

**Review of national educational activities
after EURACT Council meeting
in Århus, 2004**

**EURACT Council meeting
April 20 – 23, 2005
Lillafüred, Hungary**

COMPILATION REVIEW OF ACTIVITIES

LILLAFURED MEETING, April 20-24, 2005

ALBANIA

No report received.

AUSTRIA

Basic Medical Education

The Private Medical University Salzburg has announced the intention to establish a new "Institute of General Practice, Family Medicine and Prevention". The new curriculum at the three government run medical schools in Austria (Medical University of Vienna, Medical Faculty of the Universities Graz and Innsbruck), which was implemented in the last two years, has stipulated basic education in general practice. The new curricula incorporate various classes and subjects which are thought by academic general practitioners. The latter are usually not fully employed which is not regarded as appropriate by lecturers.

With very few exceptions the Austrian medical schools currently do not employ full time GP teachers and researchers. Academic teaching is covered by lecturers. Research in primary care is not supported and based on enthusiasm and efforts of individuals.

Vocational Training in General Practice

In November the Viennese Society of Physicians held a devoted its scientific session to the issue "Post Allocation for Postgraduate Medical Education – Policies" initiated by W. Spiegel and M. Maier. We have ourselves examined the effects of allocation of training posts to applicants for postdoctoral medical education in Austria (Spiegel W, Haoula D, Schneider B, Maier M. Allocation of training posts to applicants for postgraduate medical education in Austria: survey and analysis. Academic Medicine 2004; 79: 703-710.). Allocation of training posts is ineffective, uneconomical and unfair for the applicants. Although a minimum training period of six months in primary care/general practice has been stipulated by the European Union (The Council of the European Communities. Council Directive 93/16/EEC. To facilitate the free movement of doctors and mutual recognition of their diplomas, certificates and other evidence of formal qualifications. Official Journal 1993; 165:1-23) postgraduate training for GPs in most cases only takes place in hospitals. The Austrian Medical Chamber has decided to initiate a change of the graduate education scheme in general practice, prolonging the training period from 3 to 5(6) years and to acknowledge it as medical specialty. In addition this plans incorporate a 12 months common trunk period, after which the resident would receive limited licensing as "approbierter Arzt". In Austria training posts are allocated by department heads.

Continuing Medical Education

The Austrian Society of General Practice and Family Medicine has introduced a curriculum on pain. The Viennese Society of General Practice has introduced a program of teaching minor mental disorders to GPs in 2001. This teaching procedure by Katschnig called TRIPS was evaluated (publication in preparation). CME is compulsory for all Austrian physicians by law but currently it is not enforced (e.g. by punishments for doctors who do not refresh their CME diploma). CME for general practitioners are widely offered in all of the nine Austrian provinces.

EURACT Austria

The EURACT Council Meeting of Autumn '05 will take place in Vienna from November 2 to 6. There will be a EURACT-Symposium "Medical Education in Mental Health Care" on November 5.

BELGIUM

No report received.

BOSNIA & HERZEGOVINA

Health Care System

Current situation is a bit chaotic in whole health care system. Whole country is in transition period including health care reform with stress on primary level and family medicine. It seems we are in a half of way and additional five years will need for finishing this task. Now, education of primary care medical staff, equipment and opening new spaces for family medicine team work are results of this reform. Special task is to form

sufficient number of FM teams with such educational and practical abilities for solving as many problems as they can on the first level and be closer to the patients especially in the field.

Basic Medical Education

This is the most stable part of family medicine education. From this year 6th year medical students have family medicine as a subject two semesters (previously only last one). Department members adjusted curriculum regarding the most common FM clinical problems but as well respecting student's needs for additional education. So, we have each year quite flexible curriculum for BME.

Specialisation Education

It is still 2 or 3 years residency program depending on previous education related with family medicine. A half of residency program is clinical rotation and the other half is in Family Medicine Teaching Center working with patients, being supervised by mentors and preparing presentation for different clinical topics. Resident evaluations about their satisfaction during residency program showed that this program is not still effective for residents from different reasons and this is the main task for improvement in the near future.

CPD/CME

Last three years Program of Additional Training (PAT) is running as a re-training program for GP physicians and nurses supported by Ministry of Health. PAT is one academic year training with very structured curriculum and final exam at the end of training. After successfully finishing this Program participants are certificated and have a profession of family physician or nurse. This is how PHC reform can be more efficient in family medicine implementation. We already have two graduate PAT generations.

CME is under Physician's Chamber umbrella with point system gathering during 5 or 6 years depending of different part of country. First licence is given 2000. and is approaching time for re-licensing in some country areas.

What I have done as EURACT Council member

After spring Madeira meeting I had circular presentation about EURACT organisation, review about New definition and core competences and Educational Agenda in four main Departments of Family Medicine in my country. This was lecture for Department members but for FM residents as well.

Also, I regularly sent all information about EURACT activities, Leonardo EURACT Course and Young Doctors Program.

CROATIA

News from the country

All emphasis of the country (politicians and people) is putting on entering EU. As a transitional, country is still facing economic troubles which has a big influence on a health care system, including GP/FM, even more after last year elections. The attempt to introduce a comprehensive payment for GPs (capitation, preventive programmes and fee-for services) has been rejected and capitation remains the only option. Scientific Conference, has been organised by The Croatian Association of GP/FP has finished with great success. More than 800 GPs have participated, with around 200 scientific papers. A big group of Croatian GPs participated at WONCA Conference, Amsterdam

Basic Medical Education

Many changes are going on within the medical schools. The two mains are: a) changing a curriculum toward PBL, rather horizontal and vertical integrations; b) organising the courses of medical education for teachers (basic educational theory and methodology). Department of FM is playing a great role in this process.

Vocational Training

Big changes have happened in this area. After, almost ten-years of break, 180 trainees have started VT. A training programme is organised in two ways, full time, "normal", for young GPs and in-service training for experienced GPs. A textbook for VT is in progress and new assessment procedures for specialistic exam as well. It is a big task for the whole profession, especially for my Department, responsible for the implementation. We are reforming our postgraduate course, part of VT, with an attempt to get accreditation as European course within ASPHER.

CME

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

What have I done for EURACT

The “Yong doctor Project” was a great success of EURACT and mine too. The Croatians members are informed about EURACT activities, provided by materials, and whole profession is 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 3 May to 8 May 2004 (32 participants).

CZECH REPUBLIC

There is continuing discussion about the future of primary care in the Czech Republic. Primary care is divided into two specialisations – a GP for children (paediatrician) and a GP for adults. There are two streams – one stream votes for institution of Family Practice as a third equal option, the other main stream wants to keep status quo. There was no solution found yet.

Basic Medical Education

No changes in the Czech BME. Primary care is taught in all seven Medical Faculties, although in different extends and different years of study.

Vocational Training

Lack of money in the system. Hard for new GPs to get training and keep their living at the same time.

CME/CPD

Well developed in trans-regionally. The main educational activity provides The Society of General Practice of the Czech Medical Association which organises up to two hundred regional seminars with total attendance of 3000 GPs per year (out of 5000 GPs registered in the country). In years 2004 and 2005 the educational program was targeted to implementing of new clinical guidelines for GPs.

Current problems

- **Insufficient or nearly no „gate keeping”**- function of general practice. Patients are allowed to see any doctor they want and that is highly abused and resulting in growing extension of more and more expensive secondary care. Nor patient neither specialist is responsible for pumping out health care resources by unnecessary and redundant secondary care check ups. If anybody, the GP is responsible and punished by fines. The present health care system is very unjust to the primary care and obstructs its development.
- **No deductibles are asked from patients in the health care system.** Patients can pump as much as possible, and some do it even only to use the incontinence pampers as a cloth for window cleaning. Prescribing GP can be fined if the budget was exceeded.
- **Prescription limitations in primary care.** Health care provided by GPs is often limited by unnecessary limitations of prescription possibilities. GP often has to send patient to a specialist only for prescription of a commonly used drug (e.g. statins in primary prevention, or terfenadin in treatment of onychomycosis). It all very much underestimates the position of primary care, compromises GPs and causes troubles to patients who sometime have to do extra travels and wait for appointments.

New Achievements of Primary Care:

- Institution of Clinical Guidelines Clearinghouse for General Practice in 2004. This institution was established by initiative of Society of General Practice and is led by GPs. There were introduced 5 new clinical guidelines in the year 2004 and 12 more are going to be introduced on the National conference of GPs in November 2005.
- Growing development of CME education organised by Society of General Practice.

What have I done as Euract representative

Cooperation with Society of General Practitioners in CME education. Liaison between different CME educational activities. Planning for a national meeting of primary care teachers from all seven Medical Schools in September 05.

DENMARK

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Now 3 professors in Aarhus and 3 in Odense (2 for student training and 1 at the Research Unit) – only 1 in Copenhagen (one vacancy).

Danish Medical Association has proposed a new BME, including ½ year “research-project-period”.

Vocational training

You have all heard about the new training scheme for GP’s so many times...

Recruiting young doctors to GP-training is very easy in most places – but in “remote” areas of the time country it is not easy - but 95 % of posts are filled up.

The research period of all young doctors was planned for 12 weeks – but because of lack of money it will be just 4 weeks!

Continuing Medical Education

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 web-system for registration of your CME is provided by the Danish Medical Association. The registration is your personal and can’t be looked by others.

The Danish College of GP’s is right now working on a proposal of creating an online portfolio (somewhat like the portfolio used by our trainees) for all GP’s to help them organize their CPD, their learning needs (PLP), their clinical notes and even more.

A trend: pharmaceutical companies are being pushed out of doctors CME.

Health Care

A big issue in Danish health care is the lack of specialized doctors in the future – also in GP – but worse for some other specialities. It is a very dark cloud in the horizon. As many as 25–33 % of GP’s may be lacking in 10 years time. A private initiative is exploring the possibility for importing GP’s from Poland!?? Better use of the practice staff is also a way forward.

A new structural reform in the political and administrative running of the Health Care system is underway – but GP will also in the future be the important corner-stone and gate-keeper.

My role as a Danish EURACT Council member: still trying to recover after your visit to Aarhus...

Perhaps my time for EURACT activities will be diminished somewhat this autumn – other obligations might show up...

ESTONIA

In medical education no major changes since last meeting. For the vocational trainees a research conference is organised as a part of their curriculum: all residents have to prepare a project and present it at the conference. We hope this will be an essential regular part in their vocational training.

The network of teaching practices in Estonia is expanding. A lot of practices have asked to be a teaching practice- so the University can make a selection (EURACT selection of practices document is used).

However, there is a shortage of trainees currently in family medicine- there are several potential reasons for that (family medicine is not any more the priority in health care reform, thus the income level is not any more higher than in secondary care as it was for a couple of years in 1990s; some doctors have left for other countries; trade-union fight for better income has made the position of the independently contracted family doctor less desirable as it has been before)

An evaluation of the primary health care reform in Estonia has been performed by WHO, the changes in the health care system and medical education considered successful.

The European new definition of general practice has been introduced in several regional meetings of family doctors by the University Department, I have been representing EURACT position in these meetings.

FINLAND

Health care

An important change/new law in the health care, uniform criteria for non-emergency treatment have come to force 1st March 2005, including public health care, but also private health care working with public sick fund. Most Specialist Associations have worked with their criteria for a year, and now the system has been set up finally. Time limits for providing the treatment have been set. E.g. concerning primary health care, the access to initial assessment of a non-emergency treatment has to happen within three days by a health care professional, normally by a physician. A booklet with 240 pages consisting of all the criteria has been sent to all physicians in the country. Anyhow, no prioritisation has been set between diseases treated by different specialties. Health care professionals have been prepared themselves for the change since months, but we do not know yet, how the law will change our health care situation.

General in General Practice

A new textbook on General Practice has been published. This book has been revised totally from the earlier version in 1991 by an editorial team of seven doctors representing practising GPs as well as university professors. The heavy book with 700 pages has been written by 70 authors.

Research in Primary Health Care has been promoted by the Ministry, which set up a small working group and published a report proposing measures vital to the development of research in PHC and means to develop PHC by increasing research. The statements concerning proposals have now been requested from different actors in the health care, and the final measurements have not been decided.

Basic Medical Education and Specialist training

Medical student intake has grown considerably during the last years, and it has not been easy to find enough resources for teaching. We have five faculties, two of them have a problem-based curriculum, two a more conventional curriculum, and one a more mixed one. No changes in specialist training have happened, but family medicine is a popular specialty.

Continuing Medical Education / Continuing Professional Development

There is a law in force since last year, which stipulates the employer of the health care professionals (municipalities) to be responsible for financial resources in continuing medical education. Municipalities received state subsidy for this task, but the money was not earmarked and mostly it has not been available anywhere.

In 2003, an independent, permanent Centre for Pharmacotherapy Development (ROHTO) was established targeting especially on PHC doctors. Participatory, small group based, professionally facilitated, multi-professional sessions concerning problems and needs, defined in the local health care centres, are arranged. Use of evidence-based medicine and assessing one's own practice performance will be facilitated. As outcome of these sessions the participants are expected to provide an agreed local guideline or pattern of practice to manage clinical problems and their medication. In a previously relatively conservative atmosphere of continuing medical education, the new system has attracted GPs, and plenty of functioning groups of committed GPs have started their small-group activities.

GERMANY

Basic Medical Education

The new federal regulations (Approbationsordnung, ÄAppO) for BME, effective for all medical faculties since October 1st, 2003, have led to many changes in the curricula of all German medical schools. General practice has found its role in integrated teaching in epidemiology, health economics, ethics, prevention, geriatrics, complementary medicine and other subjects. The new possibility to choose general practice as an elective of four months in the 'practical year', the 6th year, needs special criteria for teachers and teaching practices. Members of Departments of General Practice in Duesseldorf, Goettingen, Hamburg and Ulm work together in a task force and have started to accept students for electives. 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)) (the scientific society) is presently preparing an overview of the new position general practice has received in medical schools; I will present it in my next report.

e-learning slowly becomes more popular in general practice teaching in Germany. A symposium in Frankfurt on July 8-9, 2005, will explore possibilities e-learning offers (details: gensichen@allgemeinmedizin.uni-frankfurt.de).

Vocational Training

The new VT as outlined in my Autumn 2003 report has not been put in operation. As VT legislation is federal legislation, the new regulations need further approval and adoption in the Federal Chambers of Physicians and in Federal Governments. This process was stopped by the European Community due to complicated legal inconsistencies. We now hope to see the new VT around 2007.

CME/CPD

The new health legislation ('GKV-Modernisierungs-Gesetz', GMG) effective since January 1, 2004, sees mandatory and regular CME with credits controlled by the Federal Chambers as a practicable way of organising recertification (§95d SGB V). Failure of individual doctors to attend and to collect 250 credit points in 5 years will lead to a fine and finally to withdrawal of the licence. The new regulations received approval and adoption in most Federal Chambers of Physicians so far. As collecting credit points for a five year period officially started on July 1, 2004, we will see only slow changes in CME and CPD over the next years.

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

German members of EURACT play a pivotal role in all outlined activities and hold key positions in societies and task forces as well as in political working groups. At least twice a year members get a report of EURACT activities and new documents; via e-mail they are immediately informed about new developments.

GREECE

Basic Medical Education

At last some changes; the two largest medical school of the country decided to include in their curriculum, lessons on GP. It is really a big progress : one week exposure in basic characteristics and competencies of GP, at the first year of studies (as selective lesson) and 3 months(at a Health Center) at the last year of studies.

Specific training

After the last evolutions (GP Regional Tutors, trained trainers, Logbook) big efforts are invested in wide implementation of the logbook. The 1st of March was the launch of the countrywide implementation. Next month at the National Conference of GP, there will be a round table discussion on early impact of it.

Although the waiting time (for starting ST) remains in average 2-3 years, GP is still attractive. The important point is that year after year GP attracts more and more graduates with high degree, demanding, with expectations.

CME

The Greek Association of GPs is the only body which is developing, organising, running and funding CME programmes in the country. The important thing is that all these activities are very much welcomed and accepted. The content of this programme includes courses on various clinical topics, an annual training the trainers course, a series of courses on training on research methodology and a new programme on developing and implementing guidelines in PHC plus a new e-learning programme.

Health System

Ten months ago there was a strong policy aiming to the further development of PHC in urban areas; but due to economical reasons there are various difficulties which puss things to be postponed for next year.

HUNGARY

No report received.

IRELAND

Health Care

There are far reaching changes proposed for the structure and management of the Health services, by the Government. The extent and implications of these changes are not clear at this time. I attended a meeting of our College (ICGP) where we fashioned a position paper on how we see GP training evolving in the future. More of this in later reports.

Basic Medical Education

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

It is proposed that the entry will increase to 800 and a cap on non-EU entry, further these additional places will be for graduate entry. A new graduate entry medical school will be sited in Limerick and that the existing schools take in more graduate students.

Postgraduate specialist training

The number of GP trainees has expanded from 84 to 98 this year. It is hoped to expand the intake to 150 over the next few years. This will need a radical revision of how training is organised! The changes will be dependent on the re structuring of the Health services.

For the last ten years places on the training schemes are highly prized and training schemes have attracted the highest calibre of graduate. Following a national conference held to discuss the expansion of numbers in training and the length of training, all of the schemes are now extending training to four years. The additional year will be spent in the Community, i.e. in general practice. The official policy of the Irish College of General Practitioners (ICGP) is to extend training to five years; that is two years rotating through hospital specialist training posts and then three years in supervised training in General Practice.

Continuing Medical Education

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

ISRAEL

There has been renewed activity in family medicine education all over the country in the past six months with more official recognition of our efforts. There are now 11 post-graduate departments in the country with the newest department established within the framework of the Israel Defence Forces. All HMO's now have a department of general practice.

BME

In Jerusalem the medical school has added a final year elective in family medicine in addition to the compulsory clerkship for students. This along with the elective in family medicine that is possible in the internship year is seen as a good way to recruit interested students into VT.

In Tel Aviv the rotation in family medicine in the American program at Sackler is enjoying increased popularity among medical students. Investment in faculty development and the improved weekly student seminars are seen as reasons for the positive change. An ongoing research project will document the changes in student attitudes to family medicine.

VT

Recognition of the new post-graduate departments has improved our status across the country although Jerusalem is still fighting to open new places to accept new trainees. The existing trainees in Jerusalem are making their presence felt by running academic courses in CME for their more senior colleagues in the city on topics like medical computing, alternative medicine, and spoken medical Russian for physicians.

Tel Aviv enjoyed success in the recent specialty board exams in March with a 100% pass rate and one candidate with a rare grade of Distinction. Faculty development in Tel Aviv has focussed on a Balint group for residency trainers to improve their teaching skills by promoting self-reflection.

Nationally the residency programs are enjoying a flowering of research activities by trainees. This requires an investment in supervision of projects and research skills training for the trainers.

CME

The recent scientific congress of the Israel Association of Family Physicians was held in Be'er Sheva. A large number of original research presentations and teaching workshops impressed the crowd of 400 family doctors and strengthened our esprit de corps.

This month another national conference held at the Dead Sea discussed a plan to strengthen research in family medicine. We enjoyed the support of Chris Van Weel who presented the Dutch model for research support which involves a heavy investment in research education at all levels.

ITALY

Basic Medical Education

After signed agreement between University of Modena and ICGP, now we have experiences in some way in ten other cities and structured courses are organised or in organising for sixth year students. Tutors are specifically prepared for this topic and a specific book for Tutors is at its second editing. The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection.

Now, main problem could be “political”, the academic body not agreeing in its complex, all European WONCA Networks are out of the political decisional arena, some local leaders in G.P. trying to organise academic chairs posts by the old method “underground ways for friends of friends”.

Postgraduate specialist training

VT is changed in a real three years course, one year in practices. The VT School in Trento prepared a paper on total organisation based on European Agenda and core competences. This work is on EURACT Council's table as a base for preparing final version for Education Agenda and for VT Committee. A National Conference on VT was managed in Bologna and Rome, with presence of Igor Svab.

Continuing medical education

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

There is a fighting about “who” has to accreditate “whom”: Government, General Medical Council, Local Medical Councils, Scientific Societies, a National College or Academy, Trust Doctors' Organisations. E-learning and distance education systems are on debate and development.

Life as Council Member

Several different medical associations and societies and medical schools published translation of the New Definition, using formats of different length. WONCA was usually believed to be the real author.

Nat. Rep. got other seven papers of his published these months on European Journal of General Practice, on British Journal General Practice, on British Medical Journal, on Family Practice: many were based on EURACT's concepts and documents. So EURACT was known in large population of GPs, the same for Italy, with translations and presentations.

Some members of EURACT – Italy asked to be involved with University of Maastricht on palliative care, one member is responsible for Hyppocrates Programme. Two colleagues are managing regional courses with patronage from EURACT Italy. Three national meetings asked EURACT to speak about Definition, Core Competencies, Educational Agenda.

The National Representative is now appointed as Contract Professor at University of Milan, teaching GP to sixth year students and specializing doctors in Internal Medicine.

EURACT members are from different geographic areas and from different GPs Societies (Csermeg, Snamid, SIMG, local P.C. schools), so now EURACT – Italy is the biggest international society in Italy and the most visible on journals and on internet. Negative side-effects: losing somebody not receiving enough feedback; getting membership applications only to “create internal problems”.

A colleague joined taking an office as secretary, managing internal relationships and feedback.
Life for EURACT-Italy at WONCA 2006 still with silly difficulties...

LATVIAUndergraduate education

Our universities started the course in family medicine for all young doctors of the sixth year. They are writing the research work after this course.

Postgraduate education

Number of applicants for the training is increasing slowly. More attention is paid to the scientific work. We had no professors with doctors degree in the family medicine. Preparing seven candidates for a doctor's degree was started last year. Some of them are taking part in the training process in the university.

Continuous Professional Development

Evaluation of candidates to trainers of the third year internship doctors in the family medicine was carried out in conformity with criteria of the European Union.

Association of the Family medicine continue to improve doctors education in the small groups. There were special training sessions for the moderators of such groups this year. Colleagues in different parts of the country are developing small groups.

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

I shared with colleague, board of Association of the Family medicine the new information I received in the Council members meeting last year.

LITHUANIAHealth care system

No important good news in health care system after joining EU. The biggest Union of Physicians announced that the strike on May 17th will be started by health care workers for increasing the financing of health care system and especially salaries of medical personnel. Patients seem generally to support the idea, but the Government already announced that there are no finances enough for additional financing.

BME

No positive changes as far. Actually, this period of training still remains under most influence of specialized university departments and appears most conservative for introduction of FM. Family medicine is only introduced into the undergraduate curriculum during the fifth year of studies, and the course is still too short to make proper presentation of the specialty. Additional pressure should be used for increase of training hours in family medicine, but right now the situation is stable without positive changes.

Vocational training

Vocational training programmes in the Universities are improving gradually in terms that it is recognized that training hours in family medicine should be increased. It is important to mention that Leonardo-EURACT training the trainers course which took place in November, had a positive impact to the knowledge and attitudes of trainers in FM. It has also been recognised that all the trainers, even of narrow specialties, who are involved in training of Family doctors should undergo the special training courses, and Leonardo-EURACT course could be the good basis for it in future.

CME/CPD

Re-licensing procedure started last year demonstrated only formal approach of responsible bodies to the CME activities. Hours to be collected for re-licensing are divided into two parts: qualification courses, organized by Universities, and conferences, which may be run jointly by professional societies, universities and pharmaceutical companies. Conference hours must form not more than 40% of all hours. Very interesting event in CME activities was introduction to Lithuanian trainers in FM the Leonardo da Vinci project on modern teaching and learning methods, presented by Polish College of GPs.

MALTA

Basic Medical Education – University of Malta

- Since 2001, University of Malta Department of Family Medicine (7 part-time lecturers headed by Dr Denis Soler) providing undergraduate teaching (lectures, tutorials, community attachments) to 3rd, 4th and 5th year medical students

Vocational Training – Malta College of Family Doctors

- RCGP International Courses for Teachers in Family Medicine held in Malta during 2002-3 and 2004.
- Coordinator of Vocational Training and Tutors awaiting appointment.
- Draft 'Specialist Training Programme in Family Medicine – Malta' being reviewed before presented to the Specialist Accreditation Committee (Malta).

Continuing Medical Education – Malta College of Family Doctors

- Since 1990, a Continuing Professional Development Programme is held in the form of a meeting in each term of the academic year (Autumn, Winter and Spring)
- Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units within this scheme

Malta Health System

- In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties.
- Family doctors on the specialist list are nominated by the Specialist Accreditation Committee (Malta) on the recommendation of the Malta College of Family Doctors.

EURACT Council Member Activities

- January 2004: recruited 2 new EURACT members to bring total to three.
- June 2004: appointed EURACT Council member for Malta.
- July 2004: member of coordinating team of 'Symposium on Research in Family Practice', St Andrew's, Malta
- October 2004: member of coordinating team of EGPRN Meeting, Gozo, Malta

NETHERLANDS

Basic medical education

No specific new developments. Article in Dutch scientific paper on sexual harassment in medical education by Prof dr Toine Lagro (general practitioner in Nijmegen University), confirming reports from Anders Baerheim.

Vocational training

Further development of several instruments for the evaluation of competencies, and the assesment of professional behaviour. In the light of possible shortage of general practitioners in 5-10 years the suggestion has been made to cut back the training scheme to 2 years.

The heads of VT departments want exchange of knowledge; contacts with other schemes. They look to Euract as a change agent, a linking pin for their activities.

Health care

General practitioners are still fighting with the government about the terms of a new contract. There is a lot of confusion about agreements reached, and on the consequences of that new contract: 30% drop in income !?

Euract

I have been quite busy with the paper on Educational research, the Euract guidelines and the revised Constitution.

NORWAY

The health system of Norway is rapidly changing, and in this report will try to keep you abreast with both what has recently been changed, and what is proposed and very probably will change in the near future.

Basic Medical Education and Academic life

The four medical schools of Norway adopt very different curricula. While the school at the University of Bergen still is traditional with a sharp division between a pre-clinical and a clinical part, those of Oslo and Trondheim

have established PBL-based curricula, and the school in Tromsø has an integrated, non-PBL design. A recent survey has shown that the students in Bergen are most discontent with their study conditions, but score higher on consultation skills at the end of study than do students at the three other schools.

Recently, our parliament ordered the Norwegian government to stimulate research in general practice. We are getting near to an agreement on establishing general practice research units, as has been done in Denmark, though we will try to avoid the consequences seen in Denmark with an A-team at the Research units, and a B-team at the University Departments.

The List system and Organisational life

The list system was established in 2001, and is now running smoothly. The list norm is 300 inhabitants/day/week. In a full time general practice that equals a list size of 1500 inhabitants. Some colleagues have substantially longer lists, while the mean list length is 1200 inhabitants. Lists are at the moment sold at the prize of a medium sized flat.

There has for many years been an unfriendly kind of competition between our GP labour organisation and the Norwegian Society for General Practice, the latter being the smaller but also by far the most innovative. Last year there has been a reconciliation, and we are now working out a new organisational model with two equal societies working together, the one with doctors income and politics related to that, the other working with education, research and further development of our discipline.

The National Health system and Privatisation

Our second line health system (hospitals etc) was some years ago semi-privatised as free enterprises under the government. They are strong units, also having a lot of money for research. The main problem is that they form too natural resources for attitudes adopted by the government while the dispersed general practice, run by each of the 500 municipalities has become invisible, and have no unite voice. One possible outcome is that the health enterprises administratively will swallow General practice. We are working against this possibility with what resources we have, and that is why both the research units and the reconciliation among our representative organisations are so welcome.

POLAND

Undergraduate education:

There is a big progress in this field. The new law established last year about minimum teaching in the field of family medicine during BME at the level of at least 100 hours has been executed now. Since the academic year 2005/6 all university medical schools in Poland will provide this level of teaching. There are still differences in the contents of the programmes of different schools. However major efforts are undertaken to harmonize it (conferences, meetings, etc,) without losing autonomy of any school.

Postgraduate education:

No major changes in this field. Financing is now much more stable, however policy of the government to control more strictly the number of doctors entering VT in different specialities is less visible now. It is relatively easy to start the training in the field of internal medicine and that is why in some regions there is a shortage of candidates for training in family medicine.

Continuous Professional Development:

New regulation about compulsory re-certification has been published recently. Unfortunately it is based only on collection of credits for attendants of courses, congresses and other educational activities. It is also possible to collect credits for publications or a scientific degree. Financial or any other incentives to participate in CME are still missing.

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

The Leonardo EURACT course materials have been finally published in English and Polish. Manuals for trainers and trainees are expected within few months. The College of Family Physicians in Poland in collaboration of my University Dept. has organized II National Conference of Trainers and QA Tutors in Family Medicine. During this conference EURACT and especially Leonardo EURACT course have been promoted.

PORTUGAL

In general

New President of Medical Association, very much interested in General Practice. Created an informal group of GPs to influence new outcomes. Two are EURACT members (myself and Dr. Dolores Quintal).

New Government, previous Minister of Health back, previous Health Secretaries back – but new ideas and the will to start new health politics, hopefully based upon primary care Improvement.

Also GPs as Minister counsellors (2 are EURACT members: Dr. Regina Carlos and Dr. Victor Ramos, first Portuguese representative).

Primary Care law from the last government is to be changed, as GPs wanted and fought for! The core of the system will be small GP units, allowing different types of management.

BME

No news.

VT

New 4 years programme waiting for Minister approval. Last changes on programme to be done quickly. Trying to introduce changes to evaluation system (on all specialities).

New Minister shows interest in changing the rate Specialists/GPs (which is 3 to 1!!!), and decided to open 360 new training places for GP VT. That will imply a lot of work trying to find suitable Trainers and training posts.

CME

Criteria for CME events approved by all Colleges, just waiting to be made official by the Medical Association. Medical Association showed interest in starting work on CME/CDP. I will possibly work on it.

Work done as a EURACT Council member

One new Portuguese member joined EURACT, the Coordinator for VT in Northern Portugal. Two others are going to join in later, one is the Coordinator for VT in the Center Portugal.

Started to create interest on the “Rolling Course”. Already two candidates.

Presented EURACT work and papers in ADSO meeting.

ADSO is just waiting for the Lillafured meeting to translate, publish and distribute the “Educational Agenda” and the new EURACT short version of the 2002 Definition to all Trainers and Teachers.

Went on collecting fee and keeping contact, through e-mail and post, with all Portuguese members. Certificates, as well as all relevant EURACT papers were sent.

ROMANIA

Basic Medical Education

I have no news since my last report.

Postgraduate specialist training

If we were in doubt that general practice is not very important for our government, we have now the proof.

A new law (last November) stated that starting with 2005, any doctor that obtain a certain mark (not established yet) to the national exam for entrance into the residentship program can become resident in general practice. Even more, any resident who fails to finish his/her vocational training program will be allowed to finish general practice and to become a general practitioner. The Ministry of Health will provide the required number of places for all the residents in general practice. The internship is abolished.

Continuing Medical Education

One could say that the first recertification procedure was not very successful. The standard was not very clear and still needs clarifications. National College of Physicians made a small change in the procedure: a doctor needs in order to practice, 200 hours of CME in the last 5 years or 40 hours in the last year.

A TOT program was finished in February. We have now 50 new trainers. They started the work with residents in general practice and also to provide CME workshops.

Workshops about guidelines realized in the QualityMed project (The National Centre for Studies in General Practice) started also at a national level.

General practice

Like every year a new contract was signed by the general practitioners with the insurance house. There are no big changes in it. The payment would be higher at per capita and smaller at services. In general, the general practitioners incomes are bigger than in the previous year.

There are some new problems concerning the prescriptions. All doctors have to respect very strict rules and prices for prescriptions. General practitioners have to face a supplementary accountability burden. This is diminishing the time spent within the consultation process and also the medical judgment of the case. National College of Physicians tried to change this decision of the Ministry of Health but there is no positive answer till now.

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

- Report of the Aarhus meeting for the Romanian members
- Organizing the selection of the 4 Romanian participants at the rolling course.
- Presentations about EURACT for possible new members
- Keeping in touch with the National Society for selecting JDP participants
- Presentation about EURACT to the Conference of the Department of General Practice of the Medical School from Iasi
- Paper about the organization of the vocational training in general practice settings (Informative Bulletin for General Practitioners)
- Exploring possibilities of organizing a Council meeting in my country.

SERBIA & MONTENEGROVocational training in general practice

Responsibility for specialization in general practice in Serbia and Montenegro support Schools of medicine in several towns.

The specialization of general practice lasts 3 years.

It consists of: 9 months of lectures in 2 semesters, 13 months of general practice, 2 months of gynecology and obstetrics (of which 1 month is in the dispensary), 1 month of epidemiology, 3 months of internal medicine (in the hospital), 2 months of pediatrics (1 month in the dispensary), 1 month of general surgery (in the hospital), 2 months of emergency medicine, 15 days of health education, 15 days of medical statistics and informatics and 2 months of neuropsychiatry (in the hospital).

Nine months of the lectures consists of the following subjects, divided in 2 semesters: I semester

- hygiene with medical ecology
- work medicine
- medical informatics
- epidemiology
- social medicine
- health education
- geriatrics
- oncology
- physical medicine and rehabilitation
- balneoclimatology
- forensic medicine
- general practice

II semester

- clinical pharmacology
- otorhinolaryngology
- ophthalmology
- psychiatry
- neurology
- surgery
- cardiology
- gastroenterology
- rheumatology
- pulmonary diseases
- TBC protection
- pediatrics

- alergology and immunology
- endocrinology
- nephrology
- gynecology and obstetrics
- infectious diseases
- dermatoveinology

At School of medicine University of Belgrade final part of specialist exam is passed orally in front of the Examination board, which consist of the representatives of the School of medicine and the experts in general practice. The Examination board has 6 members, specialists in the following: internal medicine

- surgery
- pediatrics
- social medicine
- gynecology
- general practice.

Upon the computer's selection of the Examination board, the candidates first have to pass the written and then practical part of the specialist exam. After that trainees move to the oral exam in front of the Examination board.

At Schools of medicine in Serbia and Montenegro there are differences in number and the structure of examiners consisting Examination boards.

In Belgrade, part of the education organized by the specialists of general practice, lasts for 6 weeks. The lecturers are the distinguished representatives of the general medicine. This year part of education lead by general practitioners will be organized in form of workshops.

General practice is not a subject at undergraduate level.

SLOVENIA

Undergraduate education

Due to restriction in the students' hours available for teaching at the University level I have to adopt some changes in the outlay of the prepared curriculum for new medical school at University Maribor. We start teaching in the year 2007/2008 (fourth year of medical school). I participated as "external" reviewer of the proposed new curricula for Medical School in Ljubljana for preclinic years.

Vocational training

We run two rounds of Vocational training for family medicine trainees.

CME

The preparations for the 15th Bled course and for the 2nd annual meeting of teachers in F/GP in Europe are well on the way. First announcements were prepared. Course directors are working on the final programme. We are preparing arrangements to attract participants from SE Europe. We made connections to some SE countries for the exchange of programmes, teaching and experience.

There were 7 other CME activities level organised on the national from the last meeting.

What Have I Done for Euract

I am working on the organisation of the 15th Bled course and 2nd annual meeting of teachers in F/GP in Europe.

SPAIN

Basic Medical Education

The Deans Council presented last year the "White Book" of undergraduate curricula trying to adapt in the coming years the new curricula to the Bologna definition. They have done a lot of work reviewing the curricula from different European countries, having interviews with key figures of the medical profession and distributing out questionnaires to key personalities with the proposal to offer a new undergraduate program, and they say they have succeeded. But nothing has changed yet, in the next future we will still not have Departments of Family Medicine or of General Practice, also not full professors. Family Medicine will be under the big umbrella of Internal Medicine and the other Medical Specialities as a "subspecialty" at the same level as Palliative Care, Intensive Care, Geriatrics, and so on.

Our university is bureaucratic, old fashioned and most of the structure wants to maintain the actual position without loss of power of the existing Departments and Professors.

Vocational Training

Finally next may the first promotion of trainees with the new four year program will start. Our trainees will work full time and under supervision during four years instead of only for three years. Every trainee has his/her own tutor, and it has been recommended by the educational authorities that one tutor must only be available for maximum two trainees. A lot of teaching the teachers courses are going on throughout the country. After our positive experience in that field, in some regions hospital tutors are following primary care tutors in the accreditation and reaccreditation system through theoretical education (teaching the teachers courses), and also starting experiences with “new” educational methods for their trainees (feedback sessions, student based learning).

Different experiences are going on through all the country, mostly oriented to formative assessment, even though summative assessment is still mandatory for the trainee to obtain the certificate.

CPD/CME

The Scientific Society (national and regional) is providing a lot of educational opportunities for the certificated doctors, and fortunately in the last years we have an independent accreditation system for courses, workshops, and all different educational activities (SaAP). The system that takes in care: not only the adequacy of the contents of the course, the quality of the teachers, the number of students, the number of hours, the students and teachers evaluations ... but also the total independence of the contents and recommendations from the pharmaceutical companies.

CPD/CME is still not mandatory but in some regions has been developed for GP's and also other specialists the so called “professional career”, that means that a little, but not negligible amount of the monthly income can be increased if the professional can show that he/she has been involved in a certain number of hours in educational activities (as pupil, as teacher,...) or in research activities.

What have I done as EURACT Council Member?

EURACT is better known and EURACT documents are used as a the European reference in our recommendations for certain topics like teachers profile, educational agenda for teachers and trainees, recommended educational methods, And perhaps in the coming years a Spanish “Academy” will see the light.

SWEDEN

Basic Medical Education

The role of Family Medicine becomes more prominent at several Medical Universities.

- **Professional development more important.** Often as a “stream”, every year. Competencies referring to ethical aspects, consultation skills, leadership, role of the doctor etc. Family Medicine plays a central role.
- Increased need of **trained tutors** in Hospital Departments as well as in General Practice. Family Medicine Departments are asked to run **training sessions** for tutors in Hospitals.
- **Electives increasing:** Projects and research in Family Medicine becoming more popular. International exchange programmes: e.g. Göteborg – Netherlands, Umeå – South Africa.
- **A new medical curriculum** implemented at Umeå University as from Year 2005. Involves more of family medicine/general practice, use of case methodology increases, professional development and a basic course in medical science.

Vocational training

New and same framework for all disciplines as decided by the National Board of Health and Welfare in November 2004.

- **4 core competencies:** clinical, communication, leadership and quality assurance/scientific.
- **Format:** Objectives – learning method – evaluation/assessment.

Continuing Professional Development

- **Personal Learning Plans** and **small group** activities being encouraged.
- As from Year 2005 there is an **agreement**, between drug-companies and health authorities, regulating CPD-activities done in collaboration with pharmaceutical industries.
- Some **course-organisers** of family medicine topics avoid collaboration with drug-companies.

Health Care

Financial constraints

- **Efficiency and efficacy** are promoted at all levels: personnel, investigations etc.
- Prescribed drugs being changed to **generic** drugs at the pharmacy.
- Increasing number of patients are managed in **General Practice/Primary Care** instead of in Hospitals.

“What have I done for EURACT?”

- **Distribution** of EURACT pamphlets at our National Conference in Family Medicine.
- **Article** about EURACT to be published soon in our Swedish Journal of Family Medicine
- **Informing** and communication with members.

SWITZERLAND

Basic Medical Education

The main event in the last 6 months was the foundation of the first University-Institute for Family Medicine / General Practice in Switzerland at Basel.

On the other hand all important organisations of GPs have joined in Zurich in writing an open letter to the Dean of the Medical Faculty: Our patience has come to an end... petition for an Institute for Family Medicine / General Practice in Zurich.

The public and the media are more and more taking notice that a shortage of GPs is developing and that especially (but not only) in the countryside our older colleagues often have great difficulties or cannot find a successor for their practice. The official statistical data are of very bad quality and so the insurances continue to pretend that the numbers of GPs are still rising.

A recent study from the University in Basel shows quite clearly that among the students the career choice for General Practice is significantly enforced by tutorials in practices in the 4th year. This interest for General Practice however declines again in the next 2 years as there are no more opportunities to learn in the practice setting.

Specific training

The accreditation of the postgraduate medical training (of all disciplines) by a state organisation for accreditation and quality assurance has taken place and the results are about to be reported. I cite just two sentences from the report on Training for General Practice: “One clear disappointment is that a GP placement is optional. This does not meet international expectations and standards.”

We hope that the pressure from these results of the accreditation and the rising public awareness about the shortage of GPs will help us to find the money necessary to improve our program.

Continuing professional development

Within the Swiss Association of Medical Doctors there is an ongoing discussion on what is the best way to control and support the CPD of every member. There are officially 80 hours of compulsory CPD but ways to control if this is fulfilled are very different among the specialities. The same is true for what is accepted as part of these 80 hours/year and what is not. The GPs tend to be rather liberal, they do not believe that it is wise to prescribe specific contents and specific ways of learning these contents to every GP. Until now there are no grave consequences if someone does not fulfil and prove the 80 hours/year.

On the other hand the Swiss Society of GPs is presumably the only one who organises courses for CPD-teachers and –moderators. A controversial issue is, how these moderators are to be paid.

New ethical guidelines on the relationship of doctors with the pharmaceutical industry have been published with an important part about this relationship in the field of CPD. You can find these guidelines in the internet

in German: <http://www.saez.ch/pdf/2005/2005-02/2005-02-1386.PDF>

and in French: <http://www.saez.ch/pdf/2005/2005-02/2005-02-1387.PDF>

“What have I done for EURACT?”

I have given suggestions for the Educational agenda. After the coming meeting I will write my first report for my Swiss colleagues.

TURKEY

'Transition in Health' reforms are continuing. Encouraging privatisation in health, doctors bound by contract, payment according to performance are basics of these reforms. The hospitals and dispensaries (providing health services in primary care) belonging to the Social Insurance System (only for workers) were taken over by the Ministry of Health a few months ago. Thus, financing was separated from the provision of healthcare services. As seen, health insurance system in our country is fragmented. Health financing reform will be come into force next year, implementing the general health insurance scheme. Decentralisation of hospitals will follow it. The payment system according to performance of provider has both positive aspects and problems. In the near future, this payment system seems to be come into force for almost all healthcare providers including in university hospitals.

'Transition in Health' reforms are changing the working conditions and personal rights of the doctors who have been working mainly under the guarantee of the state. Nowadays, Turkish Medical Association is reacting against these developments which disturb hundred thousand doctors, with an activity of one-day strike.

Basic Medical Education

Family medicine departments exist in thirty-five of 50 medical schools. Academic family medicine is developing both quantitatively and qualitatively.

Vocational Training

There is an undulation in the number of family medicine training places. Last year, about 700 new trainees began to their training period of three years. However, the number is again reduced this year, a few places for the departments of family medicine in the universities.

No apparent attempt from MoH still exist concerning the teaching opportunities in health care system for the departments in the universities and development of the relations with them.

CME

The most important CME activity is retraining program for practitioner physicians in primary care. Reorganisation of primary care with the principles of family practice is being performed in a small city as pilot application. The training activities are implemented in the pilot city by Turkish Association of Family Physicians (TAHUD), within the frame of retraining program.

What I have done as EURACT representative in Turkey?

Third Family Medicine Days (a national conference) will be held next month in Kuşadası and is being organised by my department in collaboration with TAHUD. The main topic of the conference is "Family medicine: from practice in primary care to the academic studies in the universities". We aim to bridging the gap between academic family medicine and doctors in the community.

UNITED KINGDOM

Basic Medical Education

- Move from 4000 to 6000 graduates per year by 2010
- Increase in GP based teaching
- Discussion on a national qualifying exam (each university does its own thing at present)

Foundation Programme

- New 2 year "internship" starts August 2005
- 6 x 4 month rotations
- 55% do GP 2007, 90% do GP 2009
- Huge training capacity problem

Vocational Training

- New legal framework
- New programme being devised (in conjunction with Foundation)
- 2 or more years in GP
- Worsens training capacity problem

Continuing Medical Education

- No incentives
- No penalties
- No funding
- =
- Little activity

The Health Care System

- Continuous organisational change
- MRSA is a political issue in the election
- We do not know which way is up!

PS What have I done for EURACT?

I have been replaced – see Roger!