

Annex 1

**Review of national educational activities
after EURACT Council meeting
in Mosta, Malta May 2008**

**EURACT Council meeting
October 8-12, 2008
Larnaca, Cyprus**

COMPILATION REVIEW OF ACTIVITIES Cyprus, 8-12 October, 2008

ALBANIA

AUSTRIA

Wolfgang Spiegel

Basic Medical Education

There is what we call early clinical exposure (ECE) at all Austrian medical universities. General practice is one of the fields where ECE can take place.

At the Medical University of Vienna (MUW) (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.

At the Medical University Graz (MUG) general practice 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 (programme is coordinated in the name of Styrian Academy of Family Medicine by Dr. I. Hellemann).

At the Medical University Innsbruck (MUI) Hon.-Prof. Dr. Peter Kufner and his group of dedicated lecturers work hard to facilitate BME in primary care. However, the MUI gives little priority to primary care. The chair of GP/FP has not been filled, organisational work (secretariat) to coordinate the GP lectures, due to lack of support from MUI, is done and paid for by the Tyrolean Society of Gen. Pract.

The "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg (PMU) (Prof. Soennichsen, EURACT member) was founded in April 2006 and is involved with a number of lectures and seminars in the curriculum at the PMU especially with lectures/seminars in "Patient Care" and a course on "General Practice and Family Medicine".

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 Viennese Association of General Practice hold a CME seminary on "Spirometry in General Practice". Wolfgang Spiegel gave a CME seminary on "magistraliter prescriptions" and on "History Taking and Physical Examination in Musculoskeletal Care".

EURACT Austria

A special educational package which has been developed by Stanford University, CA, USA. And thought as a personal development programme at the Medical University of Vienna was presented to teachers of teachers in primary care by Erich Lemberger (EURACT member). Wolfgang

published a paper on "Specialty selection and relative job satisfaction of family physicians and medical specialists in Austria" (Croatian Medical Journal 2008; 48: 375-383).

BELGIUM

BOSNIA AND HERZEGOVINA

Natasa Pilipovic Broceta

Health Care System in B&H

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

Basic Medical Education

Organizational activities for school year 2008/09 are ongoing.

Vocational Training

Final specialist exam was held in May 2008.

In Tuzla there was a Conference of 10th Anniversary of family medicine in Bosnia and Herzegovina. The Conference was organized by FM Department in Tuzla, Queens University Canada and local authorities.

CPD/CME

There was the final exam in June this year for the sixth generation of general practitioners and nurses in the Program of Additional Training (PAT).

What have I done in my country as EURACT representative?

I prepared and distributed report on meeting in Malta to all EURACT members in B&H.

I informed in detail 8 new members in EURACT and collected their membership fees for autumn meeting.

During spring this year, I have got in touch with doctors who finished Leonardo Course in Kusadasi – Turkey and in Serbia – Novi Sad in order to organize Leonardo Course in local setting. One doctor, who participated in Kusadasi, and another one, who finished the same course in Novi Sad, accepted to be teachers. The third teacher was dr Smiljka Radic, Serbian national representative in EURACT Council. The first time, the Course was held within umbrella of Family Medicine Department in Banja Luka in June 2008. Participants have come from Banja Luka and Sarajevo. Then, the second time the Course was held in September 2008. in place named Foca (Eastern part of B&H). Teachers have come from Banja Luka FM Department (those who completed the Course in June), participants have come from Primary health care centers around Foca and from FM Department in Foca.

Between those two times of Leonardo Course, I participated in Tuzla and had oral presentation on "Collaboration between B&H and EURACT".

I would like to thank to dr Smiljka Radić, who supported me in organizing the Leonardo Course. Just for reminding: last year, she was my "Body" in Zagreb where I came for the first time as B&H representative. This year she continued her "Body" role related to Leonardo Course. I was lucky to have that "Body"!

BULGARIA

Georgi Ivanov

Basic Medical Education

In each of the 5 medical universities there are departments of General Practice. There are 5 associate professors and 15 full-time assistant professors and about 40 part-time teachers. The education includes 60 academic hours \30 hours in 4th and 5th year of the undergraduate program\ . The educational programs are accredited and include 50% training in a practice and 50% at the university department. There is also a 20-day compulsory practice in the 6th year in a general practice. The education ends with an exam and a mark.

Vocational/Specific Training

In July the Minister of Health in Bulgaria approved a new rules for the specialization in GP. The specialization is administered by the medical universities. It lasts for 3 years and includes 4 parts: 8 months of theoretical education in the University \12 modules from different specialities\ 6 months training in a hospital, 6 months training in an accredited general practice and 16 months in a practice for primary care under supervision of a tutor. The specialization ends with state exam in two parts – theoretical and practice. Currently in Bulgaria there are about 3000 specializing GPs, and the final term is 2015 for all the GP to have accomplished their PG study. There are also 2000 GP with a specialty in GP.

Continuous Medical Education / Continuous Professional Development

Principio del formulario

The continuing education is administered by the Bulgarian Council of Physicians.

It is still quite chaotic.

Every GP must participate in different educational activities, and gain 300 accreditation points for a period of 3 years.

CROATIA

Mladenka Vrcic-Keglevic

News from the country

New Government and new Minister of health and social affaires, is trying to introduce new reforms, as many times ago. **Department of Family Medicine, “A. Stampar” Shool of Public Health was re-designated as WHO Collaborative Centre for primary health care with me as director.** This year is 15-anniversary of Croatian Association of Family Medicine, established after Croatian independence (but 40 years of previous Yugoslav Association of General Practice). Annual Congress was organised in Zagreb, April 24-27, with 1450 family doctors, many oral presentations, posters and workshops, and the main theme was “30 years after Alma Ata Declaration: where are we?”. I was one of the main speaker.

“Dubrovnik Course”, Training of Teachers for general/family practitioners, was successfully held from April, 21-26. Topic was “Cultural Diversities: what and how to teach?”

Basic Medical Education

Five years ago, Medical study in English was started and we are in preparation for Family Medicine subject to be introduced. Department of FM has developed elective subjects at each study year:

Characteristics of PH physician, Communication skills training, Clinical skills, Family and Health, Balint Groups, Human sexuality.

Vocational Training

Is in continuation. 260 trainees are at different stages of training. 360 trainees undertook specialist's exam until now. New VT curriculum was (5 years) proposed, but not yet accepted.

CME

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

What have I done for EURACT

The Croatians members were informed about EURACT activities, provided by materials (Educational agenda), and whole profession was informed as a report in Croatian Journal of Family Physicians and during annual conference.

CZECH REPUBLIC

DENMARK

Roar Maagaard

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). But there is a constant threat to the length of the GP-period for students due to economical reasons! Discussion about raising the number of student-intake – 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 this 18 months basic training to 12 months – and the new system started 1st 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 will facilitate the coordinated and collaborating health care system of the future, we think.

A new blueprint for this 12 month training period has been produced – and right now we are trying to teach the GP-tutors regarding these new learning objectives: it is a move away from specific goals towards a curriculum for these 12 months: “facilitating the transition from student to doctor”.

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 – and I thought in Malta that it would be accepted by the paying authorities – but it wasn't!! So: unsettled matter.

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? To solve this and other challenges our Government made a Government Commission half a year ago: 10 members including just 3 GP's (as president of the Danish College I am member of the commission). The commission is chaired by the director of our National Health Board – and by end of October this year we have to give our views in a report. It has been an exciting work in this commission – but the final results cannot be predicted yet! – and 2009 will be the year for implementation of some of the thoughts.

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

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.

The newest one is that 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.

Vocational training

Mainly the same, as it was. Gladsome is that after several years, this year we get enough candidates for posts of vocational training in family medicine. It seems to me, that family medicine is again one of preferred choice of career.

Continuing Medical Education

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

We started to provide courses through the Internet – it means that every Thursday 8.00-9.00 a.m. all family doctors have possibility to see special lectures and also to interact- to ask the questions in written form. The lectures are provided by FD-s themselves or by academic members of department of family medicine or by some specialists who are specially asked.

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. Today we prepare the task profile for family nurses and also clarify the responsibilities of family doctors. The Developmental Plan for Primary Health Care for the years of 2008-2015 was one of the latest project, now it is ready and presented for the Ministry and politicians.

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

Paula Vainiomäki

Health care

The new proposal for Health Care Act is on statement route currently, and lively discussions are going on. The proposal suggests organizing of primary health care and secondary care under same institution, which quite often has been seen negatively from PHC's point of view as PHC has not power enough. The proposal emphasizes strengthening of primary health care, but contains very few, if not any relevant measurements towards that aim. The municipal authorities have to prepare a cross-sectoral plan to promote health and to prevent health problems, and to monitor their implementation. Client-orientation should be increased by providing the patient more opportunities to choose the health care unit in which he or she will get treatment. The patient records of primary health care and specialised medical care will constitute the health care patient information register. How it may work, on one server?? We'll see, what will happen. Many PHC doctors are cynically waiting the changes, not seeing the change to be a good one or needed at all. Elections of municipal parlements are being held during this fall, and no decisions are waited before the elections.

Basic medical education

During the last days it has been heard rumours that the Ministry of Education will raise up the annual student intake again. At the lowest the intake was 380 in the 80's, but now we are talking about 700. This is a response to the change in the profession. More and more women are entering medicine, but also many young male doctors are not willing to have whole-time work etc. Just wondering how to find teachers enough.

Specialist education

The same rumours from the Ministry of Education give a message that obligatory serving as a PHC trainee, when specialising to ANY specialty, will be prolonged from the current 9 months to a whole year. This is not easy to accept by the specialties, as it is mainly manpower issue, not

training, and it is not seen positively from PHC services' point of view either (where will be the continuity of care?) But these kind of decisions seem to have a high political support, even Prime Minister seems to support this kind of force.

Continuing professional development

No special news in this issue. The Finnish Association of General Practice will have its 25 years anniversary in October. The main guest speaker is Igor Svab.

What have I done for EURACT

I have been in contact with the members, and the members have in practice decided already, who will be my successor. I have also participated in a very interesting EURACT-run workshop during Istanbul WONCA, together with Mladenka and George.

I have been ten years in the council, and I already have stated to miss these meetings. But instead of council I will have an option to participate in the courses of EURACT, the next one being the Assessment course in Rome. So you do not get rid of me! My EURACT time has been a good time.

GEORGIA

GERMANY

GREECE

George C. SPATHARAKIS

Basic Medical Education

No major change. Present in only 3 of the 7 medical faculties.

Specific training

The Committee on Education – Training of GPs has finished the translation of the “Educational Agenda”. It is attended to be publicized within the next months.

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 based on the proposition presented by the Minister of Health and marked a transition from a Publicly Centred PHC sector to a Private system seems blocked.

The re-centralization processes (especially that of central commands of medical material by a specific directorate within the Ministry of Health in Athens seems very bureaucratic and time-consuming and has led to difficulties in the purchase of certain kinds of material.

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

1. Production and dissemination of reports from the Mosta Council meeting
2. Distribution of information concerning EURACT courses and activities
3. Collecting membership fees

HUNGARY**ICELAND**

Alma E Svavarsdóttir

BME: No changes

Specialist Training:

We now have 25 register in our training program and it has expanded allot during last few years. The program has been running for many years on individual hard work and enthusiasm and vision for family practice and

we can not rely on that forever. The government is sponsoring 10 positions but we do need sponsorship for all 25 positions.

We have been on a crusade trying to get more money and more structure around the program.

We have presented our concern to the CEO of Health Department in Reykjavík and she has arranged for a meeting

with the Minister of Health to discuss the program and funding for the year 2010.

CME:

No changes there. We have 15 days for CME each year outside of Iceland and paid trip abroad and conference fee.

We have one week of “Medical Days” each year and every other year Scientific Assembly for Family Practice, a two day FP conference.

No formal requirement to finish and record hours of CME.

What have I done for EURACT

I was responsible for Leonardo EURACT Course for Trainers in Family Medicine which Iceland hosted at Fludir May 17th-20th 2008. It was successful with majority of participants coming from Iceland but also from Sweden, Finland and Israel.

I did set up an interview with all the EURACT teachers with the Icelandic medical journal and it was published month later. Also I gave a presentation on the national radio about EURACT and this course. I have introduced EURACT to the CEO of Health Department in Reykjavík. As chair of ST-committee I have been following up on things the committee decided to work on.

IRELAND

Owen Clarke

BME

The main development in BME is the ever increasing number of medical students as progress is made towards doubling the number of medical graduates. The proportion of teaching taking place under the departments of General Practice is also increasing with a need to find more general practitioners who are willing to take medical students into their practice for attachments. Many GPs are willing to take students but there is a problem because so many are already too busy with patient workload. This makes recruitment difficult at times.

Specialist Training

Ireland now has serious economic problems and it is impossible to get the additional funding for training that is needed to train sufficient general practitioners. On the other hand we have a shortage of GPs and this will get worse over the coming years as many GPs are due to retire. We are awaiting developments over the next 6 months anxiously!

We remain satisfied with the quality of the current training system which has been strengthened by the recent publication by the Irish College of General Practitioners of log books for trainees, registrars and trainers which reflect the learning objectives of the Core Curriculum published in 2007, which I presented to the Council meeting in Sweden.

CME

GPs on the specialist register are now required to complete at least 50 Hours CME per year & 250 Hours over 5 years. The laws of our Medical Council were recently changed and there is now a lay (non-medical) majority. Doctors are concerned that this will make life more difficult for them.

ISRAEL

ITALY

Basic Medical Education

More steps for basic medical education are now organised in Italy. Now we have various kind of experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, 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 was successful in presenting good results from a tutorship managed in the previous academic year scheduled on EEA system and philosophy: now he is in charge for two (double) growing and requested Elective Courses of Family Medicine.

A course is organised for Tutors specifically for a 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.

The academic body is still not agreeing in its majority (but consensus is growing and EURACT members were able to organise an important meeting in Rome and another one in Modena about BME, VT and selection systems), all European WONCA Networks continue to be out of the political decisional arena, Nat Rep being super-partes in a national context more difficult for political and economic reasons always and more divided in Societies and Trust Associations. The success could be facilitated if enough supported by a strong EURACT position : EURACT as legal body could help surely (more details in what I did as Nat. Rep.)

Postgraduate specialist training

VT is not yet changed into a real specialist certificate, with a three year course, one year in the practices. This schedule (not as specialty) is managed only in some Regions, more able to use money; others are still at two years or not created at all.....creating strong disparities.

The National Task Force on Undergraduate and VT met four times in Treviso and in Rome and two big mail- lists work now strongly all the time, exchanging and developing ideas in progress, also on EURACT Educational Agenda and core competences...and assessment and performance.

On the other side, big Scientific Societies and Trust Organisation see VT as a CME dependance for their lessons to friends of friends, nothing else, not a specialty at all.

Continuing medical education

It is obligatory for National Contract with NHS , to take 150 credits in 3 years. Anyway, the system is still not satisfying and we need to arrive to a system accrediting also curricula, active participation at congresses, and distance learning systems (more difficult to organise and value). Italian College is trying to realise this, having changed its bylaws with a system based on membership and fellowship.

CME by Internet accreditation is not working well , as Nat. Rep. Saw in advance it is business for some not clear groups and anyway quality is not verified and CV is not higher for this.....

Health Care

The National Health System is getting one of the worst period in its life with cuttings, inquiries (also in Courts !), conflicts, problems and finally an economic recession: this continues also with the change in government. So, GPs are on the highest level of frustration and burn out since years and many, as soon as possible are looking at retirement. As example, also with WONCA Europe Congress for the first time in Italy, sponsorships were not and are now totally not allowed for Family Medicine, companies involvement is disincentived and everything for Family Medicine is considered of second level, but at first level as control for finances guards and magistrates (Paris got the consequence, Istanbul even worse with nobody from EURACT able to go there ^^^).

Life as Council Member

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

In these months, being so big the duties, and so upsetting and boring and time consuming the administrative side for membership and at the same time for coordinate and spread activities a 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 backpages), on Family Practice, on Slovenian Journal of Family Medicine, on London Journal of Primary Care and on weekly Italian magazines (just every time with themes concerning EURACT, five expressly only on EURACT , on BJGP and on LJPC more pages 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 (winning the two chairs) with enlargement of duties as the Deanery asked him, as first example, to chair two elective courses in Family Medicine with thesis developments. Being successful, the Courses are been to be repeated for all the next academic years with continuous weekly heavy calendars.

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, and now also 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. We are now finally losing more members 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 ^^^. Also, EURACT got a prestigious room of representance in Rome in Piazza Navona for extra-VIP meetings □.

The old founder of Italian College of General Practitioners managed 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, Rieve, Nati, Donato, Bruscelli, Carosino, Valcanover, Colorio, Sartori, Valenti, Coronelli, Bagnoli, Impiduglia, Migliavacca, Sorghi, Alice, Forfori, Noberasco). Now an EURACT Italy Operative Board is working since the national meeting in Modena on 21 September 2007. each one of the seven members is in charge for specific duties: coordination for Northern – Central – Southern Italy, relationship with Universities, relationship with Ministries of University and of Health, BME, VT Schools, relationship with trust associations, relationship with VdG and Giotto, translations in both directions.

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 are not really going for the best because of new internal conflicts and refusing again WONCA and EURACT concepts on Definition, Competences, Selection, Quality Assessment and we see consequent weakness as a whole and worsening low level working conditions for Gps. This don't change with change of government because it is a no-style and GP is at basement level.

A network of the Italian scientific societies was created named WONCA Italy. The aim is save the above concept and try to work in these difficulties. Nat. Rep. Was charged was educational committee.

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 meeting of the network of the other Italian scientific societies (eight of them members of WONCA), EURACT Educational Agenda was agreed by the present national delegates as the cornerstone from which to create in Italy an academic and departmental Family Medicine.

BME and VT elements according to EEA are works presented in London (by Francesco Carelli) and in Paris (by Stefano Alice), the Nat. Rep. is appointed in December by WONCA-Italy for a research-presentation on GP/pediatricians.

One EURACT member (Alice) is now in the Ministry Commission for VT, hoping this time to get the specialist style. Another one (Sartori) is inside Giotto , the VdG Junior Doctors National team. Another one (Baruchello) is Nat. Rep. For Quality, another one (Petrazzuoli) is Nat. Rep. For EGPRN, another one (Carosino) is Nat. Rep. For EURIPA, another one is for EUROPREV...more than a poker. But this is never enough. We hope that the interest shown by University Dean in Rome and Milan and the same by the Medical Council in Rome 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.

LATVIA

Sandra Gintere

Basic medical education

The academic education for family doctors includes 6 years undergraduate studies.

Family medicine can be studied in Latvia University and Riga Stradins University .The education programs between universities are different. In Latvia University teaching of family medicine is provided in 1st (introduction lectures) and 6th years of undergraduate studies (workshops, case-analysis, interactive learning). In Riga Stradins University teaching of family medicine is provided in 6th years of undergraduate studies. In RSU mostly the active methods are used (workshops, video-consultation, case-analyse, skill-lab, interactive learning) and lectures. Also we have special programme (B) of prevention and evidence based primary care for all 6th year medical students.

Vocational training

3 years of residency studies, of those 2 years are spent in a clinic with periodical stay in GP practice, and 1 year is spent working in the GP practice. Family medicine can be studied in Latvia University and Riga Stradins University through 3 year residency studies. After the studies and certification exam, the doctor can start an independent practice.

Continuing Medical Education

Latvian Family Physicians' Association has the responsibility for certification and recertification of family doctors, and Association has developed rules and certification examination. According to the law, Society of Doctors' has to confirm these rules and examination, theoretical part of the exam - multiple response tests should be replaced with case studies/situation tasks. Society of Doctors' has developed a unified credit point system for all doctors and has reduced credit points (for different activities, for example, conferences, courses, seminars, scientific publications, work in small groups, where current/urgent problems in GPs practice work are discussed, academic work in the development and research of the family medicine, scientific publications, training of GPs) that should be gained from 500 to 250.

Since 2004, doctoral students are studying in Riga Stradins University Doctoral Programme in Family Medicine. Within one year the first doctors in family medicine are expected. Then it is hoped to develop department in family medicine. Riga Stradins University has involved family physicians (doctoral students) in training of 6-th year students (lectures and seminars in family medicine), too.

Health care organisation

The present health care policy has declared orientation towards promoting primary and preventive health care. The aim is set, that the individual family physician practices should become the basic units of health care instead of health care centers or polyclinics, and GPs should be working as independent practitioners under the contracts with Health Compulsory Insurance State Agency. The work of family physician is regulated by “Regulations of General practice”, accepted by the Ministry of Welfare in November 5, 1999. The document regulates the functioning of GP, the rights and competences of a GP.

The Health Compulsory Insurance State Agency allocates the state financing through contracts on provision of the state guaranteed basic health care services with each health care provider.

Ambulatory health care is guaranteed to receive at least 32%, secondary – no more than 61.6 %, and emergency medicine – at least 6,4 % of the total government financing for medicine.

In December 2006, the Regulation of Cabinet of Ministers regulating the organization and financing of health care system was amended. Previously it was stated there, that to the primary health care at least 20% from financing for health care services should be allocated. As result of amendment, primary health care received only 14% from total government financing in 2007 and 2008.

1316 (97%) family doctors and 39 (3%) pediatricists or internists have been contracted by the state to provide primary health care services. Family doctors are altogether 14% from all doctors that provide basic health care services guaranteed by the state. There are also other specialists in ambulatory health care.

Around 90% of family physicians are members of Latvian Family Physicians' Association. Association takes part in elaboration of legal documents connected with the health care. The most recent document is baby and child prevention record (from zero till five years old), adopted from Canada colleagues, based on evidence based medicine.

Association is involved in new Strategic Council of Health Sector made by Ministry of Health. It is consultative and coordinative institution, who's declared aim is to involve non-governmental organizations and governmental institutions in formation and implementation of health policy.

At the beginning of the year, there was organized 4 work groups consisted from delegates of family physician associations, Ministry of Health and 3 Agencies. The aim was to develop improvements in organization and financing of primary health care: on financing model and amount of financing; on organization, on documentation and requirements for equipment of practice, and on quality indicators. After 2 month work the result was interim report where it is described situation and proposals for future actions, positions of Association and State institutions. Unfortunately, till this time it is mostly on paper – only some proposals has been implemented, for example, reduction of reports about visits. It is waiting for amendments in normative regulations. This year ends 1-year agreement with the government on provision of services, so negotiations on the conditions of the new agreement are expected.

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

I have informed about EURACT in the Latvian Family Physicians' Association and Universities. And I have informed about EURACT courses among the people responsible for vocational training and CME. In this year I work very hard with my colleagues and we **did a big job and changed our content of the programme for 6th year students.**

LITHUANIA

Egle Zebiene

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 organized 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 is 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.

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.

Personal information. Since the last Council meeting I had a possibility to work on a project developing "Professional communication skills training course" for Vilnius University. Also, scientific publication in the international journal "patient Education and Counseling" has been accepted and is accessible in medline, paper version coming.

MALTA

Mario R Sammut

Basic Medical Education

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

Vocational Training

July 2007: Specialist Training Programme in Family Medicine launched with 11 GP trainees attached on one-to-one basis to 11 GP trainers. In January 2008, another 6 trainees accepted into the programme, followed by 6 more in July 2008, bring total to 23 GP trainees.

June 2008: Dr Mario R Sammut confirmed as one of two Post-Graduate Training Coordinators in Family Medicine, together with newly-appointed Dr Gunther Abela.

Continuing Medical Education

Since 1990, a Continuing Professional Development Programme is held by the MCFD in the form of a meeting in each term of the academic year (Autumn, Winter, Spring).

Since 1991, accreditation of CME activities, with continuing membership of the College depending on the accumulation of sufficient credit units 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.

2006: Inaugural full Membership of Malta College of Family Doctors (MMCFD) awarded by acquired rights to family doctors accepted on Specialist Register of Family Doctors.

2007: New Euro 580 million acute general hospital opened.

2008: New government elected in March 2008, promising to develop primary health care. A Working Group on Patient Registration was appointed by the Parliamentary Secretary for Health in August 2008.

Council Member Activities

April 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" accepted for publication in the European Journal of General Practice.

May 2008: Organised EURACT Council Meeting in Malta on 7-11 May 2008.

September 2008: Gave two oral presentations and chaired one session at the WONCA-Europe Conference in Istanbul, Turkey on 4-7 September.

MOLDOVA

Natalia Zarbailov

BME

The first rate of family medicine lead by teachers from Family Medicine Department is completed in 2008. Oral and written feedback received from the students. Some changes in curriculum and the organizations of educational process it is necessary to lead before next rotation. Shortage of graduates' candidates for FM vocational training will be known at the end of October 2008.

Vocational training

The residency program has undergone to an assessment and it is necessary to make proposals to Medical University Administration for future changes and adjustment to family doctors educational standards. Results of the assessment will be discussed at University staff meeting in October 2008.

CME/CPD

Contrary to necessity to type 350 credit hours, according to exist license system, the quantity of participants at CME courses on Family Medicine was reduced with 364 in 2008 up to 252 in 2009 (form the whole number of 2001). It is expected to be organized second national course for family doctors supported by Health Investment Found.

Health system

The order for elaboration and approbations of national clinical protocols is approved Ministry of Health. At Annual Medical Conference MoldMEDIZIN&MoldDENT, Sept. 2008, 15 national clinical protocols for all Health Care levels presented.

Personal activity

I have informed about EURACT meeting in Malta and future EURACT courses Family Medicine Department staff. Took part in Residency Program Assessment process and participated in discussions and proposals elaboration for Medical University. Initiate the study on family physician opinion about Family Medicine development in the country, some results will be presented at the research session in Cyprus. 1 colleague is applying for membership.

THE NETHERLANDS**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

We have 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.

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. Those of these teachers who have not been EURACT members, are now applying for membership.

POLAND

Adam Windak

Undergraduate education

The curriculum with minimum of 105 teaching hours in the field of family medicine is already implemented in all university medical schools in Poland. In some universities the training still take place mostly in hospitals or its specialist ambulatory settings. However in most of them practical part of undergraduate education take place in regular family practices, accredited by the university departments.

Postgraduate education

Shortage of candidates is dramatically increasing in whole country. During last enrolment procedure only about 30% of places available were occupied. Similar situation is also in other specialities. The main reason for this situation is still huge migration of young physicians, deciding to go abroad immediately after BME. Precise data on the national level are missing, but it is estimated that about 1000 physicians leave the country every year. Relatively strong condition of Polish economy slowed down this tendency during last months. However clear signs of improvement are still lacking. Many bureaucratic barriers prevent young doctors to apply for the training in Poland. For example they have to wait after graduation sometimes for several months before the formal enrolment starts. In the meantime headhunting companies offer them attractive working and living conditions abroad, including training and professional development perspectives. On average 2000 students graduate each year from the universities. Probably not more than 60 – 70% of them undertake vocational training in Poland.

Continuous Professional Development

Still very rapid, however rather uncontrolled developments of different educational activities in this field are observed. This is mainly due to the law encouraging physicians to participate in CME activities, based on the credit system. The College of Family Physicians in Poland tries to offer the educational proposals tailored to the needs of general practitioners.

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

I have organized next issue of Leonardo EURACT courses. The number of graduates is now exciding 500.

PORTUGAL

Luís Filipe Gomes

In general

Primary Care reform going on, arising some criticism. Next step will be the implementation of groups of Health Centres.

Basic Medical Education

The new Medical School in Algarve finally officially approved! It will adopt three aspects: **graduate entry**, **PBL** and **primary care** based. It will have the collaboration of a group of enthusiastic GPs, who have recently been attending well organized courses (namely EURACT Courses).

Vocational Training

No news.

CME / CPD

CME project in Algarve moving forward quickly. Tutors trained and appointed, starting small groups implementation. The “1st Algarve CME Meeting” took already place, and was successful.

Work done as a EURACT Council member

EURACT Agenda was the base for an ADSO workshop in Oporto University, and was presented at UBI (Beira University, a new medical school). It is now widely spread throughout the Country, and very well accepted and quoted as a decisive document for medical education at all levels.

I prepared a new poster for the EURACT Assessment Course and one “Map of EURACT”, both presented at the WONCA Conference in Istanbul, as well as an updated version of the “EURACT ongoing presentation”. All to be seen at the EURACT booth!

A new edition of the Rolling Course was held in Algarve under my direct organization. New editions are being prepared.

ROMANIA

Postgraduate Specialist Training

1. Acceptance in post-graduate Family Medicine’ training (to become specialist):
 - a. pattern nr.1: without work place (will start in november 2008)
 - b. pattern nr.2: residentsip „part-Time” (the examen for acceptance has been achieved in July 2008) with the following main features:
 - almost 1000 candidates
 - without *numerus clausus* (no limits concerning the number of candidates accepted at the end of examination)
 - test paper during 2 hours with 10 aleatory subjects to treat
 - rate of acceptance: 75 – 80% from the candidates
 - work schedule: 3 day/week in FM teacher office, 7 hours/day during 15 months and 3,5 year in other specialties services
2. Post-graduate exam in FM specialty: starting with 14th October 2008:
 - test-paper during 2 hours
 - examination of practical skills and abilities
 - 2 practical cases

Continuing Medical Education

No national programs of CME/CPD were offered so far (during 2008). However, a lot of local/regional GP Conferences and work-shops have been done so far: 2 local Conferences in Bucarest (March and October), the National Conference of GP in Alba Iulia (July) and the next International Conference organized by National Center for Research In Family Medicine (CNSMF – www.cnsmf.ro) related with the Equip Meeting in Bucarest (November 2008). In September, the Annual Meeting of WONCA International Classification Committee (WICC) was taken in by CNSMF (Brasov).

There is a project to organize next year a “Teaching of Teachers” work-shop (involving 60 FM lecturers and teachers from Romania) concerning the management of mental disorders and alcoholism, in cooperation with Department of Psychiatry from an Austrian University.

General Practice

Starting with 1st of October the drug prescriptions paid from Health Insurance House (HIH) funds must follow the instructions of National Protocols established by Ministry of Public Health, also available and mandatory for Family Medicine practice. There are 153 protocols which must be observed by doctors who have bilateral agreement with HIH.

Concerning the National Program of People's Health Status Evaluation, it will be finished at the end of this year and there are strongly recommendations to be continued next year focused by early diagnosis of cervix cancer.

In connection with GP earnings, 2008 could be considered as the fruitful period so far. The assigned budget for GP has been increased towards last year with 216% . Also, The Ministry of Public Health already equipped the GP offices with 11,000 notebooks, printers and softwares in order to prepare the elaboration of a National Network by Internet Communication.

My activity as National Representative

- I have prepared and shown the presentation named "Continuing Professional Development across the Europe – a EURACT review" for the National Conference of Family Doctors, Alba-Iulia July 2008;
- I organized the elections for 3 sponsorships places (Assessment Course Rome) and also for the sponsored place for Bled Course.

RUSSIA

Elena Frolova

Health care system

The reorganization inside of Ministry of Health was made without any influence on the whole system, but some door labels and stamps also were changed

Basic Medical Education (BME)

The Department of Family medicine on the undergraduate level in the 1st Medical SPb University started educational process. But mostly they participate in the postgraduate education.

Vocational training (VT)

The project devoted to quality of primary care continued in the collaboration with Finnish partners. Prof Paula Vainiomaky takes part in this project as expert. In the frame of the project the audit in the primary care started develops.

The manual "A course of selected lectures on family medicine" was published (800 pages). The authors are the Family Medicine Department Staff.

The National Project "Health" continues. The number of retrained physicians increased. The number of resertificated physicians increased also.

Continuous Professional Development (CPD/CME)

The National Meeting of GP will take place in October 29-31 in Belgorod. The preparation of abstracts, sessions and workshops continues.

Personal information

As EURACT expert I will conduct the workshop on the National GP meeting “The case report as an educational tool” and will present oral presentation “From postgraduate education toward continuing professional development”

SERBIA

Dr. Smiljka Radic

Basic Medical Education

There are no changes in basic medical education concerning general practice, as in previous reports.

Vocational Training

We are about to start school 2008/2009 year with topics characteristic for General Practice such as: General practice as a specific discipline, WONCA definition of general practice/family medicine, WONCA, EURACT, EGPRN, EURIPA, Team work, Medical Records Keeping in General Practice, Law Obligations in General Practice, Communication Skills in General Practice, Health Education, Medical Errors in General Practice, Ethical Issues in General Practice, Co morbidity, for trainees in General Practice at School of Medicine, University of Belgrade.

CME

Within Center for CME at School of Medicine, University of Belgrade, courses for general practitioners have been organized.

In my last report you’ve been informed about obligatory recertification for all doctors in Serbia, which is novelty and it was set up by law. The recertification cycle is every seventh year, meaning that every year doctors must collect 24 credit points in order to have 168 points at the end of seventh year.

About delivery of first licences you’ll be informed.

What I have done as national representative

- Presentation about EURACT and EURACT activities at Serbian Medical Society, June 3rd, 2008
- Collaboration with colleagues from B&H in preparation of Leonardo EURACT Course in Banja Luka
- One of three teachers in named Course, June 15-16, 2008
- Presentation about Experiences in Education in General Practice in Serbia- part about Leonardo EURACT courses organized in Serbia- during Conference of 10th Anniversary of Family Medicine in B&H in Tuzla, June 2008
- Presentation about education in general practice at School of Medicine, University of Belgrade- part about Leonardo EURACT courses organized in Serbia during Dialogue organized in Mokra Gora, August 1st, 2008
- Preparations for another Leonardo EURACT course in Belgrade
- Preparations for Assessment course in Serbia
- Reports about EURCT activities in Serbia in Serbian journal: “General Practice”
- Reports about EURACT activities in Primary Health Center “Zemun”
- With five new members of EURACT in Serbia we are going to have 28 EURACT members
- Contacts with all Schools of Medicine in Serbia, Serbian Medical Society and public institutions have been continued in order to recollect information’s needed for EURACT
- Communication and information exchange about Bled course 2008

SLOVAKIA

Eva Jurgova

General information

Family medicine is still not accepted as an independent medical specialization - discipline.

Primary health care is provided by two types of doctors:

- 1) diagnostic and treatment of the population from 0 to 18 years is provided by “District pediatricians”
- 2) the care for population over 18 years is provided by “General practitioners” (who are in principle not “general” at all, as they only care for ADULT population).

Undergraduate education

There are 4 Medical schools in Slovakia in total. At 3 out of them “Family medicine” (FM) is taught as separate medical discipline, but more – less on theoretical level.

Principles of Primary health care are explained, the role of “Family Doctor” and “Family Medicine” is described, but as they do not exist in Slovakia, there is no chance for the students to take part in practical training in such surgery.

Related to the fact that Slovakia is an EU member country (since May 2004), there are some plans to give the Medical school students an opportunity to learn more about FM, especially because of the education approximation process, but there is no legislative basis for it so far.

Vocational training

Re what has been said earlier, there is no real VT in Family Medicine/General Practice in Slovakia. There exists 3 years VT for those, who have decided to become “District pediatricians” (2,5 years hospital training, mainly at Pediatric department, plus half year training in teaching practice in pediatrics).

Those, who have chosen to be “General practitioners” (of course in Slovak meaning – see above) are obliged to fill the 3 years VT. Two and half years out of it spending in hospital training (internal medicine dpt. – one year, surgery dpt., obstetric and gynecology dpt. - 6 months each, neurology, ophthalmology, ENT, dermatology or other relevant dpt. – for 1 or 2 months).

VT in both mentioned disciplines is finished by **obligatory examination**, and only after passing it successfully, one can become a specialist in the chosen specialty.

CME

There is an obligatory, unified Recertification / reaccreditation system set up by law in Slovakia, for all primary care doctors.

The recertification cycle is 5 years. In the mentioned period all primary care doctors are obliged to collect “CREDIT POINTS”, in amount of 1000, i.e. 200 points each year.

The credited activities are: attending seminars or conferences, publishing articles, lecturing at seminars or conferences, attending educational courses, etc.

The recertification is under the supervision of Slovak Medical Chamber (SMC membership is obligatory for all practicing doctors in Slovakia). Results of recertification are published on SMC website and the Health Insurance Companies (HIC) can refuse to set up, or prolong the contract with the doctor, who did not fill the recertification criteria. In recent situation in our health financing, where all primary care doctors in Slovakia are paid under “Capitation system” from HICs, the contract with HIC is the “conditio sine qua non”, i.e. the question of professional existence.

WHAT HAVE I DONE AS A EURACT COUNCIL MEMBER

An article of mine with title “EURACT – recent activities on the BME, VT and CME fields” has been published in July 2008 in VIA PRACTICA, the most prestigious medical journal for General practitioners in Slovakia.

SLOVENIA

Janko Kersnik

Undergraduate education

No major news in the field of undergraduate education in the past four months. In postgraduate education family medicine succeeded in taking part in a new masters class programme introducing subjects from our discipline.

Vocational training

8th generation of trainees (35 doctors) started in April.

CME

No major CME activities took part from May to September. 3 candidates are about to visit EURACT Assessment course in Rome in November.

What have I done for EURACT

I was working on EURACT Assessment Course in Rome. I organised 17th EURACT Bled course, September 16-20, 2008, LEARNING AND TEACHING ABOUT SELF-MEDICATION IN GENERAL/FAMILY PRACTICE. Presentations and products (modules) from the working groups are available from the web site <http://www.euract.org/> or <http://www.drmed.org/novica.php?id=13081>. I'm working on the preparation of EURACT Assessment Course in Rome November 2008 and 18th EURACT Bled course, September 29 – October 3, 2009, LEARNING AND TEACHING ABOUT MEDICALISATION. Web site <http://www.drmed.org/novica.php?id=16146>. Faculty; Justin Allen, UK, Manfred Maier, Austria, Yonah Yaphe, Israel, Coreia de Sousa, Portugal, Janko Kersnik, Marija Petek-Ster. During the course keynote presentations (Introduction to medicalisation, Defining normality, variability of normality, Quaternary prevention, Medicalisation of start of life and of end of life, Ethical dimensions of medicalisation), group work, role-play, fieldwork and discussions will be held. Country reports on research in GP/FP are welcome. A selected number of presentations will be allocated to be presented to the audience

Other

I enjoyed climbing Triglav – the highest mountain in our country – with my youngest daughter Eva.

SPAIN

Dolores Forés

Basic Medical Education

There have not been fundamental changes, although every time is more evident that the fact that they aren't Departments of Primary Care in Spanish universities and without Professors at the front working in Primary Care, leaves Universities in our country completely out of the rest of Europe. Some things have been made: there are optional or even compulsory subjects in some

Spanish universities, but with very little number of credits and always depending on other Departments and on Teachers of other disciplines, like Internal Medicine or Public Health. The National Commission of the Speciality handed out a document to all associated teachers to be sent to their Deans asking for the creation of the compulsory Subject of Primary Care. The number of associated professors is very high, because the faculties of medicine need the Health Centres and the Professionals of Primary Care to make practices and to allow them to say that are adapted to Bologna.

For correct the lack of doctors they have been created new Faculties of Medicine and the number of new students of first year has also been increased in all the country.

Vocational/Specific Training

Last year new specialists have not finished the ST Programme, it has been the first time that we have residents in the fourth year.

A more significant fact is that many posts of our speciality remain vacant. The new graduates incline for hospitalary specialities. Apart two important facts: first, the number of residents that once finished the speciality of family medicine go to another speciality can be placed around 20% and second, the number of residents coming from countries non EU (former East European and Latino America) it has increased representing a very high percentage of residents in some places of Spain.

Continuous Medical Education / Continuous Professional Development

CME/CPD is still not him compulsory, except for the tutors.

Those that participate in proved activities can see it reflected in their professional career and in a certain way in the incomes.

The semFyC has elaborated an interesting electronic portfolio.

The Administration, the National Services of Health and the different contracting/employing companies offer quite a lot of formative activities of quality

SWEDEN

Basic Medical Education

BME consists of 5½ Years of theoretical and clinical training. *Early exposure to general practice* is strongly emphasized in the curriculum. It is followed by *Internship* (6 months surgery, 6 months internal medicine, 3 months psychiatry and 6 months GP) giving a total of about 7 Years. Hence, every doctor has the same basic clinical training, exactly the same for all specialties.

There is a concern regarding the number of training posts for interns, which seems to be too few. There is sometimes a “queue”, especially for those wishing to do the internship in the big cities. Intake at Universities has increased. Swedish students studying abroad often wish to return to Sweden for their internship. In addition some foreign doctors have to do the internship in order to get registration.

Specialty training (ST)

The Swedish National Board of Health and Welfare has recently approved the new Bill on Specialty Training. Most of the 5 Years of clinical training has to take place in a health centre supervised by a trained trainer working at the very same Health Centre. Some clinical training may be done at another health centre or as hospital rotations. 21 goals have to be achieved. The trainee has to take part in small-group activities on a regular basis, to attend courses of which 5 are compulsory, and to do a project using research methodology (corresponding to 10 Weeks of work).

Continuing Professional Development

CPD-activities are done in many different ways, eg small-group learning, seminars, courses etc (see previous reports). There is still no compulsory re-certification.

Health Care

Lack of family practitioners is a major problem and it will worsen as many doctors will retire within 5-10 Years. Many of the provincial Health authorities are busy recruiting doctors from other countries, especially from Germany, Poland, Spain, Netherlands, Hungary and the Baltic countries. However those doctors will need to do some additional/complementary training in Sweden to be able to registrar as a specialist in family medicine in Sweden.

The Provincial authorities have also started or intend to start different models of organizing Health Care. In some models the patients choose a personal doctor and the doctor is mainly paid according to the number of visits. In other models the patient choose a health centre/ a practice (not a personal doctor) and the doctor is mainly paid by capitation.

What have I done for EURACT?

Took part as one of the EURACT facilitators at the VdGM pre-conference in Istanbul in September 2008.

Informing about EURACT via e-mail and at meetings.

SWITZERLAND

Bernhard Rindlisbacher

Health Care System

It is well known and accepted as true by now that Switzerland will gradually slip into a shortage of GPs within 5 to 10 years. The recommendations of the politicians in this situation are however diverging. Some think that our profession has to be made more attractive with better opportunities in undergraduate and postgraduate teaching and also with better payment, whereas others think that nurses will provide the “basic services” in the future and that in fact these services will get cheaper. At the moment the payment is still rather getting worse than better and the attractiveness for young colleagues is rather decreasing. We will have to find new solutions for the out of hours service and single handed practices (still more than 50% of GPs work like this) will have to merge into bigger units.

Basic Medical Education

Things seem to be moving towards more involvement of General Practice in BME in all 5 universities. Especially in Bern the 1:1 teaching for all students during 8 half-days in the 1st, 2nd and 3rd year and the full-time work of every student during 3 weeks in the 4th or 5th year is now being implemented. On the other hand Bern still lacks its own institute of GP/FM and the faculty is strongly opposed to this for the moment. However a parliamentary initiative has been accepted almost with unanimity to force the medical faculty to take the necessary steps to implement such an institute. Unfortunately the faculty still seems to be able to resist the political will.

Vocational Training

Here also things are moving slowly to improve the curriculum for the specialist in GP/FM, to direct it more towards ambulatory care even if the trainee still spends most of the time or even all his training time in hospital posts. In addition the Swiss Medical Association which puts up the main

rules for postgraduate training is taking steps to implement more workplace based assessments like Mini-CEX and DOPS (Direct Observation of Procedural Skills) to improve the continuing formative assessment of the trainees.

As I already wrote in my last report, Switzerland is facing big problems as we are being forced by the EU to choose between a GP with only minimal postgraduate training of 3 years and on the other hand the “GP-specialists” with 5 years of training like other specialists. There seems to be no way to have both in the future as we do until now. The problem behind it is that we have quite a lot of GPs trained abroad coming to Switzerland and there will be more in the future. If we only keep the specialist title with 5 years of training, the foreign GPs with less training will be accepted as equal which seems not to be fair to the GP-specialists trained in Switzerland. So possibly the specialists will in the future call themselves “Specialists for General and Internal Medicine” and so will have a joint specialist title with the internists who in large numbers also work in primary care in Switzerland with very much the same professional tasks as the GP-specialists.

Continuing Professional Development

As mentioned in an earlier report the Swiss Academy of Medical Sciences has published new guidelines on the relationship between doctors and the pharmaceutical industry. In implementing these guidelines there are discussions on what is still allowed and what kind of sponsoring is in contradiction to these more strict guidelines.

What I have done for EURACT

Hoping to make possible a joint meeting of EURACT and EGPRN in Switzerland in 2 years I am looking for financial support.

For Wonca conference of next year in Basel I will need your help for the review of all the abstracts concerning a topic in the field of teaching / training / education for GP/FM. I will coordinate the assessment of these abstracts.

TURKEY

Dr. Okay BAŞAK

News from the country

As you know 14th WONCA Europe Conference 2008 was held in Istanbul in early September.

The healthcare reforms based on “the Act on the Pilot Implementation of Family Medicine” continue to be implemented. Both legislations, the new one and the Act on Socialisation of Healthcare Services, are still in use at different provinces.

The main changes in the health system are “National Health Insurance” and Decentralisation of Health Services (apparent in secondary hospital care). Main discussions are also about these changes: Sustainability of National Health Insurance is suspected. The limits and dimensions of decentralization have not been described yet.

The changes in the health system were unfortunately put ahead with the terminology of “Family Medicine System”. Thus Family Medicine has been discussed as neither a specialty nor a medical discipline, instead as the evil goat of the system.

By the new legislations, the descriptions and job definitions of family physicians in the family health centres and the practitioners in the community health centres have clearly been separated. Main principles of family medicine are guaranteed by the definition of the family physician. Training requirements of a family physician are also mentioned within the definition

All possible public resources have been used for Family Health Centres. But it is a reality that FM Specialists in the practice are less than 3% (2.8 %)

Basic Medical Education

There is nothing new about BME and family medicine teaching.

Vocational Training

FM specialty training is strongly threatened by the late regulations. Trainee positions are not filled. The trainees are leaving the program for keeping a FP position in the province they already work (in order not to go to obligatory service).

CME

The Transition Period Training has turned out to be In Service Training Program. No deadline for transition period or training programs has not been declared yet. This route continues to serve as an alternative to specialty training for practicing FM.

What I have done as EURACT representative in Turkey?

I held first Leonardo EURACT course of the year in the end of May in line with the objectives of the EU Project about which I informed you in my last report and the second will be held in November.

UKRAINE

Maryna Oliynyk

General information

No changes, only permanent political and governmental crisis. May be because of that the Programme of Primary Care Developing on the Family Medicine Basic is still not accepted on governmental level. There is one more subjective problem which should be described – the majority of medical managers who makes the decisions and a great part of even teachers of FM understand GP's role mostly as a mathematic sum of different knowledge and skills in different parts of medicine (internal medicine, pediatrics, surgery, gynecology and others) in opposite to WONCA/EURACT ideology. In spite of that one very important step forward was done – a big workshop consist of teachers, medical managers, representatives of FM associations prepares a great regulating FM activity document, and first in our country it will be done in the basis of WONCA/EURACT definitions.

BME

Teaching of FM in all our medical Universities (more than 20) is going on the last, 6th year of learning, and lasts only 72 hours (2 weeks). Teaching programme is nosology orientated and includes group work and seminars devoted to some internal diseases; using of active methods is not enough. There is no unified national BME curriculum in Ukraine, and it's the task of close time to prepare and implement such curriculum.

Vocational training

Ukrainian residency takes 2 years at the present time, it consist of the theoretical and practical parts. Theoretical part is going on the departments of the Universities and Academies of postgraduate education (10 months during 2 years). During this period student attends lections, seminars and group 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 are so that student takes mainly medical knowledge and skills but not 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 has scientific degree Ph/D., at the same time Family Medicine still not accepted as scientific discipline. Practical part spends 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 law for all doctors. The recertification is still under the supervision of Ministry of Health, but 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 lectures 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?

I reported about meeting in Malta to all EURACT members in Ukraine (9 persons) and we discussed for many times the reasons of misunderstanding of FM content as within majority medical and teaching managers so as within some FM teachers.

We made the conclusion that lack of ideology informing and inspiring is very important and influence to our(FM) reality, so we decided that our main task is to “distribute the WONCA and EURACT ideology” by any possible way – in private conversations, in professional conversations, in presentations and in articles as often as possible. So I personally shared an information about EURACT in private conversations to 10 persons who especially interesting in FM teaching content, – teachers of family medicine from different Ukrainian regions (Ivano-Frankivsk, Chernivtsi, Kharkiv and Ternopyl). These 10 persons are real potential and active EURACT members and I am sure I’ll bring their appl. forms and membership fee for spring meeting. Besides that, I with co-authors (EURACT members) published 2 articles with WONCA principles in the different medical journals, one more article is ready to be published, one more is in process. The presentation about WONCA competence will be done on FM Conference in Kyiv in October (Laryssa Matiukha), other report will be done in Donetsk in November (Maryna Oliynyk) on Donetsk’ FM Association meeting.

Besides that I am the member of above-mentioned workshop group of our Ministry of Health

UNITED KINGDOM

Roger Price

Basic Medical Education

- School examinations no longer helpful in determining medical school entry – too many grade As. No change here!
- Greater number and longer placements in the community needed, for medical and other health care students
- Teaching departments being merged in medical schools; funding driven by research output. General practice identity at risk.

- Multi-professional Learning Organizations being developed in Primary

Foundation programme

- Two years post BME
- Wide variety of posts
- National curriculum
- General practice placements for about 50% of trainees
- National, and compulsory for all UK graduates going on to do Specialty training.

Specialty training

- New national curriculum for last year (based on EURACT)
- Some harmonization of approach to training for all specialty training
- At least 50% of GP training spent in GP
- Significant pressure on training capacity

Continuing professional development

- Financial support for new entrants continues, but gone in 2008
- Funding for returners to practice and induction for non-UK doctors
- Annual appraisal now happening, and funded
- No evidence that it has impacted on PDPs no change here.
- Quality controls for CME removed, and being piloted again in

“What have I done for EURACT?”

- Short report Malta
- Prepared for Assessment course in Rome
- Istanbul WONCA Conference presented and supported Council colleagues & VdGM
- EB correspondence
- Prepared for Cyprus meeting
- Report for UK members & some success with recruiting new members
- The day jobs