical Faculty that passed this type of international peer review.

There are no changes in family medicine curriculum: we are teaching at the 2nd and 6th undergraduate years. The residency program in family medicine expanded further this year; family medicine has become the largest specialty in the residency programs in Estonia. There are two new types of CME courses for family doctors this year: a one-day practical course in gynaecology and a one-day practical course in ENT. Both of these courses are organized by family doctors in cooperation with specialists. Another course is a practical 2-day course on prevention in family doctors` work. We have succeeded to introduce family doctors as teachers to this type of course, which gives a more practical approach to the teaching.

Biomedicum - a completely new building of preclinical departments of the medical faculty of the University of Tartu was opened on the September 1st, 1999. So all theoretical departments moved to new premises.

The Estonian Society of Family Doctors held the 3rd conference on September 24-25, 1999. This conference was a great success. Family medicine has become the largest specialty in the Estonian medicine. I was re-elected to the post of the chairman of the Estonian Society of Family Doctors.

WHO held the expert network meeting on changes in Eastern Europe on October 14-16,1999 in Tartu, the topic was relationships between primary and secondary care. The meeting was organized by WHO representative dr Marten Kvist.

University of Tartu is organizing an international conference on "Conference on family medicine and policlinics" in April 2000 in Tartu. It is devoted to hot topics in health care reorganization in the Eastern European countries: how to continue to use the infrastructure of policlinics in the new primary health care system based on family doctors.

FINLAND

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Basic medical education

General practice has a relatively stable situation in basic curricula of all five medical faculties. The faculties of Tampere and Helsinki are running their renewed PBL-based curricula. The faculty of Tampere has a very active involvement of general practitioners. The faculties of Turku, Kuopio and Oulu are more conservative in their educational methods, but general practice is highly appreciated.

Two professor chairs (Turku and Tampere) have been opened during the last year, and the election process is going on. It seems to be very a exciting and time taking process. Tampere University has three professors in general practice, but Turku only one. At Turku the direction of general practice is going to be elected as well. We hope we will find a powerful and renovative person, because Turku is being held as the most conservative among Finnish medical faculties.

There are signs of an approaching shortage of general practitioners in Finland, and the authorities are reacting - as usual - by increasing the annual student intake - and giving no extra resources. All the faculties have problems with financing. To help teaching and learning in primary care, the government has started a system to pay special subsidy for teaching in primary care.

Postgraduate training

We have a six years postgraduate training program, which leads to a specialist degree in general practice. Finnish GPs are satisfied with this system which has a 30 years tradition. Our internships are included in the basic medical education. The specialist training consists of training in primary care and of training in clinical specialties.

We have a new law of specialist education, which emphasises self-directed learning and active learning methods. The making of new logbooks and portfolio-systems for specialist training has been a popular topic of all our meetings during the last year.

Specialist education in general practice includes training, guidance and assessment, theoretical and practical education and a written national specialist examination.

Continuing medical education

CME has no special structure in Finland, there are many providers of CME: universities, medical associations and societies, authorities as well as medical industry. Nearly all Finnish GPs are salaried by the society, so the cost of CME are sometimes a trouble. The employer is not willing to pay all the costs as the doctors want to. There is no official recertification system, but there are voluntary recording systems available (a portfolio is recommended to all the doctors).

FRANCE

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Health Care System

The French government follows his plan for medical control of care expenses. The rate of 2% was respected by GPs but not by the other specialists. There is not yet individual sanction. A specific convention exists for general practice but not for other specialities. It put on a possibility of agreement between patient and his GP for 1 year: “medicine referent”. This is the first step for the patient lists but only 9% of GPs choice this option.

Computerisation and telematic transmissions with the national insurance are not yet set up: technical difficulties delay the project.

Teaching and training in general practice

A positive reform of medical studies is planned: new BME, change in Internship, 3 years of vocational training. The First Minister declared general practice is a full speciality. Soon, medical students can choice after Internship general practice as the others specialities.

The different associations of GPs, the trade unions, the deans of Universities, all agree this reform: there is no conflict in is area!

There are now 42 GPs associated teachers in the French Universities: 19 professors and 23 lecturers. Only 1 university do not have associated teacher.

The way for an academic discipline of General Practice in France is now open.

Continuing medical education

CME is compulsory since 1996, but this obligation is not applied. There are too many associations, organisations and trade unions and it is actually difficult to find an agreement. The government planned a new law in 2000.

French National College: CNGE

The school of Riom organise 12 sessions for 1999 for GP trainers and teachers. The annual workshop with EURACT is scheduled in November about “How to teach quality in care”. Dr R. Baker and M. Samuelson are the trainers. There are actually 15 participants from 11 different countries.

The College prepare its National Meeting in December 1999, in Paris, about Certification. The goal is to propose a national and structured process to assess students’ competencies in all the universities: it is a big challenge for the College.

The 2° version of the textbook "General Practice: Concepts and Practice" is in work.

The journal EXERCER celebrated its 10° anniversary: it is difficult to stimulate French GPs to write their practice.

GERMANY

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In January the “Council of Science” had published a vote in favour of the institutionalisation of General Practice at every possible future department, he proposed to install meanwhile some centres of

excellent research competence in the field of General Practice, who should then collaborate with the teachers and researchers at the other faculties.

In September the Federal Minister of Science and Techniques offered a grant for 6 Faculties, who wish to install a Department of General Practice or want to improve a Department already installed. This grant is linked to the condition, that the Faculty would install a full professor in General Practice (C4), working research-oriented and nominating concrete research-objectives to complete. The grant would add money mostly for the scientific staff during 6 years depending on the evaluation of the scientific outcome. Then the faculty has to take over the full charge for this department.

The institutionalisation of professors at Kiel and Magdeburg does not progress, since colleagues on the top of the lists have since months not yet a formal call. Leipzig has given a call, but the conditions for the candidate are relatively poor.

The vocational training of G.P. is still difficult to fulfil because of the lack of places in hospitals and practices. A so called "Gesundheitsreformgesetz 2000" would definitely improve the economic situation for Trainees and Trainers in G.P., but it is vigorously attacked not only by the majority of physicians and their organisations because of the economic restriction and augmented bureaucracy, but as well by the insurances which will be obliged to provide grants for VT-places for GPs in Hospitals and Practices.

The seminar-courses are full, in spite of the fact, that they are often not organized in the ideal problem oriented small group work. The 5-years-VT starts. The section CME and VT of the German Society of General Practice and Family Medicine has to develop a formular for the mandatory documentation of about 500 different cases during VT.

The last figures announce that General Practitioners are the group of greatest increase and the highest membership now within the physicians in Germany. A couple of years ago it was difficult.

GREECE

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Pregraduate education

No news

Postgraduate specific training

The main evolutions that could be reported have to do with the recent proposals of the Central Health Council to the Health Ministry according to which:

All medical associations or colleges of different specialities have to make a logbook.

All medical associations must start discussing the possibility of implementing a selection procedure of the candidates for the specific training.

All medical associations must plan the production of the postgraduate specific training.

Continuous medical education

The Greek Association of General Practitioners has been developing and running a number of courses:

Teaching the teachers.

Management of headache.

Management of hypertension.

Management of dyslipidaemia.

Research on PHC.

Communication skills.

HUNGARY

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Undergraduate education:

Teaching of family medicine became part of the compulsory education at medical universities all over the country from this term.

The number of compulsory lectures is still quite low at the universities in the countryside, but there is a good chance of increasing it gradually in the near future.

There are more and more optional seminars on family medicine, which attract growing number of students.

Postgraduate education:

In August 1999 a new law came into effect to regulate the system of vocational training.

Universities were nominated to be in charge of the vocational training in all specialities.

The program starts with a 26-month residential training financed by the state budget with the condition that all young medical doctors in official employment must participate on it .

This term 118 young doctors have started to take part in the program as residents of family medicine.

The 26-month training is organised by the departments of family medicine in the frame of a set program.

The new element in the training is two seminars made obligatory by law.

1/ Management, ethics, and communication

2/ Transfusiology

/ However, family physicians have doubts about its usefulness. /

IRELAND

No report received.

ISRAEL

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Michael Weingarten reports from Tel Aviv with great sadness on the death of Michael Herz on September 7, 1999. Michael Herz was the director of vocational training in the department, a GP in the centre of the country and a close friend of many people in the academic family medicine community in Israel. He will be missed. Michael also adds: "Howard Brody will be visiting the Department in Tel Aviv for a series of workshops on ethics in primary care. Family medicine is at the centre of the new curriculum at the medical school. We are coordinators of the early clinical experience programme in Year 1 (Eva Shlank), the communications course in Year 4 (Dalit Blum), and the Medicine, Patient and Society programme in Years 1 to 3 (Jeff Borkan). The final residency board exams are moving to the OSCE format by spring 2000 (coordinated by Andre Matalon). We are planning a CME course on psychological interventions in primary care with the psychotherapy and the psychiatry departments. The department of family medicine is to coordinate all quality assurance activities in central regions of Kupat Holim Klalit (the largest health insurance fund), as an academic clearinghouse."

Shmuel Reis reports from Haifa: "The new book "Patients and Doctors: Life-Changing Stories from Primary Care" edited by Borkan, Reis, Medalie and Stienmetz appeared in August. Many EURACT people have contributed (Allen, Csaba, Svab, Ostergaard) and others helped solicit stories. Thank you all, you can be proud of the product. Howard Brody and David Slawson will be in Haifa for teacher

training workshops after giving their plenary sessions and workshops on EBM and ethics at the national family medicine day (Medax). In Haifa we are revising many facets of our activities. Not because of failure, but to address needs expressed by residents to make teaching more relevant and the growing sense that we are not making a difference to the health care system in the country. A serious crisis of diminishing scope and impact of doctor-patient encounters in family medicine in Israel is apparent. Our graduates are able to implement less and less of their skills in an environment dominated by a market orientation and hospital medicine. Paradoxically we have never been so popular (18 new residents as compared with the about 10 in the past). We enjoy a 100% success rate of our graduates in the 2 residency exams. Three staff members are involved in personal faculty development: Rachel Dahan (London, Ontario), Ruth Margalit (Johns Hopkins University) and Zeev Kalinsky (Toronto, now back in Haifa). An educational research project with a psychiatrist and an internist and our in-house sociologist Riki Van-Raalte on non-cognitive attributes of medical students is running. The new academic year will open with a symposium on the role of family doctors in organ transplantation. We are busy working on the fourth international forum on Low Back Pain primary care research meeting in Eilat in March 2000. The web site is thriving especially after Mallorca. Tele-medicine is official Kupat Holim policy with 7 clinic stations and one prison clinic, all wired to the department for video consultations. New courses on the residency curriculum next year: adolescent medicine, complementary medicine, and frontiers of Family Medicine. Three task forces are active: psychosocial teaching, assessment and implementation (how to make an impact on the clinics). Tomi Spenser has established a "Holocaust and Medicine" section in the Department in collaboration with the museum at Kibbutz Lochmei Hagettaot. There are new management positions for the department's members: in quality assurance, computer integration, in-service training and cost containment drives. We participated at conferences in Mallorca, the spring RCGP meeting (Haled Karkabi), the communications conference in Chicago (Doron Hermoni) and an ethics seminar in London. Presentations are planned for Vienna in October on the Family in Family Medicine (Tomi Spenser and Chava Katz), Vienna 2000 (EBM), EPCAN (the European AIDS in primary care organization), and STFM in San Diego (an opening plenary session on the book). Personally, my sixth daughter Tamar was born August 30, a joyful new member in the family. Jeff Borkan, joined me in practice September 1st and moved to Misgav which is a very happy, promising event."

In Jerusalem Arthur Furst reports that the 'Early Clinical Exposure' course for first year medical students will be run in a very expert manner by Ted Miller. Family medicine plays a major role in this course, which is now in its ninth year. Supervision of vocational training continues and family doctors in the department continue to pursue individual research projects. The Harvard-Jerusalem medical anthropology elective exchange program arranged by Don Seeman is now running. The first exchange students have arrived and are observing work in the teaching clinics in the Jerusalem area.

Howard Tandeter reports as coordinator of the faculty development program in Beer Sheva: There are two workshops per year. One is for the senior staff (lecturers and those in higher academic positions, and course coordinators). The second is for junior staff (fifth year clinical tutors). At the first senior staff meeting the following issues were discussed: the “image” of a graduate from our residency program, goals and objectives of our residency program, teaching in the primary care clinic, precepting, role-modeling, and mentoring (presented by Robert Cohen), the learning contract, evaluation of residents’ clinical work. At the first junior staff meeting of this year, the main subject of the meeting was the fifth year clerkship in Family Medicine. The issues discussed included: what “bothers” the instructor in his/her interaction with the students, what “bothers” the students during their rotation, a checklist for teachers and homogeneity between instructors. Howard Tandeter also reports as chairman of the Israeli Society of Teachers of Family Medicine (ISTFM): "The main goal of the ISTFM is to facilitate inter-departmental academic work in Family Medicine. We had a short workshop on OSCEs presented by Robert Cohen during last June’s National Conference for Family Physicians/ General Doctors. This year’s annual ISTFM meeting was held in Neve-Ilan, near Jerusalem. With a participation of around 80 faculty members we had a very active day that included presentations on CME by Shimon Glick, early clinical experience for first-year medical students, use of a log-book in the family medicine clerkship for students from New York, how does the department check residents and instructors, evaluation of the syllabus for the residency in family medicine, the diploma course in family medicine for General Practitioners in the community, teaching palliative care to first year residents, a course for health workers from Chile in Beer-Sheva, messages for medical education from Europe, EBM and critical appraisal of the literature, training the trainers: experience of Israeli teachers teaching abroad and discussing uncertainty with our residents. The other big issue for the ISTFM is trying to organize a short fellowship for new faculty members. We are discussing a model used in Canada and the US called the “Five Weekend Fellowship”, in which teaching and learning and faculty development issues can be experienced by new faculty members without the need for prolonged absences from work."

On a personal note: My sabbatical year in Oxford is drawing to a close. It has been a very stimulating and satisfying year with many opportunities for teaching and learning. I look forward to taking up a new post as a research assistant in family medicine at Tel Aviv University with a half-time clinical post in general practice. I will also be busy with plans for the March 2000 EURACT Council meeting at the Dead Sea.

ITALY

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General

A bill, that reforms (for the third time in 20 years) the Italian NHS, has been definitely passed (D.L. 19/6/99 n. 229 "Riforma-Ter"). Its general aim is to "rationalize" the health system and its inspiring principle is to safeguard the public sector's prominence towards the private health organisations. The Government, which has been in power for three years in Italy, is a centre-left alliance.

Some articles of the reform bill will have important practical implications for the GP's, but they have to be granted by successive contracts, so it's not possible yet to report out their professional impact.

Basic Medical Education

The lack of interest showed by the Italian university establishment for the medical student's education in General Practice as not changed.

Therefore till today the student's whole academic formative setting is divided among lecture halls, clinics and hospital wards. This always happens although a graduate out of three afterwards will practice as GP.

Vocational Training

The Italian government has recently deliberated about the medical formation, taking into account the resolution n. 99/46/EC.

The compulsory formative period for the GP's has been confirmed, unfortunately, again in only two years. The tutorial period, spent by trainees into GP practice, have to be at least of six months, whereas the total formative period is at least 3000 hours in all.

The actual segmentation in different regional organisational/managerial models has not been improved yet by national forms of co-ordination. We lack of a monitoring of the formative activities and quality evaluation models of the outcomes.

CME

The article n.14 of the new bill, which concerns the reform of the NHS, takes important innovations about of the CME. The CME will be articulated according to models with incentives and will be character of compulsory for the whole professional life of the doctor who works into the NHS. A National Standing Committee for CME will be instituted with planning and co-ordinating functions, wile the operative level will be local.

The future practical realisations of this new model for the CME could be subject of the next report.

LITHUANIA

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During the last time there were several changes implemented into Lithuanian general practice.

At the University level the training system is supposed to increase the vocational training time in general practice rather than in hospitals or departments of narrow specialities. Some attempts were made towards this direction, but the strong resistance from specialists makes it difficult and restricts the process.
Release training course was introduced for vocational training in general practice residency of Vilnius University.

Phare project "Support to the continued reform process and the development of primary health care" is developing the activities in Lithuania. As a first step for developing the GP fund, national survey on current situation in general practice was performed. Some questions included the reasons why doctors trained as GPs are not working in general practice. Main obstacles for implementation of general practice were analysed. Wish of GPs work in private practice was evaluated as well as the main conditions that should be realised for development of private practice in Lithuania.

Lithuanian General Practitioners are negotiating with State Patient Fund for introducing the system of fee-for-service for certain types of services. If introduced properly, these measures are expected to increase the preventive measures in our primary health care system.

3rd Baltic conference on Family Medicine took place in 27-28 August 1999, in Druskininkai.

NETHERLANDS

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National items

The workload as perceived by the GPs, especially being on call, has resulted in a growing number of cities and towns in central doctor services, outside of the own premises. Sometimes the central service is located near a hospital.

According to various estimates, there will be a shortage of GPs in the start of the next century. The government is not yet prepared to provide more training facilities.

The national organisation of GPs has reached an agreement with the government about the integration of practice nurses in the practices of GPs. The practice has to fulfil a number of conditions, which are not yet completely worked out. The practice nurse should focus on the systematic care of diabetic patients and/or patients with asthma/COPD. Part of the deal is that the GPs are supposed to lower their prescription rate and to prescribe generic drugs.

In the network of academic practices a project with practice nurses will start soon. They will focus on: diabetes, asthma/COPD and complex problems in the elderly.

The national organisation of GPs and the College have issued a paper called: Quality on track. A quality cycle and the infrastructure needed are described, with the aim to establish a quality system on regional, district and practice level.

Basic Medical Education

All medical faculties are reviewing their curriculum. The general trend is: more problem based and practice oriented; more participation of general practice. Also in Maastricht plans for a revision are in preparation.

A book has been edited by the joint departments of general practice: The medical process. From complaint to therapy.

Vocational training

Also here the curriculum of three years will be updated in line with the developments in health and patient care. Use will be made of the outcomes of educational research, to which our discipline contributed a lot.

The second year of the training (in hospitals) is revised; more emphasis on training and learning.

In our own department a new plan for the scientific training has been worked out. Not obligatory anymore, but more appealing and challenging. Cooperation has been established with the research institute for extra- and transmural studies (ExTra).

Higher professional training

Gradually worked out and integrated in Quality on track.

NORWAY

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National level

- The most important subject at the moment is the discussion about how to create a patient-list-system in Norway from the first of January 2001.
  At the moment it seems that this is not possible, but our Government want to manage this plans.

- It is a great challenge to all our universities to have enough teachers for General Practice, to educate Enough students and colleagues for General Practice/Family Medicine.

- In the Bergen area, the south-vest part of Norway, it is three doctors, working part time to co-ordinate
  The education of students among General Practitioners

- The system for home-calls is under great changing:
  Huge districts, more emergency ward or out-patients' department where all general practitioners (under 55 year) are working. The responsibility for emergency acute medicine and emergency call is more and more a field for the general practitioners in Norway.

- It has been started to build up a national scented to watch over the use of antibiotics: Using the right drug at the right situation, using enough and not too much, using the narrow-gauge not the broad-gauge antibiotic as a first choice.

University level

- The education of medical students at the university of Bergen is rather well done, and the interest for general practice among the students is also very good.

POLAND

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Undergraduate education:

Undergraduate education is done autonomously at all medical schools in Poland. There are still major differences between the universities in numbers of teaching hours and the place and content of training. However first document, describing future, desired shape of this training was developed jointly and approved by four departments of family medicine in Poland. So, maybe first step has been done.

Postgraduate education:

New law on postgraduate education for physicians in Poland was issued at the end of March 1999. According to this law vocational training is longer – 4 instead 3 years and half of it must take place in general practice. Retraining programmes for specialists who would like to become family physicians are significantly longer – from 1,5 to 2,5 years instead 6 months. Although the law was issued already 6 months ago, relevant curriculum wasn't approved yet. There are still major considerations about the way of financing. Different options are discussed, but there is a chance that for the first time government will pay also teachers and trainers, not only salaries of trainees, like it was until now.

Continuous Medical Education:

The College of Family Physicians in Poland try to co-ordinate some efforts in order to establish national CME scheme. The school for tutors able to run peer-review groups has been recently established. The school seeks proper financing.

Other issues:

Educational issues are still dominated by the organisational problems of the practices and their contracts with regional insurance funds, which act as typical monopolists. Family doctors have to learn negotiation skills and the basis of economy. Unfortunately very few courses in this field are available.

RUMANIA

No report received.

RUSSIA

No report received.

SLOVAK REPUBLIC

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Undergraduate education

Teaching of General practice and Family medicine became a compulsory part of the educational curriculum at all the Medical Schools in Slovakia, but the teaching is mainly provided by Internal medicine departments of the Universities. General practitioners are involved at least in the practical part of teaching. Education consists from three parts:

l. lectures (f.e. introduction to primary health care, teaching PHC principles)

2. workshops (f.e. teaching communication skills)

3. teaching practice visits.

Each medical student is obliged to spend at least one week in selected primary care practice.

Postgraduate education

The duration of the Vocational training for General Practice is 3 years. After graduating at University Medical School, the future GP must spend two years at various hospital departments (1 year internal medicine, 3-4 months surgery and traumatology, 1-2 months ENT, urgent medicine, dermatology, neurology, psychiatry or gynaecology, etc.), than 6 months at different „polyclinic out door surgeries“ and finally there is a request for spending 6 months in a teaching practice. There is still a lack of teaching practices, but the process of accreditation of teaching practices in GP is seen in the whole country.

Continuous Medical Education

The new model of obligatory continuous medical education: „**CREDIT POINT SYSTEM FOR CONTINUOUS EDUCATION IN GENERAL PRACTICE**“, introduced by the Slovak Association of Private Physicians and supported by the Postgraduate Medical Academy and the Ministry of Health, is accepted by the GP´s with real respect.

This has been set up in January 1998 and is successfully going on. Different courses and lectures are organised by Postgraduate Medical Academy in Bratislava and Regional medical educational bodies.

The attendance of accredited lectures and courses is bonused by certain number of credit points and GP´s are obliged to prove to the Regional Advisor in General practice theirs participation in certain educational activities

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

SLOVENIA

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Undergraduate education

There have been no major changes in the programme. We have started the new academic year with a slightly improved and revised curriculum, which allows more flexibility. I have been asked by the dean to prepare a position paper on preceptorship as a method of teaching, which will probably be used in negotiations with the university.

Vocational training

The law about obligatory vocational training is probably going to be passed in the parliament soon. There is no major opposition anymore and we believe that we have succeeded. The ministry of health has stopped approving vocational training and the medical chamber has taken over this task. This is creating some confusion. The good news is that probably in the future the vocational training in general practice is going to be organised by the department of family medicine, which would be a major change for the better.

A new programme of postgraduate course in family medicine for general practice trainees is being prepared. The course is going to start in March 2000.

CME

The Bled course was a success (36 participants, 12 countries). The report from the course is going to be published in the EURACT communication section of the European Journal of General Practice. The theme for next year has already been decided: “Learning and teaching about evidence based

medicine in general practice". A series of workshops for general practice teachers is taking place right now in Slovenia.

OTHER

The work on the inventarisation of teaching organisations in Europe has taken a lot of my time. The results will be presented here.

I have also been busy preparing the lecture about the overview of BME in general practice for the RCGP spring meeting. Unfortunately, the audience was rather small, but I have thoroughly enjoyed preparing the paper.

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

SPAIN

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National level

In Catalunya next Sunday we have regional elections. I'll tell you in Zagreb if Jordi Pujol, our president for the last 20 years will stay for other 4 years (at least!) or we have a new president.

Undergraduate education

No major changes in that field. The university in Spain is a very old and traditional organisation and the introduction of changes take place very slow. But efforts are been doing to introduce the family medicine in the different medical schools. Recently in Salamanca took place the sixth national meeting about university and family medicine and over 40 participants discussed the present day situation of the different medical schools around the country in concern with our speciality and they analysed also the model of the United Kingdom. A document under the patronage of the Spanish Society of Family and Community medicine will be published and send to the national authorities.

Vocational Training

This year, in 1999 is supposed to be the first evaluation of trainees finishing a vocational training program in Spain. The first group of residents will belong to our speciality, they will be residents starting the speciality 3 years ago, in 1996 and finishing just now in 1999. The big discussion with the Ministries of Health and Education is the methodology of that evaluation and also if the participation must be open to all trainees (2000!) or only to 400 (20% of the total number) qualified as excellent by their tutors, in order to get the final qualification as "excellent".

Continuous Medical Education

In the health centres there are daily or 3-4 times a week educational activities (clinical, bibliographic, expert/other specialist consultation, research, quality, ... sessions) developed during the normal work time (3-6 hours / week). The content of the programmes are chosen by the members of the health teams and addressed to their real needs and the participation is high. In teaching health centres the number of hours spend on that kind of activities is much higher. But these activities are not "accredited".

Outside the work the offer of educational activities is enormous. Scientific societies, universities, colleges, other public and private organisations, ... and pharmaceutical industry offer a lot of possibilities. The participation in that kind of activities is irregular and in the case of the industry not easy to be measured. Also it is doubtful if such activities are well oriented (contents and participants). But these activities are "accredited".

SWEDEN

No report received.

TURKEY

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General information

The 4th National Congress of Family Medicine was held in Istanbul last week. This Congress was organised by Family Physicians' Association of Turkey. There was a two-day workshop within the

program. This workshop was a Euract activity with a theme of 'Family Medicine Education in Turkey'. We, Turkish members of Euract, organised the workshop with the contribution of Prof. Heyrman. It was very successful.

Undergraduate education

Departments of family medicine are in rapid academic development and are increasingly getting involved in Basic Medical Education. 23 out of 37 universities (55%), which have medical students, have a department of FM. There are additional 10 medical faculties, which have been newly established and have not yet had medical students in Turkey.

All of them are independent units of medical faculties with a status similar to other departments. 13 out of 23 Family Medicine Departments are active and the rest are passive yet at present.

Ten out of 23 departments are headed by a professor with another medical background, mostly public health. Nine departments are headed by an academic family physician not holding the title of professor, two of them associate professor. 11 departments have been participating in BME with their own educational programs. Ten departments conduct at least some research in the field of FM.

Postgraduate education

Speciality training in family medicine is still hospital-based. Residency programs including hospital posts are going on in 11 teaching hospitals of MoH. One of them considers providing training facilities for residents in general practice.

Speciality training in family medicine is included among the duties of 10 departments. Five departments offer medical services to patients in the Students Health Centres or Periodic Examination Polyclinics. Only in one department residents are trained in the academic teaching centre outside university hospital with 6 months duration.

Continuous medical education

At CME level we don't have a structured educational programme yet. In the universities only five departments are engaged in CME.

UKRAINE

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The second all-Ukraine conference "Some advantages and disadvantages of family practice training, management and implementation of family medicine in Ukraine" was held in Dnipropetrovsk on October, 14-15 by Ukrainian Association of Family Medicine (UAFM). And as you probably know I am a President of UAFM. I am glad to say we had very interesting and productive meeting. The lectures, the Heads of Family Medicine Departments and physicians all over Ukraine took part in the conference. 150 people were present at the conference.

Also we had invited the representatives from Royal College of General Practitioners Dr. Orest Mulka and Dr. Trevor Gibbs who took active part at conference and made a presentation. We have been cooperating with RCGP for 5 years. And we are very grateful to them personally for their encourage and help in the development of family medicine in Ukraine.

We managed to issue the "Family Medicine" journal (No.1), which included the brief reports of the Dnipropetrovsk Conference and summary of the previous British-Ukraine Family Medicine Conference (Kiev, March 31- April 2, 98).

UNITED KINGDOM

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N H S Direct

One of the craziest new developments in the National Health Service is the setting up of NHS Direct. This is the brainchild of our beloved Prime Minister, who has decided that General Practice no longer meets the needs of the population, who wish to have access to shops and other services for 24 hours each day and that therefore should also be able to access medical services on the same basis. A large amount of money has been set aside to develop a 24-hour telephone service, separate from general practice. A patient may ring this number at any time to seek advice on any problem. The calls are answered by a nurse who may give advice, or refer them to hospital directly. There may or may not be reporting of the contact and its outcome to the patients' GP.

This has not been fully evaluated, but first indications are that it significantly increases referrals into secondary care. Totally undaunted the government is now setting up a drop in centres, where one can turn up and ask to be seen - these are usually in cities so that people do not have to leave work to attend the general practitioner. However there is no continuity of care and these centres do not have access to the patient's records. Similar systems have been tried elsewhere and have not delivered

quality care. It is a service oriented towards the mobile wealthy with episodic self-limiting illness, and not to the chronically sick. I have been involved in research into a similar set-up in the private sector and the quality of care has been unsatisfactory. You may judge from this that I don't like it!

Primary Care Groups

In contrast these developments for general practice have been underfunded and seem likely to fail. These groups, which replaced fund-holding, in which general practitioners worked together with other primary care professionals to determine and purchase health care for their local populations are being amalgamated until they are so large that there is no possibility of them are having any local relevance, and very little primary care input. What seemed to be a revolutionary and very good idea 12 months ago now seems to be yet another bureaucratic mess.

Changes to Vocational Training

All is not lost however. There are major changes occurring in the organisation of Vocational Training with a shift of funding for all aspects of Vocational Training to the Directors of Postgraduate General Practice Education. There are also moves underway to increase the length of training in general practice to 18 months and to make it much more flexible. A further development is the possibility of a weekly half-day education programme being provided for the first two years of a general practitioner's career, with protected time from the practice. Hospital based training is coming increasingly under the spotlight and proper education programmes are being demanded, and on the whole delivered, for all general practice trainees.

Revalidation and clinical governance

Much of the impetus behind the developments in the area of revalidation has unfortunately been as a result of poor performance, which has the occasions been so bad as to hit television news bulletins. Until now these have largely been from secondary care but general practice is now in the spotlight as a result of a single-handed GP standing trial accused of murdering 16 patients. The trial has not yet concluded, but there are questions being asked about the supervision of general practitioners in their work.

Another EURACT Member Honoured

To finish on a high note, in my last report I mentioned that the Queen had knighted Professor Sir Denis Pereira Gray. It gives me great pleasure to inform you that since then Professor Lesley Southgate, who is well known to many it of us, has been made a Dame, which is the female equivalent, and is a great achievement on her part. This level of award is very unusual for general practitioners and even more so to have two individuals honoured in this way so close together.