Annex 1

Review of national educational activities after EURACT Council meeting in Larnaca, Cyprus, October 2009

EURACT Council meeting
April 25-29, 2009
St. Petersburg, Russia

COMPILATION REVIEW OF ACTIVITIES
St. Petersburg, 24-29 April, 2009

ALBANIA

AUSTRIA
Wolfgang Spiegel

Basic Medical Education
At the *Medical University Innsbruck (MUI)* Hon.-Prof. Dr. Peter Kufner and his group of dedicated lecturers (e.g. Dr. Estela Diaz-Westreicher) work hard to facilitate BME in primary care. However, the MUI gives little priority to primary care. There still is no intention to have a chair for GP/FP. Organisational work (secretariat) to coordinate the GP lectures, due to lack of support from MUI, is done and paid for by the Tyrolean Society of Gen. Pract. The "clinical attachment program" at the MUI is a big success – students like it and rate it high at their when evaluating educational interventions.

At the *Medical University of Vienna (MUW)* (chair Prof. M. Maier, EURACT member) the clinical attachment programme in general practice in the 5th and 6th year was well received and evaluated. We reported in an earlier country report in detail about the multifarious lectures the department of general practice in Vienna is involved in.

The *Medical University Graz (MUG)* invited four applicants for a hearing to allocate the position of a professor of general practice. The hearing was hold on March 9, 2009. GP educators are currently contributing (lectures, seminars) to the following subjects ("modules" of teaching/integrated curriculum): "Medicine & Society", "Growth and biological maturation", "Tension field Personality", "Communication". // At the MUG there is a special study module "general practice". In the sixth study year there is a 5 week compulsory attachment programme for students in surgeries of GPs. The team of GP lecturers at the MUG received an award (Michael Hasiba Preis 2008) for their project „Lernen und Lehren in der Praxis“.
The "Institute of General Practice, Family Medicine and Prevention" at the *Private Medical University Salzburg (PMU)* (chair Prof. Soennichsen,
EURACT member) was founded in April 2006 and is involved with a number of lectures and seminaries in the curriculum at the PMU especially with lectures/seminars in "Patient Care"and a course on "General Practice and Family Medicine". Currently they advertise a post of a lecturer (Assistant; http://www.pmu.ac.at/1091.htm).

Vocational Training in General Practice
For many years the Austrian Society for General Practice/Family Medicine has strived to facilitate a specialty training in GP/FM. The discipline currently has a 3year VT period and is not acknowledged as a specialty, However, changing ministers of health and their different views on the matter keep postponing this important innovation for GP/FM. But there are still hopes to implement a 6 years specialty training curriculum for GP/FM in Austria.

Continuing Medical Education
There are a great number of CME courses for most or all skills which are needed in primary care being offered.

The WONCA Europe Kongresses 2012 will be held in Vienna.

BELGIUM

BOSNIA AND HERZEGOVINA

Natasa Pilipovic Broceta

Health Care System in B&H

Primary Health Care Policy Project activities are going on. Still education in primary health care management for health professionals has been held in B&H.

Basic Medical Education

Practical part of FM has been strengthened by mannequins, especially related to CPR.
Students of the second year at Medical Faculty in Foca, started with Family Medicine during the Clinical Practice.

Vocational Training

CPD/CME

There is a course (presentations and workshops) for family doctors in Republika Srpska related to child care, due to family doctors take care about children. The teachers for the course are pediatricians and family doctors.

What have I done in my country as EURACT representative?

I have prepared and distributed a report on Cyprus Council meeting.
I am in touch with colleagues in Sarajevo who start preparation for Leonardo Course in Sarajevo. So far, there will be five trainers (I will be one of them) and about thirty participants. Trainers are from different cities: Sarajevo, Mostar, Banja Luka. Probably the course will be held in the end of May this year.

BULGARIA

CROATIA

CYPRUS

Dr Phil Phylaktou

Health Care System

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

Basic Medical Education

Cyprus has no Medical School (even though there is a National University and other Higher Education Colleges etc.), thus no medical faculties exist. Most doctors have received their degrees from other countries such as Greece, England, USA, Russia and other European Universities. Nursing faculty exists for more than 3 decades.

Vocational training

Non-applicable (No MF – see above)
Workshops, seminars or courses are only sponsored for doctors employed by the Government. The doctors working in the Private sector have to find their own way to all these venues of training.

CME
The Continuous Medical Education Program was initiated by the Cyprus Medical Association (CMA) around 2002-2003. This requires 50CME hrs per year for a 3 year Certificate compiled of 150 hours. Lectures and courses, seminars, conferences and International Congresses are organized by the Medical Societies of each specialty, the CMA, the Government and others.

My activities in my country as EURACT representative
This is my first 3year service as a council member (2007-2010). I was elected to serve for the last 6 months of 2006 (as an emergency replacement) when our previous NR had to resign for personal reasons. The compilation of our members comes from 2 societies and has a total of 50 members. I started meeting with the 2 societies and started organizing further activities such as seminars, courses conferences and the one before last, meeting in Cyprus. My personal goal is to see further Euract Activities taking place in Cyprus such as more teaching courses including Leonardo.

NOTE:
During the Euract Council meeting in Cyprus in October 2008, the pilot to the Leo-2 course was delivered to our members with excellent results and feedback from the family physician members of our Associations, and at the Special Conference day, the Cyprus Association for Gen/Family Medicine (to which I serve as the President -2nd term) introduced with great success the serious issue of "Furthering Academic development in Family Medicine in Cyprus in the absence of a local Medical school facilities". The work was organized to include speakers from our local authorities of the Ministry of Health, Deans from the local Univerities, distinguished Professors, representatives from the National Health System and we also had special guest speakers from the Euract council members. This was perceived as a perfect opportunity for our society to receive positive input from experienced individual Euract Council members and from the body of the Council as a whole, in order for to be able to compose further recommendations to propose to the Government body in order to further our actions in the promotion of our Association and Family Medicine in the country in general.

CZECH REPUBLIC

DENMARK
Roar Maagaard

Basic Medical Education
3 medical Faculties in DK (Copenhagen, Odense and Aarhus). There is a constant threat to the length of the GP-period for students due do economical reasons – and the newest attack came in Copenhagen this spring: the number of days in a GP clinic dropped from 10 to 8 days! Discussion about raising the number of student-intake has continued – and from summer it is raised by 200 till around 1200 per year – prognosis tell we will have too many doctors in some years – and today: all too few!

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate "internship" for all doctors. Government has now reduced this18 months basic training to 12 months – and the new system started 1'st of August 2008. And GP in Denmark lost part of this battle – from 2008 GP-training is no longer compulsory for all young doctors. We struggled for "as many as possible must go to GP" – and the result was that 80 % of all new graduates still have 6 months of basic training in GP. This change still creates rather much debate among educationalists. A survey before the change was put into action showed very big satisfaction with the compulsory 6 months in GP.

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

Health care
Lack of specialized doctors (including GP's) is becoming a major problem in Denmark.
In certain areas of Denmark many patients will lack a personal doctor in the near future. Something must be done… - but what? Right now GP's trade union is negotiating a new contract with our health authorities and this is a big issue in these negotiations.

My role as a Danish EURACT Council member:
As Council member and as president of the Danish College I am trying to integrate EURACT in the Danish educational landscape – and still advertising the EURACT Educational Agenda to all devoted to medical teaching in general practice.

ESTONIA
Ruth Kalda

Basic medical education
Family medicine has its position in undergraduate curriculum. Teaching of family medicine is provided in 2nd and 6th years of undergraduate studies. Mostly the active methods (interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.
Since autumn of 2007 year we provide special seminars in clinical pharmacology for 6-th year students, also we have special courses of prevention and evidence based primary care for all medical students.
Since autumn of 2008 our department has special curriculum for teaching pharmacists in undergraduate level. The topic of course is "Primary care medicine" and work amount is altogether 160 hours.
We provide also several elective courses for undergraduate students: "Evidence based diagnosis and treatment of common infections in outpatients clinics", "Research in primary health care", "Evidence based prevention of common chronic diseases".

Vocational training

Mainly the same, as it was.
Duration of residency training in family medicine is 3 years and includes more than half time in family practice where the trainees work under the guidance of tutor (senior FD). All family doctors who would like to be a tutor should have re-certification.
We have regular training courses not only for the trainees, but also for the trainers.

Continuing Medical Education
There is movement from CME to CPD as it is suggested by EURACT. 2 courses for family doctors to introduce the idea of CPD have been organized and more active and enthusiastic family doctors already created their own learning plans.
Amongst the priorities of the Estonian Society of Family Doctors' during last years, have been stimulation of both, the professional development and quality of work as well as assessment of professional competency.
To facilitate family doctors' professional development, Estonian Society of the Family Doctors has been created special web-based self-training environment „Svoog". This environment allows all registered family doctors to watch by the internet all the conferences and lectures organised by the society of family doctors, ask the questions and respond them and create own personal account for CME points. Soon we will complete handbook for quality development for the family practices, which helps to organize and assess everyday professional activities in concordance with best practice.

Health care organisation
Family medicine has a strong position in the health care system. In the plans of the Ministry of Social Affairs the primary health care should take even more responsibility in health care, but problems exit with personnel. The task profile for family nurses is described and officially recognised, and this places more responsibility on the well-educated nurses. Now family nurse is the first point of the contact with the patient and she makes the first decision. The Developmental Plan for Primary Health Care for the years of 2008-2015 was one of the latest projects, which is now ready.

What I have done in my country as a EURACT Council member
Personally I am responsible in organizing of Leonardo EURACT Courses in Estonia. 3 courses have been provided. I am responsible for vocational training courses in Estonia and also I am coordinator of practical work of undergraduate students in family practices.
In 2007 spring I organised first CPD courses for Estonian family doctors and in 2008 a second one.
I am one of main organizers of research courses for our vocational trainees and also teaching of research in family medicine in undergraduate level.
After council meetings I usually inform EURACT members in Estonia and colleagues from Family Medicine Department about activities connected with EURACT.
Usually I also try to share the ideas of EURACT concerning life-long learning, selecting of trainers and training posts for vocational training, educational agenda etc. during the courses for our trainers but also among vocational trainees.

FRANCE

FINLAND
Markku Timonen

HEALTH CARE
Our public health care is still in problems, especially when primary health care is concerned. Municipal health centres do not have enough doctors, especially experienced primary health care doctors and specialist of GP working near the big cities tend to be recruited by recruiting companies (which are renting doctor services to municipal health centers) and by private occupational health care firms, in both of which the doctors have not lost their confidence in being able to master their own work (the duration of the working day is fixed).

BASIC MEDICAL EDUCATION
No official decisions have made regarding the "rumours" (as explained by PV in the last country news letter) that the Ministry of Education would raise the annual student intake with regard to basic medical education.

SPECIALIST TRAINING
On 13Mar2009 professors of General Practice in all five faculties of medicine in Finland had a meeting to harmonise the content and level of the theoretical training in specialist training. Some progress was made regarding harmonisation.

In Oulu, we have a pilot project, so called "GP-training programme" together with the Unit of General Practice of the Oulu University Hospital and the discipline of General Practice in the faculty of Medicine in the University of Oulu. In "GP-training programme" we are teaching the core competencies of the EURACT Educational Agenda to those who are specialising in GP at the University of Oulu. The first 16 trainees started in this 2-year programme in spring 2008.

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

GEORGIA

GERMANY

GREECE
George C. SPATHARAKIS

Basic Medical Education
No major change. Present in only 3 (Crete, Thessaloniki, Athens) of the 7 medical faculties. The program in Athens has not worked well this year as an optional one (there was no interest, too few participations from the part of the students). The trainers also are not GP / FDs.

Specific training
The Committee on Education – Training of the Greek Association of General Practice Medicine (ELEGEIA) is in the phase of editorial corrections of the translation of the "Educational Agenda" just before publishing.

CME / CPD
No major change whatsoever.

Health System
The future re-organization and restructuring of the Primary Health Care (PHC) sector and the Health System in Greece marking a transition from a Publicly Centred PHC sector to a Private system stays always blocked for the second year in the row.
The re-centralization process of commands for medical material for the Hospitals and Public Primary Care Centres, run by a specific committee within the Ministry of Health in Athens, has lead to malfunctioning and lack of consumables.

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

- Production and dissemination of reports from the Larnaca Council meeting
- Distribution of information concerning EURACT courses and activities
- Collecting membership fees
- Effort to make publicity about EURACT in any occasion, in order to get new member candidates, at least to replace those that have resigned this last semester.

HUNGARY

ICELAND
Alma E Svavarsdóttir

BME:
The numbers of hours in communication skills has increased a lot over the last few years in the University of Iceland Department of Medicine mainly because of GP´s pressure and involvment.

Specialist Training:
We do have some concern about the future of the ST-training in Iceland. So far we have not seen any decrease in intrest in this speciality but with the financial crisis there will be a cut in the number of training postitions we can offer. This is disasterous as we do need a greater numbner of GP´s in the near future. In the next 10 years the majority of GP´s will reach retirement age. The recruitment into Family Medicine is now just managing to keep up with the increase in the population.
We have parliamentary elections coming up so we will get yet another government. If a left coalition comes into power we might see some kind of a referral system implemented and with the present numbers of GP´s this will prove very difficult. We might therefore need to double the intake into the family medicine program and in addition put together a formal structural re-training program for doctors who want to change specialities and retrain to become GP´s.

CPD
No change. Less money from the government by cutting down on per diem payments and GPs have reduced their involvement with drug companies which financed part of the CPD in Iceland.

IRELAND

Owen Clarke

General Practice
There is no shortage of bad news but I will begin with some good news. After a long gestation a National Cervical Screening Programme has been commenced. This is being delivered through GP/Family doctor practices. Cervical smears are offered free of charge to all women from 25 years to 60 years of age. Extensive training for "smear takers" was provided in advance. Uptake so far is very good and this was greatly helped by a rather tragic high profile case of celebrity cervical cancer in the UK.
Otherwise, due to the economic crisis the atmosphere is very negative and morale is low. GP incomes are being reduced. Unemployment and the psychosocial problems that go with it have increased. An immunization programme for HPV has been withdrawn due to cost.

Specialty Training
Incomes and financial support for doctors in training are also being reduced. For undergraduates it seems likely that University fees will be re-introduced.
For another year there is no increase in the number of postgraduate specialist training posts for general practitioners. The shortage of GPs will continue. There are some proposals now for fast-track training for doctors working in general practice who have not had formal specialist training. There are fears that full formal training could be undermined by this. We will need to proceed cautiously.

BME
Undergraduate training in the general practice setting continues to expand. This is driven by a gradual doubling of the number of undergraduate medical students. Hospital bed-sides are getting rather crowded and so getting close to patients in family doctor offices is an attractive option. Attachments are generally of two weeks duration and students usually get 2 weeks in an urban/city practice and 2 weeks in a rural town or rural area. Feedback from students on these attachments has been very positive to date. In addition to this time undergraduates spend 2 weeks attending lectures in the Department of General Practice. Most teaching now is modularised, integrated and uses the problem based approach. In the new Medical School in Limerick University practically all clinical teaching will be done by the general practice clinical teachers.

ISRAEL
Howard Tandeter

Physicians 'Statistics
Israel is a small country with a population that doubled itself in the last 30 years (3.5 to 7.5 million people), mainly due to immigration. It has a large number of physicians per population (460: 100.000), and only 45% of them are board certified as a specialist in any discipline (data from 2004). One third of the physicians employed in 2004 immigrated to Israel after 1989. Almost 60% of all the physicians in the country are employed in Hospitals and the rest in the community. At present, training (a formal residency program or postgraduate course) is not a prerequisite to become a primary care physician, and a relatively low proportion of physicians working in this country today are specialist in Family Medicine.

The System

Israel has a well-developed primary care system with clinics located in the community, all around the country (urban, suburban, and rural) 2. About 97 per cent of the population has medical coverage through a National Health Insurance, and they can choose one of four Health Maintenance Organizations as their health services' provider.

Family Medicine in Israel
The last 30 years have witnessed a process of renaissance of primary care in Israel, which developed on two main tracks: medical education throughout all its stages, and the organization of medical care in its various aspects. FM developed as a new discipline in Israel in the seventies, achieving independence from other disciplines. The first official residency training programs was initiated in 1977, and today there are 11 departments around the country; each affiliated academically with one of the four universities' with medical schools, offering residency programs in Family Medicine (Ben-Gurion University, Tel-Aviv University, and the Technion in Haifa and the Hebrew University in Jerusalem). FM is a well-acknowledged discipline in this country and it is now recognized by the National Scientific Council as base for sub-specialization in geriatrics, infectious diseases, and emergency medicine.

Basic Medical Education
The 4 medical schools in Israel have similar but not identical programs. There are 6 years of undergraduate studies (3 basic and 3 clinical). One important difference is the length of the FM clerkship that goes from 2 weeks to 6 weeks, according to the medical school.

Vocational Training (The Residency Program)
After 1 year of internship, residents enter a national 4-year program composed of hospital and community rotations. Hospital rotations include a year in internal medicine, 6 months in pediatrics, 3 in psychiatry, and 6 in elective rotations (two 3-month rotations chosen from a list of sub-specialties such as ENT, dermatology, ophthalmology, gynecology, surgery, orthopedics, and emergency medicine). Community rotations are performed in approved teaching practices, with 9 months under direct supervision of an instructor (1: 1 teaching), followed by 12 months of independent work (not under direct supervision), in what will become the definitive practice of this doctor after certification. In addition, residents participate in a weekly course over six semesters in which they discuss the theoretical background of their work and learn communication skills. Evaluation consists of two examinations: a multiple-choice examination 24 months into their residency, and a final oral examination -for the Board of Family Medicine mandatory examinations- about different areas of knowledge (clinical cases, family presentation, and practice organization). These programs produce about 60 board certified physicians per year.

Continuing Medical Education.
There is no re-certification process in Israel. Primary care physicians have the right to participate in CME courses and the HMO organizes CME courses. I act as director of the CME school at Ben Gurion University and organize all the CME in the country for Clalit Health Services.

Society of Teachers of Family Medicine
After serving as Chairman of the Society for 5 years, I resigned from the job in 2008. The new elected chair is Dr. Martine Granek Caterivas, who is doing a great job and has re-vitalized the activities of the Society. There are 5 committees that deal with the following areas: Research in Medical Education, Development of a National Faculty Development Program, Communication

with Medical Schools, Organization of Conferences, and International Networking (my new responsibility in the Society).

ITALY

Francesco Carelli

Basic Medical Education

More steps for basic medical education are now organised in Italy with more and more experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, Florence, Monza, with courses and lessons (even if usually not in a really structured module) for students on fifth and sixth year.

The real news is in Milan where EURACT National Representative, following a tutorship managed in the previous academic years, scheduled on EEA system and philosophy, now he is in charge for two (double) growing Elective Courses of Family Medicine.

A course is organised for Tutors specifically for an unique aim: the post-graduating national exams to get professional license. These ones are really Tutors for the University, working in every town where an University of Medicine is seated, and in charge on deeply examining the new doctors giving a structured scheme of scores, in this way judging what these students learned during six years in University, usually not been prepared at all on Primary Care specific competences, because lacking of family medicine teaching in the curriculum.

EURACT members met in a national workshop in Rome together with members from all other WONCA Networks (as WONCA Italy), but all European WONCA Networks continue to be out of the national political decisions and now the main trust medical associations (not all, big claims each others) signed a new devastating national contract also in clear contrast with the European Definition of Family Medicine. Probably this had been more contrasted having a strong EURACT's position as a legal institutional body.

Postgraduate specialist training

VT is not yet changed into a real specialist certificate, this three years schedule (not as specialty) is managed only in some Regions, more able to use money; others did not created at all…..creating strong national disparities.

The National Task Force on Undergraduate and VT who met last years, is now stopped by the political body and other covered reasons: no developments at all. Also, in this stand-by position, big Scientific Societies and Trust Organisations see VT as a "CME dependence" for their lessons to friends of friends, nothing else, not a specialty at all.

Continuing medical education

It is still obligatory for National Contract with NHS, to take 150 credits in 3 years, nothing changed as numbers but all really changed because of the bad financial situation, nobody been able to pay for and to sponsor events and meetings about courses anymore.

Health Care

The National Health System is getting probably the worst period in its life with dramatic cuttings, inquiries (also in Courts!), conflicts, and problems. So, GPs are on the highest level of frustration and burn out since years and many are looking at

retirement as soon as possible. Sponsorships are now totally not allowed for Family Medicine, companies involvement is disincentives.

Life as Council Member

The National Representative translated the EURACT Statement on Selection for Teachers and Tutors, consulted and used for VT in four Regions, for national exams in some Universities and in Milan for BME and by WONCA Italy, the aggregation of networks refused by the national societies.
Also he worked with other EURACT members for a national translation. Since 2007, being so big the duties, and so upsetting and boring and time consuming the administrative side for membership and at the same time to coordinate and spread activities, an EURACT Secretariat was created, and a mail list and an Operative Board. The five biggest blog discussions in list were about ECE, about pediatricians, about Alma Ata Declaration, about VT entrance texts, about national drugs Agency.

The Nat. Rep. got other papers of him published on the European Journal of General Practice (also as Editorial), on British Journal General Practice (as paper, as letters, as back pages), on Family Practice, on Slovenian Journal of Family Medicine, on London Journal of Primary Care, on Synapse Magazine and on weekly Italian magazines (just every time with themes concerning EURACT, five expressly only on EURACT, on BJGP and on LJPC more pages were on EURACT in the European Context).
So EURACT persists to be known, as it was in all these long years of work in Council.

The National Representative was appointed again for this year as Professor for Family Medicine at University of Milan for students at 5th and 6th year , with enlargement of duties as the Deanery asked him.

Members for EURACT continue to stay, all from different geographic areas and from just all different GPs Societies (Csermeg, Snamid, SIMG, SNAMI, FIMMG, local P.C. schools, ASSIMEFAC, society in WONCA and from GP Health Educational Authorities, the same to say for AIMEF) . So EURACT – Italy is absolutely the biggest and unique as working international society in Italy and the most visible on journals and on internet and the debate. We are getting new members but more members are leaving or disappearing really convinced not to receive enough feedback during the years or pressed by their national societies to leave ...and this would be a matter of reflection in the Council ^^^.
The old founder of Italian College of General Practitioners managed a lot of work with EURACT Nat. Rep. so he is now Honorary Member in charge for EURACT for all contacts with Ministry of Health and Ministry of University and Research, this also with agreement by Presidency of the main national GP association.
Many of EURACT Italy members are directly or indirectly, more or less involved (I thank so many doctors: Valle, Di Marco, Nati, Donato, Bruschelli, Carosino, Valcanover, Colorio, Sartori, Valenti, Coronelli, Bagnoli, Impiduglia, Migliavacca, Sorghi, Alice, Noberasco , Paduano, Stimamiglio).

WONCA Florence style and time had been to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters unfortunately and logically did not go for the best because of new internal conflicts and

refusing again WONCA and EURACT concepts on Definition, Competences, Selection, Quality Assessment and we see the consequent weakness as a whole of the profession and a worsening low level for working conditions in General Practice. This do not change with the change of national government because it is a no-style and General Practice is at basement level and now the financial situation is creating the worst final.

A network of the Italian scientific societies was created named WONCA Italy. The aim is to save the above concepts and to try to work in these difficulties.
The invited GPs are pushed to accept discussion and put together information concerning news and working in progress for activities in their positions. The network overlooks as an umbrella and operates a link with the existing mail-lists on VT and on undergraduate and teaching at national level.
The network works on documents so to present them (hopefully) at political tables where trust associations and government discuss.
At the board - meeting of the network (eight of them members of WONCA), EURACT Educational Agenda was agreed by the delegates as the cornerstone from which to create in Italy an academic Family Medicine.
The Nat. Rep. was appointed in March by WONCA-Italy for a research-presentation on GP/pediatricians relationship in primary care health system.
We hope that the interest shown by University Dean in Rome and Milan and the same by the Medical Council in Rome and Milan concerning the EURACT Assessment Course will open with their political presence a way forward so essential and this is one of the key-aims from EURACT. Anyway, as usual, sadly no good development followed.

LATVIA

LITHUANIA

Egle Zebiene

Health Care system is facing significant shortage of physicians, especially in countryside. Number of regional hospitals are closed due to too few staff members there, as they are not able to function. Shortage of Primary care physicians is also noticeable even in a Capital city, which is the most popular place to work in. Delays in financing due to financial problems in the country also affect negatively the overall health care situation, which is not that alarming yet, but is expected to worsen later in the year. Number of trainees in the VT schemes is also reduced lately.

BME

No significant news so far. Teaching of FM in Vilnius University still going on during the last term of the year 6, only 48 hours are dedicated to General Practice. This includes group work, seminars, visits to FM centers and time in practice. The late exposure to General Practice during the undergraduate studies actually means that students already have defined their priorities towards the future profession.

Vocational training.

Latest changes in the postgraduate training curriculum now include 1 year Internship after the graduation, which is organised mainly in specialized University clinics. After

that trainees who have chosen General Practice as their future profession, have 3 years of Specialty training. 50 % of the training time are spent in General Practice setting, including the rural practices. The good news as that GP trainee's training portfolio is developed based on needs of future GPs, so that means that in certain narrow specialties like minor surgery, they learn skills which are essential to future GPs, and learning takes place in Primary care, which is a new tendency in training process. The general discussion about the duration of training is going in the Government, with the possibility to cancel the Internship and reduce the specialty training to 3 years again. The outcome of that is not clear yet.

CME/CPD

Activities are mainly influenced by the current licensing system, with 200 credit hours to be collected during the 5 year period. Only activities that are organized by Universities or professional organizations, can be included for licensing. No personal learning plans introduced for CPD yet, so content of CPD activities attended is not monitored or defined by personal needs of a FD.

MALTA

Mario R Sammut

Basic Medical Education

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

Vocational Training

The first-ever Specialist Training Programme in Family Medicine was launched in Malta during 2007 with 11 GP trainees, each attached to a GP trainer. During 2008, another 12 trainees were accepted into the programme, bringing the present total to 23 GP trainees. Another intake of 12 trainees is planned for July 2009.

Continuing Medical Education

Since 1990, a Continuing Professional Development Programme has been organised by the Malta College of Family Doctors (MCFD) in the form of a meeting in each term of the academic year (Autumn, Winter, Spring).

In 1991 accreditation of CME activities was launched, with continuing membership of the College depending on the accumulation of sufficient credit units within a CPD Accreditation Scheme.

Malta Health System

In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Over 300 family doctors were nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors.

In 2006, the inaugural full Membership of Malta College of Family Doctors (MMCFD) was awarded by acquired rights to family doctors accepted on Specialist Register of Family Doctors.

In 2007 a new €580 million acute general hospital was opened by the government.

Following its re-election in 2008, the government promised to develop primary health care, and set up a Patient Registration Task Force to advise on the introduction of doctor-patient registration in Malta *on a cost-neutral basis*. A report was finalized in March 2009 for the Minister of Social Policy to present to the Cabinet of Ministers. If approved, this report would then be made available for wider consultation with all organisations concerned.

Council Member Activities
In October 2008, together with Monica Lindh (Sweden) and Bernhard Rindlisbacher (Switzerland) on behalf of EURACT, had paper entitled "Funding of vocational training programmes for general practice/family medicine in Europe" published in the European Journal of General Practice (2008; 14: 83-88).
During February-March 2009, was co-organiser of a 2nd MCFD-EURACT Teachers' Course in Family Medicine in Malta for 16 local GPs. The course was facilitated by 5 Maltese GP Teachers in collaboration with Dr Yonah Yaphe (Israel), a member of the original teaching academy of the Leonardo-EURACT Teachers' Course.

MOLDOVA
Natalia Zarbailov

There are about 50 Clinical Protocols elaborated in the country at National level, and is ongoing transfer process of protocols for work place of family doctors. A more significant fact is that many posts of our specialty remain vacant.
For 2009 in Moldova is planned revision of training programs for family doctors at the university level and postgraduate.

Basic Medical Education
The university Family Medicine rotation content will be revised this year. About 120 of the VI Year students who was trained at the Family Medicine Department lasting 3 weeks during the months of February to April 2009 have been interviewed. It is under discussion possibility to teach Family Medicine on V Th grade instead of VI Th at Medical University.

Vocational/Specific Training
The Family Medicine vocational training is in the process of amending. The revision is based on recommendations of a working group that assessed the state of things on the training of residents in the neighboring cycles (rotations at neurology, oftalmology, urology, infectious deasesses etc.) in 2008.

Continuous Medical Education / Continuous Professional Development
With the support of two international missions (Social Project, financed by the World Bank, and project support to health reform: strengthening primary health care in Moldova, financed by the European Union) is under review and update the curricula of family medicine specialists training. During last 2 months was revised curriculum of medical continues education to adjust the portfolio as integral. It was developed educational course"The knowledge, skills and abilities essential to the practice of the family doctor", whose purpose is to improve the ongoing quality of services provided under health insurance by family doctors. It was updated elective course for family doctors and adjusted to the first two optional course in medical expertise.

THE NETHERLANDS

Yvonne van Leeuwen

Health Care
The changes in our health care system which came into effect on January 1st 2006 had a great impact. As much as in society as a whole, we now see the b(l)acksides of the market system. Costeffectiveness, moreover, the reason for it all, is not realised.
Great consortia of GPs are formed, with representatives who negociate with insurance companies. Solo practices are rarer every month.

Undergraduate curriculum
No fundamental changes at the moment. The bachelor-master-structure, which was imposed on the medical curriculum, does not fit well resulting in a burocratic struggle.
Patient-contacts are organized more and more in the earlier (1-4) years. There is more focus on professional development, in education but also in assessment.

Vocational training
Accreditation of teaching practices is an issue here. The GP-department gives assisstence to enable the GPs to attain the standard level of quality of care.
The eight departments of VT intensified their collaboration, the society of GP-teachters joint in.
A new 2-weeks course for emergency medicine for all Dutch trainees starting with year 2, is realised. It prepares trainees for their work on an emergency department in hospital. It is well received.

CME/PDP
There are more and more more-days courses, apart from the core trainings of 1-2 years (1 day a week). This represents a tendency to study subjects more thoroughly and the wish to increase competence substantially.
The core training is not only ment to increase personal expertise but also to exploit the newly acquired competence for education, collegial advise, helath politics and research.
The available core trainings are:
Palliative care
Cardiovascular disease
Asthma / COPD
Diabetes
Geriatrics
Mental health care (wil soon start)
Uro-genital diseases
Coaching
(Practice) management
Primary care research

There is a growing resistance towards farmaceutical firms sponsoring CME.

On the level of further personal development or differentation into a certain topic the Dutch College of General Practitioners has, with the help of the universities, set up Advanced Courses on for instance Palliative Care (Bernardina's activities), COPD, Mental health problems. GP's who have such special skills/competenties can ask to be registered in a special registry. It is believed that this will enhance the quality of the work and it is hoped that health insurance companies will

reimburse these special activities. The registry opened in January 2007 for GP's who do obstetric primary care; for GP's with ultrasound expertise; and for GP's with expertise in eye care. More then 100 GP's have already been reviewed and registered.

NORWAY

Mette Brekke

Basic Medical Education

No changes lately. Four medical Faculties (Oslo, Bergen Trondheim, Tromsø). Except in Bergen, general practice is one of the three main clinical topics beside surgery and internal medicine. In Oslo we had a serious threat to abolish the 6 week practice period which students spend with a GP during the 5th year, due do economical reasons. Only massive protest from students and teachers could prevent this from happening.

Vocational training

Since the last EURACT-meeting, the government has decided to move VT as well as CME away from the Medical Association. According to preliminary plans, the universities will take over the responsibility. This process will take time, and fresh resources will be needed.

Until now have had a formal vocational training program which is structured into every detail and which is administered by the Medical Association. After completing this program, you become a specialist in general medicine and your fee increases. The training implies 4 years full time GP (or up to 8 years part time) and one year hospital employment after authorization. In addition: 2 years group supervision, four mandatory courses as well as a number of other courses (you may choose from a certain pool). Candidates must also document a comprehensive list of clinical skills.

Although most young doctors in GP now start vocational training, it has not been compulsory. Now the decision has been made to start the process to make specialization mandatory for doctors who want to work in GP.

Continuing medical education

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

Health care

A list system was introduced I Norway in 2001 so that each GP has a defined patient list and every citizen knows who is their personal GP. The system has been greatly successful. But since its introduction, the government has delegated new obligations to the GPs and at the same time neglected to increase resources. The result is that many GPs feel exhausted and frustrated. There is a major problem regarding recruitment, as it is difficult for a young doctor to get established in GP. Since the last EURACT meeting, these problems have been increasingly recognized by the government, and we are expecting actions to be taken (?).

My role as a Norwegian EURACT Council member:

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

POLAND

Adam Windak

Undergraduate education:
No major changes in undergraduate education. All students follow at least 105 hours of education. Universities are free to use these hours as they wish. Not all of them conduct training in GP practices.

Postgraduate education:
Number of candidates is dropping down consistently in whole country. Family medicine is on the list of privileged specialities and due to this fact residents are better paid (about 30%). However this incentive is not strong enough to attract young graduates. Ambiguous ministerial policy towards primary health care results in changes of physicians' attitudes. Most of them prefer to start vocational training in internal medicine. Its completion allows to work in PHC as well as in hospitals or other, specialized settings. In other words, internal medicine is more flexible option for young physicians without clear vision of their own future professional career.

Continuous Professional Development:
Huge palette of educational events is available for GPs in whole country. However most of the activities are concentrated in big cities. Physicians from rural areas have worse access to them. Number of distance learning courses is rising. However mainly younger doctors are eager to participate in them.

What I have done in my country as a EURACT Council member
I have organized next Leonardo EURACT course in Poland.

PORTUGAL

Luís Filipe Gomes

In general
Primary Care reform is on the ground now. Health Centres (HC) were clustered, and new Executive Directors and Clinical Directors (all GPs) were designated. Within the clustered HC there will be several kinds of smaller units – Health Family Units (HFU – the main focus of the reform, grouping small numbers of GPs, Nurses and Secretaries in order to provide care to a defined population, in respect of contracted indicators), Continuing Care Units, Public Health Units and Personalized Care Units (grouping GPs and staff not yet evolved to HFU).

Basic Medical Education
Still working on the new Medical School in Algarve. Students applications are now closed, the course (**graduate entry**, pure **PBL** – the St. Georges package – and **primary care** based) will start next September. GPs have been selected to work as tutors in tutorials and in clinical setting. The core pedagogic group of the course – 6 members – includes one GP.

Vocational Training
Finally approved and published the new VT Program for GP, presented by the College already in 2004. It is a 4 years curriculum. Unhappily, two of the most important characteristics (4th year "in practice" and a new format for final examinations) were not included on the Ministry final version. It is, nevertheless, an important step for GP in Portugal.

CME / CPD

CME/CPD project in Algarve has already started – and it is the only one in the Country. Now, 62% (increasing) of the 260 Algarve GPs are organized in small groups with trained Tutors, meetings happening monthly all around Algarve. We had a very successful and important "2nd Algarve CME/CPD Meeting". Thinking now of showing our work at national and eventually international *fora*. Other regions showing interest – we hope it will expand.

Work done as a EURACT Council member

We had another edition of the Rolling Course, in Bragança (the far Portuguese Northeast...). I was one of the teachers, so was Yonah Yaphe. Other editions are being prepared in Lisbon and Coimbra – great success of the Course.

I am also preparing the 1st edition in Portugal of the EURACT Assessment Course, which will take place in December 2 – 5, this year.

Working also in new materials for the EURACT booth in Basel.

ROMANIA

Razvan Miftode

POSTGRADUATE SPECIALIST TRAINING

At the end of March 2009, a new competition for acceptance in long-duration („part-time") FM resident ship (postgraduate specialist training) has been achieved. I wish to remind some characteristics and motivations of this kind of postgraduate training:

1. only non-specialist physicians who already have their own praxis (office and list of patients) can follow this training
2. The number of FM doctors which it's in continuing decrease (especially in rural area)
3. to facilitate the achievement of postgraduate training without back down from the list of patients.

CONTINUING MEDICAL EDUCATION

From October 2008 so far:

- there were some regional CME activities organised by Iasi CME Centre (the topic „Practice Management in Family Medicine") and National Centre for Medical Training Bucharest (the topic about gastro-intestinal and pulmonary pathology).
- As well, The National Centre for Studies in Family Medicine (CNSMF) organized –in Bucharest, November 2008 – an International Conference about Quality in Family Practice, concomitant with the Autumn Meeting of Equip Council. The most of shown scientific work and debates were ruled by Romanian Family Doctors and also by some National representatives from Equip Council. These both events were organized and supported by CNSMF.
- In March 2009 the Family Doctors Association from Bucharest (AMFB) organized The National Conference of Family Medicine. During four days there were work-shops, plenary presentations and public debates concerning professional development, social status of FM and relationship with Government and National Insurance House. Almost 1,500 Family Doctors from around the country were in on this event.

Before long:

- Four TOT work-shops will be organised in Bucharest, Iasi, Cluj and Timisoara (60 FM trainers will participate) by Ministry of Health in collaboration with Professors of Psychiatry from Vienna University, Department of Psychiatry. Dr. Wolfgang Spiegel, the

national representative in EURACT Council from Austria, will be one of the teachers. The topic is on depression and mental disorders related with alcoholism.

- A training course for new trainers in FM will be proposed under supervision of National Society and National Centre for Medical Training Bucharest.
- The International Conference of Family Medicine organized in May 2009 in Iasi, focused mainly on New Technologies applied in Family Practice.

NEW GUIDELINES FOR FAMILY DOCTORS

Using and keeping on the experience acquired by fulfillment and issuance of five guidelines intended to Family Doctors in 2005 (Urinary tract infection, High Blood Pressure, Diabetes Mellitus, Low Back Pain and Prenatal Care), teams from CNSMF are going to finalize two new guidelines concerning Management of Depressia and Asthma, which will be submitted in July this year.

GENERAL PRACTICE

So far, some major events occurred in the field of Family Medicine

Family Medicine Organisational Structure:

- In January 2009 there were new elections for National Society of Family Doctors's Board. A new team was selected and I am pleased to inform the EURACT Council about my election as Secretary of Romanian National Society of Family Doctors. The new President of National Society is dr. Rodica Narcisa Tanasescu, member of EURACT.
- The new Board strongly encouraged the reinforcement of National Society, so at this moment there are 39 Local FM Societies affiliated (from 41).
- According to the new social and economic context, hostile and offensive in the same time, a new Trade Organisations of Family Doctors have been organised across the country, in order to achieve a National Trade Federation of general practitioners. This strategy is needful to open the way to direct involvement of the Family Doctors in the negotiation process with Government and National Insurance House.

Legislative and Dealing

- As consequence of some adverse purviews concerning the allocated financial budget for Family Medicine (decreased with 40% from last year) and also of the Collective Agreement (working as emergency physician), National Society, supported by local Societies of Family Doctors, has started two national movements to protest against the Government's official politics. The results were: 1. negotiations with the officials; 2. strong media advertising concerning the FM challenges; 3. a FM budget congruent with the financial crisis and real needs; 4. Co-payment which will be introducing as soon as possible.
- Starting the procedures concerning a Civic Legislative Undertaking for at least 9% from Health Budget to be intended to FM. This National Society's initiative is already approved by Romanian Legislative Council

MY ACTIVITY AS NATIONAL REPRESENTATIVE

- preparing and sending away to EURACT members the Malta and Cyprus Council Meeting's reports;
- inform the National Society's Senate about EURACT Council activities;
- interview published in the most important FM Review (Medic.ro) (see the link below)

http://medic.pulsmedia.ro/article--x-Dosar-%E2%80%9EMedicul_de_familie_nu_se_plictiseste_niciodata%E2%80%9D--6701.html

- an article concerning Continuing Professional Development in Family Medicine related with the papers and data published by EURACT, written in collaboration with Prof. Francesco Carelli, national representative for Italy in EURACT Council, which is in publication process in the same review (the March issue).

RUSSIA

SERBIA

Dr. Smiljka Radic

Basic Medical Education

There are no changes in BME concerning general practice.

Vocational Training

Educational part in vocational training in general practice started with workshops characteristic for General Practice at School of Medicine, University of Belgrade at 2008/2009 school year.

CME

Education in general practice is organized by: Schools of Medicine, Serbian Medical Society, Primary Health Care Centres, ... and course "Learning and teaching about self-medication in general practice-family medicine" following Bled course was held at Zlatibor at the end of March.
From January 1st, 2009, all doctors in Serbia got their licences.

What I have done as national representative

- Presentation about EURACT and WONCA for general practice trainees at School of Medicine, University of Belgrade, within their specialization
- Sent prepared report from Cyprus Council meeting to all EURACT members in Serbia
- 13 applications for EURACT membership from Serbia have been sent. With new EURACT members we are going to have 41 EURACT members in Serbia
- Collection of EURACT membership fees for 2009 from all EURACT members and applicants for EURACT membership
- Constant informing of colleagues from Scientific board of General Practice section of Serbian Medical Society about EURACT and EURACT activities
- Report to Scientific board of General Practice section, Serbian Medical Society, about EURACT Council meeting in Cyprus
- Preparations for EURACT Assessment course in Belgrade which will be organized during spring 2009, are going on
- Preparations for Leonardo EURACT course in Belgrade which will be organized at the second part of this year, are going on

SLOVAKIA

SLOVENIA

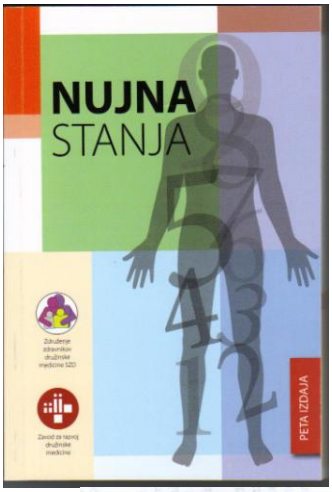
Janko Kersnik

Undergraduate education

Undergraduate teaching in both medical schools continues without any dramatic changes. The texts of students works from Maribor Medical School are available from the page http://med.over.net/javne_datoteke/novice/datoteke/13671-Zbornik_IZZIVI_DRUZINSKE_MEDICINE_2007-08.pdf. The texts have been being translated to English and German as part of University project and are about to pe published.

Vocational training
Specialist training for family medicine trainees continued. 9th generation of trainees started in Februry 2009. A working-group is continuing development of a new VT curriculum for FP training.

CME
We hold 4 national courses after 17th EURACT Bled course with total 130 participants. We kept 4 CME meetings in October, November, March and April with an average of 200 participants per meeting. We organised a course for tutors and trainers after rolling course with 35 participants in April. We published a manual on emergency care in primary care. There is a CD attached to print out materials.



Textbook CD

Diagnostic procedures

What have I done for EURACT

Associated Professor Marija Petek Ster, EURACT member and I were representing EURACT Bled Course in Zlatibor Serbia by delivering a lecture and working in the group work with colleagues from Serbia and Macedonia. I attended EB meeting in Vienna. I was involved in EURACT Assessment Course in Rome. I was involed in EURACT Bled course and in the preparation of the next Bled Course on medicalisation: **18th EURACT Bled course, September 29 - October 3, 2009, LEARNING AND TEACHING ABOUT MEDICALISATION IN GENERAL/FAMILY PRACTICE**. Web site http://www.euract.org/ or http://www.drmed.org/novica.php?id=16146, where you can alos find thelinks to material from previous courses and the detailed programme of

the course. Faculty; Justin Allen, UK, Manfred Maier, Austria, Yonah Yaphe, Israel, Coreia de Sousa, Portugal, Janko Kersnik, Igor Svab, Marija Petek-Ster, Nena Kopcavar-Gucek. A limited number of sponsored places will be (probably) available through the EURACT sponsorship programme. EURACT members from lower income countries are eligible to apply for sponsorship, using the application form. During the course keynote presentations (Introduction to medicalisation, Medicalisation of the start of life, Defining normality, Quaternary prevention, Ethical dilemmas of medicalisation, Medicalistion of the end of life Country reports on medicalisation issues and presentation of one of the teaching methods), group work, role-play, fieldwork and discussions will be held. Country reports concerning medicalisation issues are welcome. A selected number of presentations will be allocated to be presented to the audience during Saturday morning plenary session. Abstracts should be sent to my address or to euract_bled_course@yahoo.com, kdrmed@mf.uni-lj.si by July 10, 2009. Course directors will evaluate the contributions and will notify you on the acceptance of the presentation by the August 10. Presentations will be assigned as oral or poster displays. After the course the participants should

- **Know** what is medicalisation
- **Understand** the reasons for medicalisation
- **Know** about medicalisation of the start to the end of life
- **Accept** different statements of physicians to the medicalisation
- **Appreciate** pharmacist' perspective on medicalisation
- **Value** of patients perspective to the medicalisation
- **Recognize,** that medical students and trainees should learn about medicalisation

Other

I enjoyed climbing mountains, cross-country-skiing, working on research projects and working in EQuiP.

SPAIN

Dolores Forés

Health Care System

One of the great discussions in the present is the sustainability of the Public Spanish Sanitary Health System, of universal coverage and funded only in indirect way from the taxes. Is possible to sustain it in spite of the strong immigration, the ageing of the population and the economical crisis? The other important discussion is: We have enough doctors?. It seems that they are missing in some specialities: family medicine, paediatrics, anaesthesia. Or we have a too high frequentation and therefore we are little resolutive?

Basic Medical Education

Perhaps Bologna will help us, because the Universities need the Primary Health Centres and professionals able to teach undergraduate students in a more practical way, in little groups and more "reality based", also the number of associate professors is increasing and also each time more, specially younger GP's have academic recognition (PhD).

Increasing number of Universities offer in their curricula credits in relation of teaching activities related with Primary Care, and in some universities some activities are compulsory.

Vocational Training

In May 2009 the firs cohort of residents with our compulsory 4 years program will finish the vocational training period and we will have the best educated GP's in our history! The National

Commission of our speciality is involved in an accreditation/reaccreditation process of the teaching health centres in order to guarantee optimal conditions for the educational process (number of patients, number of visits, health results, research activity, practical and theoretical education following the official programme, certification of the tutors, ….). In our program at least 50% of the time is spent in primary care, mostly with GPs but also with community paediatricians and gynaecologists/midwifes or pychiatrists /psychologists)
But …. we (Family and community Medicine) are still the last option for the majority of the new graduates. Last year (2008-2009) all over the country the number of offered posts for specific / vocational education was 7900, but for Family Medicine was about 1700, very far from the desirable 50%.

Continuing Medical Education
Not compulsory but a lot of independent, evidence based, small group presential and also on-line activities are offered mostly by our scientific societies, and GPs are very participative.

My role as Spanish council member
Promoting the participation in Hippocrates program as one of the best opportunities for young specialists and trainees to came in contact with EURACT

SWEDEN
Monica Lindh

Basic Medical Education
BME consists of 5½ Years of theoretical and clinical training. *Early exposure to general practice* is strongly emphasized in the curriculum. Teaching and learning take place not only in University hospital departments but more and more at smaller district or regional hospitals and at health centres. E.g in Stockholm - how to do basic physical examinations of a patient is partly taught at a health centre instead of at a University hospital department. This is very challenging for the general practitioners. But it is also strenuous as they are not enough compensated for the extra work-load (the income of a health centre in Stockholm is mainly depending on number of patient-visits).
The internship is still the same, mostly 21 months. Please see previous report.

Specialty training (ST)
The new Bill on Specialty Training was approved in 2008. Requirements are: at least 5 Years of supervised clinical training by a trained supervisor. Mainly to take place at a health centre including participating in running a "under-five clinic", old age home and home-based care. The trainee has to take part in small-group activities, to attend courses of which 6 are compulsory, to do a project using research methodology (corresponding to 10 weeks of work) and to participate in quality improvement work. In addition all goals of the specialty-description must be achieved.

Continuing Professional Development
CPD-activities often include small-group learning, seminars/lectures, courses, attending conferences and other educational activities. Most employers require educational activities to be approved through a process of accreditation. But there is still no compulsory re-certification. There is an increasing concern of lack of time for CPD due to increased workload.

Health Care
Primary Health Care is busy being reorganized and each Provincial Health Authority develops its own model. It is likely to increase privatisation (especially for big health companies). Every

inhabitant must choose and register him/herself at a health centre instead of choosing a doctor. The income of a health centre depends on the number of listed patients (capitation) or it depends on the number of patient-visits. Some of the income might be related to performance of good quality. If a patient listed at Health Centre A visits Health Centre B, A has to pay a fine to B. The Health centre employs staff including doctors. In some models at least half of the permanent doctors at a Health Centre will have to be specialists in GP/FM while other models only require ONE specialist in GP/FM (and the rest of the doctors may be from other disciplins or not specialized at all!). This causes a lot of concern and discussion among GPs. The reorganisation of Primary Care will be fully implemented in 2010.

"What have I done for EURACT?"
Taking part in the *preparation* of the *EURACT Re-training survey*.
Preparation/running a workshop with the VdGM representative on "International networking and clinical exchange for ST-trainees in GP/FM" at the national conference of Trainees in April in Sweden.
Informing about EURACT via e-mail, at meetings e.g. national conference of Directors of training.

SWITZERLAND
Bernhard Rindlisbacher

Health Care System
The evolution concerning general practice in our Swiss healthcare System is rather mixed. On one hand the foreseeable shortage of primary care physicians leads to ever more discussions on the political level and more and more politicians bring forward proposals what should be done about it. On the other hand the general situation of GPs and their remuneration is still getting worse and worse. In the last 30 years the income of doctors in general and of GPs has declined by and by so that nowadays compared to an average income of white collar workers it has been halved within these 30 years!

Our minister of health has enacted a new regulation to reduce the tariff for the point of care laboratory investigations by 20 to 30%, pretending that by this reduction savings of some CHF 200 million will be possible. He did not realize that these supposed savings will be turned into the contrary by the fact that more patients will have to be sent to the hospital because laboratory results will not be directly available as more and more GPs will not have the necessary laboratory infrastructure for lack of financial coverage. This arrogant and as we think detrimental action of the ministry has resulted in a "uprising" of the Swiss primary care doctors who for the second time after 2006 went on the streets demonstrating at the 1st of April! This "action day" has resulted in quite an extensive coverage by the media.

In Switzerland we have the special situation that general internists and general practitioners fulfil very much the same job (or at least similar jobs I would say) in primary care. So they are about to merge their political societies. But not only this, there are also plans – again under the pressure of our ministry of health – to even merge the specialist training programs and to have in future only one internist-GP-primary-care physician. It is not yet clear where we will end up with this.

Basic Medical Education
In my last report for Cyprus I wrote that Bern still lacks its own institute of GP/FM and the faculty is strongly opposed to this for the moment. Things changed remarkably quickly within a few

months and on the same 1st of April 2009 the new "Bernese Institute of GP/FM" was celebrated! It must however be admitted that this is rather just a change of name as we are still waiting for the first professor for GP/FM in Bern. The faculty however has conceded to build up a real institute by and by.

On the other hand in Lausanne the head of the recently opened Institute of GP/FM, Thomas Bischoff, was appointed professor for GP/FM so that at least we have a professor for our specialty in 3 out of 5 faculties.

Vocational Training
Here also things continue to move slowly, ever more state financed training posts of 6 months in GP/FM are established. Since the beginning of the year we also have a newly established "Foundation for the Promotion of Specialty Training in Family Medicine", supported by the scientific organisations of GPs, internists and paediatricians as well as the Swiss Medical Association and the association of doctors in training.

Continuing Professional Development
The CME-regulations of the Swiss Medical Association have been revised as well as the specific regulations of the Swiss Society of GP/FM (SGAM / SSMG). Now 25 of the 50 hours of CME (apart from the 30 hours reading time) per year have to be spent in a quality circle or an event with the quality label "recommended by SGAM/SSMG". One criterion to get this label is that a member of SGAM / SSMG has an important influence on and plays a leading part in the programme. This gives the GPs more influence and limits the kind of events where specialists tell the GPs what the specialists think the GPs ought to know. It seems however difficult to find enough colleagues to take over this new responsibility in CME.

The new Federal Act on University Medical Professions, enacted in September 2007, gives the ministries of health of each canton the power to control whether the obligation for CME has been fulfilled. How this will actually be controlled is still open. There are no sanctions defined yet.

What I have done for EURACT
For Wonca conference in Basel I reviewed all the abstracts concerning a topic in the field of teaching / training / education for GP/FM and gave a first comment towards the HOC.
In the CME/CPD-Committee we have finished and pilot-tested the questionnaire on accreditation and re-certification/re-licensing and it was sent to all council members. Hope you all have already filled it in!

TURKEY

UKRAINE
Maryna Oliynyk

General information
All the reforms in our country, including reforms in medicine, are almost frozen because of crisis political and financial both. All the branches of Ukrainian state power are waiting for solving of these deep political problems, regular president election were announced and then cancelled very soon, shortly speaking, no time for real reforms. As for FM - the Programme of Primary Care

Developing is still not accepted (blocked by Ministry of Finance), and first attempt to approve FM as scientific discipline was failed. The common argument contra – " all these issues (according to competencies) must be studied within other disciplines (medical management, internal diseases, psychology etc., only competence which does not applied to be studied by other disciplines – holistic approach so far as nobody knows what is it). But it was just first attempt, others will be later.

BME
The new unified national BME curriculum is in preparation at the present time.

Vocational training
No changes. Ukrainian residency still takes 2 years, it consists of the theoretical and practical parts. Theoretical part goes on the departments of the Universities and Academies of postgraduate education (10 months during 2 years). During this period student attends lections, seminars and groupe work at the different Departments of medicine of University (internal medicine, pediatrician, surgery., obstetric and gynecology, urology, neurology, ophthalmology, dermatology and others – now totally 20 specialties). Disadvantages of this system is that student takes mainly medical knowledge and skills but doesn't communication skills or skills of making decision. Another disadvantage – we already have a generation of doctors-general practitioners but their teachers are not general practitioners. Our system of education demands the teacher who has scientific degree Ph/D., at the same time Family Medicine is still not accepted as scientific discipline. Practical part is spent in government clinics and ambulatories. At the end of residency student pass the exams on the Department of Family Medicine and then takes a "Certificate of Specialist – General Practitioner".

CME
There is an obligatory, unified Recertification / reaccreditation system set up by low for all doctors. The recertification is still under the supervision of Ministry of Health, during last year representatives of Associations sometime are invited to this process.
The recertification cycle is 5 years. Every 5 year every doctor has to attend unified course of lections and seminars (1 month) on the profile Department of University, named "Course before attestation", pass there the exam and just after that he has one more exam-interview in special commission which confirms his qualification.

What have I done in my country as EURACT representative?
3 articles which informed about EURACT and WONCA approaches were published in the different medical journals, 3 reports with the same information were done in regional conferences in Donetsk, Kharkiv and Ternopyl. Number of the teachers and doctors who knows about EURACT is increasing, but the motivations in the membership are weak.

UNITED KINGDOM