Annex 1

Review of national educational activities after EURACT Council meeting in Leicester, 2003

EURACT Council meeting
April 21 – 24, 2004
Madeira, Portugal

COMPILATION REVIEW OF ACTIVITIES
FUNCHAL MEETING, April 21-25, 2004

ALBANIA

Basic Medical Education (BME)

The Basic Medical Education remains mostly hospital-oriented and Primary Health Care elements are only now being included, but very slowly. We are trying to introduce Family Medicine in the curricula of the medical students for the next academic year.

Postgraduate training

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

Continuous Medical Education

Using all the resources available and the international help, we have managed to develop a CME Curriculum for the doctors who have completed the Postgraduate Training.
We have designed also a short-term programme for training in Family Medicine and we have applied it in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID. The aim of the programme is to impart the necessary knowledge, skills, attitudes and professional values to practice appropriate medicine within the community in accordance with a “Service Development Module” document being developed using the suggested Clinical Practice Guidelines. The programme consists of 150 hours training in Berat (where the pilot centers are) and four full weeks in Tirana in a university attachment. Based on this training that seems to be very successful we are trying to design a training schedule for use across the country. It is also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to this course.

AUSTRIA

Basic Medical Education

Still general practice struggles to be fully acknowledged as a specialty at medical schools in Austria which, at the time being, it is not. But in general big progress has been made regarding the question of undergraduate GP training. The new curricula, now already in action, incorporate various subjects which are thought by academic general practitioners. The latter are usually not fully employed which is not regarded as appropriate by lecturers. From all four medical schools (Vienna, Graz, Innsbruck and the new private Medical University in Salzburg just started in 2002) undergraduate training in general practice seems established best at the Medical University of Vienna. It might be worth noting that in Vienna all new students are required to undergo a “week of field exploration in general practice” in their first months and in the third part of the medical study all students have to spend one day per week in the medical office of a GP for a whole semester. Recently Austria’s first chair in General Practice has been assigned (Manfred Maier, a EURACT member).

Vocational Training in General Practice

The standard of postgraduate medical education in general practice can not be regarded as satisfactory. Dissatisfaction with the quality of postgraduate medical training has increased to such an extend that the measure of hospital "visitations" was introduced 2000; a tool of quality ensurance for Austria's hospital based postgraduate medical education. Although a minimum training period of six months in primary care/general practice has been stipulated by the European Union (The Council of the European Communities. Council Direktive 93/16/EEC. To facilitate the free movement of doctors and mutual recognition of their diplomas, certificates and other evidence of formal qualifications. Official Journal 1993; 165:1-23) postgraduate training for GPs in most cases only takes place in hospitals.

There are plans by the Austrian Medical Chamber to change the regulations on vocational training in general practice, prolonging the training period from 3 to 5(6) years and to acknowledge it as medical specialty. In addition this plans incorporate a 12 months common trunk period (the equivalent of the British “Junior House Officer or the German “Arzt im Praktikum” for all specialties. Let´s see?

Continuing Medical Education
CME is compulsory for all Austrian physicians by law but currently it is not enforced (e.g. by punishments for doctors who do not refresh their CME diploma). CME for general practitioners are widely offered in all of the nine Austrian provinces. Organizers are usually 1. Societies of Medical Specialties, 2. the respective Society of General Practice of the Province, 3. the Medical Chamber of the province (I am a deputy head of the Centre for General Practice of the Viennese Medical Chamber [ZAM], an organisation very active in CME, which tries to offer CME relevant to GPs. The ZAM tries to stimulate interactive learning and has defined four different formats of CME for its seminary. In addition I am deputy head of the board for CME of the Viennese Medical Chamber which is responsible for accreditation medical societies for being allowed to VERLEIHEN credit points for CME.

I myself have recently published a letter on how to address the issue of sexual feelings in the P-P-R in a seminary (Spiegel W, Colella T, Lupton P. Sexual feelings in the physician-patient relationship: recommendations for teachers. Medical Education 2003; 37:840-841). Furthermore, a research paper evaluating a new approach on how to teach general practitioners´ to diagnose minor mental disorders has been finalised *(this novel approach to improving GPs diagnostic skills could be presented in Madeira in a short presentation).*

What have I done as a council member for Euract?
It was just recently (2/03) that I was elected as the new country representative for Austria having the obligation and joy to continue Gertraud Rothe´s successful work. In the meantime I made contact to different medical societies and single GPs trying to explain what EURACT stands for. I expect new members joining in the course of 2004. In March I had a meeting with a high official in the Ministry of Health presenting the results of a own study on the allocation procedures for training posts for postgraduate medical education (Spiegel W, Haoula D, Schneider B, Maier M. Allocation of Training Posts in Austria. Medical Education 2003; 37(6):572).

I also discussed the possibility of inviting the EURACT council for a council meeting to Austria with some of the members. This idea was widely welcomed. Also the Austrian Society of General Practice and Family Medicine indicated in principle its interest to help. The “Styrian Academy of General Practice” kindly offered the use of their well equipped seminary rooms (for free or for little money), if a possible council meeting in Austria is to take place in Graz.

BELGIUM
Basic Medical Education

Because of the numerus fixus to be accepted for specialty training, and the link of the number of specialist training posts to the number of GP training post –by law fixed on 57/43% - the faculty suddenly becomes interested in a positive attitude towards General Practice all over the education curriculum. We are lining up all the messages around the general practice option all over the different years. The faculty is sensitive to a month of GP training for all students in the year just before the career selection takes place. We will see if we can organize this, and what the effect will be.
At government level the length of BME is in discussion. In our curriculum 7 years (which gives us a unique position in Europe), including the internship year (which makes us comparable to almost half of the European countries). The government installed an ad hoc committee to give advice. The critical topic is not BME, but the start of the specialist training, which for GP’s is after the 6th year, and for all the other specialists after the 7th year when graduates have achieved their diploma. My position is that we need this 7th year to prepare for further career choices. In line with the UK options, we defend that from an educational point it is better to continue to have “foundation period” to help young doctors to make the best option in relation to their capacities and the requirements of the health care system.

Vocational Training
Within this numerus fixus discussion, and the 100 GP training places that is offered to our department, we finally will have 75 candidates. We give ourselves 3 years to deal with the new situation. The students also are concerned with this selection process. They declared this year as a “save general practice” year. They organised several discussion forums around this topic, from a positive prejudice that the faculty itself gives not enough attention to the family medicine option.

Continuing Medical Education/ CPD :
CME is still under the rules of traditional crediting systems, with approved presence on meetings as the only control. The information in the overview is still valid. The good point is that the official bodies realise that

something has to change. The bad thing is that they hesitate, and see all new options as a loss of control. I did my best to introduce the new concepts, as I am chairing the technical advisory committee of the accreditation board. The other opportunity is that the government installed a national committee on quality assurance, and is very active in it. I try to link them in. I could organise a common meeting with the 2 board representatives and achieved to at least make a proposal for a pilot period in the next 3 years to have some CPD experiments accepted. Three lines will be in it: new electronic learning formats, learning plans and portfolio's, and practice auditing initiatives. I will report later on the progression.

Health Care

A new government and a new minister again will give a lot of uncertainty as to the future government policy. That is what I reported last time. Well, it proved to be correct : all the positive governmental attitude towards GP stopped. What we do is continue to implement the different options that were started by the former government. Regional General Practitioners boards are implemented all over the country. In the Flemish region some 100 boards, grouping an the average 60 GP's. They legally represent the GP practices in the selected region. Regional multidisciplinary primary care groups continues to develop. This process is moving much more slower. The different GP organisations in Flanders have decided to merge to a unique GP organisation, called the "domus medica". It will have a professional wing and an academic wing.

What did I do as a EURACT council member

The Belgian Core Content Group, a strategic forum with the seven university departments and the two scientific societies, prepared a strategic document for the future of general practice, derived from the options accepted in the new definition document. The professional organizations decided to make out of it an action document, to be adopted by the local GP groups.

BOSNIA AND HERZEGOVINA

Undergraduate education

Undergraduate education is running in all four Medical faculties in Bosnia and Herzegovina. Educational activities are adjusted to student needs by flexible curriculum. Each academic year a curriculum is revised after written evaluation and informal feedback from students. Undergraduate education has still done in collaboration the local teachers and Canadian colleagues.

Specialization Program

The same residency program is running in whole country. It is supported by Canadian assistance from Queen's University, Kingston, Canada. During specialization program several residents found motivation for teaching in family practice. They are involved more in preparing academic half days, presentations and other activities in Teaching Centers.

Postgraduate study

Currently five postgraduate students are attending the second (last) year of postgraduate study in Medical faculty, University Tuzla. Three candidates finished master degree successfully and one of them started with activities for PhD. So, in the near future, we expect the first academic professor from the family medicine field.

CME

Two years ago Program of Additional Training (PAT) started in Bosnia and Herzegovina as a kind of re-training activities for general physicians and nurses in the field. Actually, Ministry of health both entities in B&H with money taken from World Bank, gave support to primary health care reform starting with reconstructions of health services and giving appropriate education to GPs and nurses in these services. So PAT is a national program and it is a part of primary health care reform. Departments of Family medicine are very actively involved together with Canadian colleagues (facilitators) in educational part of this Program. Very structured curriculum was made by local Family medicine Department members and pointed to local family medicine related clinical problems. PAT Program lasts one academic year (from September to Jun next year) with 21 specific topics. Last year PAT successfully finished 62 physicians and 51 nurses and officially they are now "family physicians and family nurses" ready to work and deal with many problems in small communities. This year we expecting 59 retrained physicians and 142 nurses.

In the meantime graduated specialists of family medicine still don't have structured way of CME although there are various educational seminars as a kind of continuous medical development.

This task is challenge for Association of Specialists and Residents of FM in B&H.

What have I done as a council member for EURACT?
This is my beginning as a council member. I revised a list of EURACT members in B&H and updated list now has total number –32; old members –14, new ones-18 and 4 members canceled because of change the working place.
I will introduce to Council a new Journal of The Association of Specialists/residents of Family Medicine in B&H (some articles are on English) and invite and offer collaboration for exchanging educational experiences among FM physicians in Europe(I'm member of Editorial Board of Journal).
Contact e-mail for Journal : afmbih@yahoo.com

CROATIA

News from the country
All emphasis of the county (politicians and people) is putting on entering EU. As a transitional, country is still facing economic troubles which has a big influence on a health care system, including GP/FM, even more after last year elections. The negotiations with the previous Minister of Health and Health Insurance have brought new GPs contract, based on capitation, preventive programmes and fee-for services for certain items (previous was based only on capitations), but new Minister rejected it and new negotiations has to be started. It is nothing new for us.

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

Vocational Training
A big changes have happened in this area. After, almost ten-years of break, 160 trainees have started VT. It is a big challenge for the whole profession, especially for the my Department, responsible for the implementation. We had to start almost from the begining, to develop programme, teaching materials and to train GP's teachers, to select and train 186 trainers and to deliver about 2 500 hours of lectures and seminars within postgraduate courses which are an obligatory part of VT.

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

What have I done for EURACT
Due to many private and professional troubles I've done more on national than on international level. The Croatians members are informed about EURACT activities, provided by materials, and whole profession is informed through report in Croatian Journal of Family Physicians and during annual conference. Dubrovnik Course «Training of Teachers in GP/FM» is prepared and will be held from 3 May to 8 May 2004.

CZECH REPUBLIC

No report received

DENMARK

Basic Medical Education

No changes since last meeting – so the text is identical.
3 medical Faculties in DK (Copenhagen, Odense and Aarhus).
The student intake at the 3 Universities have been augmented by about 80 % because of prognosis telling about lack of doctors in DK for the next 10-15 years. Many of these extra students are from Sweden – and many of them drop out early in the study making planning difficult – so some overbooking is now taking place.
A new thing will be: from 2004 the University in Odense stops with the « normal » examination with long written exams – a 2 day OSCE examination is introduced !

Vocational training
1. January 2004 specialist training for all 37 specialities was dramatically changed (1 year delay). Changes in regard to: length of training period / all trainees having a mentor / new blueprints and curricula for all

specialities / more focus on training instead of "just work" / more formalised evaluation / "course-organisers" in all specialities / research training for all doctors.
GP started already 1. Sept. 2003. Major problem right now: recruiting doctors to training posts in more "remote" areas in DK – in "central" parts very big interest in getting a GP-training post.
We have also created an electronic blueprint – on the web – and built together with this is our new **electronic portfolio/logbook (also on the web)**: all trainees "have their own" portfolio – and their tutor can recognize/sign competencies in the logbook.
The blueprint for specialist training for GP has been translated to English – and can be found on the Danish College's website: www.dsam.dk
The yearly meeting in the College October 3'rd (guest speaker Arthur Hibble, UK) had the theme "The new training scheme" and was a great success with numerous participants.
During the last months 2 delegations from UK has visited us for discussion of our new training scheme – we hope it has been to mutual inspiration – at least it has to us Danes!

Continuing Medical Education
No compulsory CME – but our national bodies (Danish Medical Association and GP's Union) propose that every GP should be able to document 200 hours CME over a 4 year period. A web-system for registration of your CME is provided by the Danish Medical Association. The registration is your personal and can't be looked by others.
PLP (personal learning plans) is now promoted for GP's – but it is a long process to implement PLP's!
"A new deal" for GP's by April 1'st 2003 has increased the reimbursement for GP's CME by about 75% over the next 3 years.
CME in DK is a mixture between small-group based CME (> 90 % participate) and regional/national courses. In each County there are 1-2 GP's working as facilitators for the small-group CME.
The big discussion now: should doctors say NO to the pharmaceutical companies involvement in some of the CME – also say NO to financial sponsoring without (or nearly without?) influence??? This discussion is going on in all specialities – but in GP the wind is clearly blowing in the direction of letting the pharmaceutical companies out.
Each year in November all GP's (and staff) are invited to a national 5-day event in Copenhagen ("Doctor-days") – a big national event – about one third participate. Special reduced price to trainees. Even the Swedes from the southern part of Sweden are now invited…

Health Care
A big issue in Danish health care is the lack of specialized doctors in the future – also in GP. It is a very dark cloud in the horizon. As many as 25 – 33 % of GP's may be lacking in 10 years time. A new initiative has been taken by the College and the GP Union to seek out how to improve recruitment to GP (especially in more distant parts of Denmark) and how to persuade GP's to retire at a later age than intended (I took part in this task-force). Many ideas have been taken forward – not much has come into action, yet!
The Danish College write 1-2 evidence based clinical guidelines every year – we have just sent out a new clinical guideline about "Palliative Care in primary-care-setting". We hope it will have a positive influence on the quality of care provided – and on the numbers of GP's fully engaging in this field.
A new "organisational map" of Denmark is to be decided by early summer this year – it will reduce the numbers of counties from now 15 to about 6-9 – and this will influence the health care system – especially the hospitals that are run by the counties – but also influence GP's and primary care – in what direction we don't know yet!
What have I done in my country as a EURACT Council member?

1. Facilitate a link and seek support from their national college or association.
I am still a member of the Board of the Danish College of GP's – so a very tight connection is established.

2. Facilitate the development of links with academic departments of family medicine in medical schools.
We have 3 departments/medical schools. I have close connection to Aarhus (work part-time there!) – and also close connections to Odense and Copenhagen because of my post as chair of the Educational Committee of the College of Danish GP's.

3. Facilitate and develop links with national representatives of other European bodies (eg UEMO, EQuiP, EGPRW, European Society and other European organizations in family medicine).
In Denmark the College has "an international committee" – and in this committee the national representatives of EURIPA, EQuiP, EGPRW and EURACT have seats together with other GP's. So a very tight connection is established. Meeting next week!

4. At the time of election council members should inform their local WONCA organization and seek their support for the successful candidate.
I was re-elected with the full support of the Danish College of GP's.

ESTONIA
In medical education no major changes since last meeting. In basic medical education a new curriculum has been in place for one year, giving to the students an extended time in general practice during their practice period.

Practice visits were performed by the University Department of Family Medicine to all training practices where specialist training is taking place; feedback from the visits as well as from the trainees was given to all practices. A course on research offered for the trainees has been a great success. All trainees are required to perform a small project and present it at the end of their training.

In retraining the last courses graduated in April 2004. Thus altogether more than 900 primary care doctors have passed retraining within last 13 years. From now on the residency will be the only way to receive the speciality of a family doctor in Estonia.

In health care system no bigger changes in primary care. In secondary care there are attempts to introduce DRG-based payments which receive heavy resistance from hospitals.

On behalf of the VT committee the Selection of practices document has been introduced in the European Journal of General Practice and put on the website of the journal.

FINLAND
Health Care
Public Health Care is still in problems. Shortage of doctors is the main question, even though there are more doctors than ever in Finland. Recruiting firms provide short-term (and even long-term) doctors for municipalities who are responsible for primary health care. This is an expensive system, but probably fits better for the younger generation. Different official and non-official committees are trying to find solutions for problematic issues in health care. Many development and research projects have been established by national funds to help the situation.

Basic Medical Education
The main issue is the annual student intake, which has nearly doubled during last years from 350 to 600. It can easily be understood that enough resources are not available for the universities. General practice has a relatively big part in basic medical education, and if there is shortage of doctors in primary health care, it is not easy to organise attachment periods nor find teachers and tutors. There are also teaching units for BME established in local hospitals, and in these it has been possible to get more vacancies. These resources – anyhow – are quite often away from the local health care.

Vocational training
No news. Specialist training for general practice occurs mainly in primary health care. Much emphasis has been put on research training. There is an obligatory part to all specialties to be trained in PHC for 9 months, and in the current legislation it has been clearly defined to be obligatory in public health care centres (this probably has something to do with manpower issues).

Continuing Medical Education/ Professional Development
This is very important issue today. Many of the projects concerning the challenges of our current health care are dealing with CME issues. New posts are established for this issue. There are big national development projects and also new coordinating vacancies are available. CME is not obligatory, but the employers of health care professionals are responsible for providing their employees opportunities for CPD. Many practical things have not been solved.

FRANCE
No report received

GERMANY

Basic Medical Education

During the Annual Meeting of the German Association of University Teachers in General Practice ('Vereinigung der Hochschullehrer und Lehrbeauftragten für Allgemeinmedizin'; President: Prof. Dr. Waltraut Kruse) (the educational society) in Cologne on November 21, 2003, a new version of the Association's recommendation for teachers and teaching practices in general practice was passed (published in Z Allg Med 2004;80:38-9). Since September 2001, all members were integrated in the process to adjust the 1997 version of the recommendation to the new federal regulations (Approbationsordnung, ÄAppO) for BME, effective for all medical faculties since October 1st, 2003. Especially the new possibility to choose general practice as an elective of four months in the 'practical year', the 6th year, needed special criteria for teachers and teaching practices. German members of EURACT played a central role in this process. The next revision of the recommendation is planned for 2005.

Vocational Training

The new VT as outlined in my previous report has not been put in operation so far. As VT legislation is federal legislation, the new regulations need further approval and adaption in the Federal Chambers of Physicians and in Federal Governments; unfortunately this process has come to a standstill.

CME/CPD

The new health legislation ('GKV-Modernisierungs-Gesetz', GMG) effective since January 1, 2004, sees mandatory and regular CME with credits controlled by the Federal Chambers as a practicable way of organising recertification (§95d SGB V). Failure of individual doctors to attend and to collect 250 credit points in 5 years will lead to a fine and finally to withdrawal of the licence. The influence of the pharmaceutical industry on CME shall be repressed. The German Society of General Practice and Family Medicine (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin (DEGAM)) (the scientific society) has installed a task force on 'CME and re-certification' in September 2003 to supply answers, going beyond CME to maintenance of professional competence and CPD. The task force will publish its report in Z Allg Med 2004;80(5). It states that besides classical forms of CME like lectures, reading or peer review groups, which are already part of CME in Germany, there should be more room for learner centered ways of CME like portfolios, mentoring, personal learning plans, teaching in BME and VT, participation in research and practice visitation. DEGAM tries to put pressure on the Federal Chambers to extend the scope of existing CME to its idea of CPD. Smaller feasibility studies will be started in Marburg (portfolio) and Duesseldorf (participation in research). Again, German members of EURACT play a pivotal role in this process.

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

The number of German EURACT members has grown continuously; there are now 18. We met during the Annual Meeting of the German Association of University Teachers in General Practice in Cologne on November 21, 2003, to exchange ideas. At least twice a year members get a report of EURACT activities and new documents; via e-mail they are immediately informed about new developments. The 'European Definition of General Practice/Family Medicine' (in a German translation prepared by Austrian colleagues) and the EQuiP/EURACT policy document 'Continuing professional development in primary health care' have been disseminated to all general practice departments.

GREECE

Basic Medical Education

No changes from the last meeting.

There is no exposure to PHC of the medical students of all 7 medical schools, except that one of the University of Crete (one month at the first year and 3 months at the last year of medical studies).

It is optimistic that a number of medical students that are taking part at a programme of practicing in Health Centres during summer holidays, are exposed to PHC and most of them find it very effective.

Specific training

The Minister of Health of the new Government that came up from last national elections in early March, seems to be in favour of General Practitioners and Primary Health Care. This is expressed in specific training by selecting GPs as Regional Tutors of Specific Training in GP. On Tuesday 6th of April the first meeting of them is going to take place at the Ministry organised by the Greek Association of GPs. After all these, there are big expectations that specific training is going to be influenced positively.

The Educational Committee of the Greek Association produced some very important documents : a logbook of the specific training, an educational agenda for both training periods, in hospital and health centre, a recommended bibliography.

At the meeting of Regional Tutors all these documents and the translated 'new definition' are going to be distributed in order them to have a harmonised common base on specific training.
Additionally the new Minister promised 100 new training posts in GP; although the waiting time remains in average 4 years GP is still attractive. The important point is that year after year GP attracts more and more graduates with high degree, demanding, with expectations.

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

HUNGARY
Hungary's preparation for the EU accession involves the harmonization of regulations covering health care as well.

Medical career has recently become less popular with the number of applicants to universities hardly exceeding the number of places available. Junior doctors are seeking jobs in member states of the EU, which results in a gradual increase in the number of vacancies and empty praxes.

The Department of Family Medicine at Semmelweis University has a new department head, Dr Laszlo Kalosi, professor of internal medicine.
University regulations currently in force do not allow family physicians to apply for the position as, in addition to a PhD , it also requires 5-year full-time teaching experience and habilitation, which cannot be fulfilled under present conditions.

Undergraduate education
A common aim at all (4) departments of family medicine is to make students familiar with family medicine as early as the first two years. Through several optional seminars even first or second-year students have the opportunity to get an insight into the everyday work of a family doctor.

Postgraduate education
In the course of legal harmonization the time of specialist training has dropped from 60 months to 36, 12 of which are to be spent in teaching praxis followed by the specialist examination.
The first five-year period of Continuous Medical Education is over at the end of this year, which will enable us to see the figure of those completing the program (education based on credit points).

Our activity
In the past year the academy of physicians teaching family medicine has organized 3 training courses for its members (35) and for physicians teaching family medicine (227). In the scope of these conferences questions of education have also been raised and suggestions of EURACT have been dicussed.

Our physicians teaching family medicine represent themselves at training courses organized and sponsored by EURACT (Bled, Zakopane, Dubrovnik)

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

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

It is proposed that a graduate entry medical school be sited in Limerick and that the existing schools take in more graduate students.

Postgraduate specialist training

There are eleven independent GP training programmes with a total intake of 84 trainees. It is hoped to expand the intake to 150 over the next few years. This will need a radical revision of how training is organised! The changes will be dependent on the re structuring of the Health services.
For the last ten years places on the training schemes are highly prized and training schemes have attracted the highest calibre of graduate. Following a national conference held to discuss the expansion of numbers in training and the length of training, many of the schemes are now extending training to four years. The additional year will be spent in the Community, i.e. in general practice. The official policy of the Irish College of General Practitioners (ICGP) is to extend training to five years; that is two years rotating through hospital specialist training posts and then three years in supervised training in General Practice. In the interim all schemes will go to four years by 2005.

Continuing Medical Education

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

ISRAEL

BME

The Tel Aviv University Department of Family Medicine has successfully decentralized its program by giving control of the teaching program to seven smaller postgraduate departments. Continuing innovations include the "virtual family medicine clinic" for students on the TAU website, a successful OSCE for the final exam and optional student projects on the family and the community. The New York program for American students studying medicine at TAU in English has also revised its program in family medicine. It featured a series of problem-based learning seminars on common problems in family medicine. There are also programs in English at the Haifa and Be'er Sheva Universities. Shmuel Reiss reports from Haifa that their efforts to teach the issue of Holocaust and Medicine have made it an important part of the curriculum

VT

The trainees in family medicine in Tel Aviv just had a successful "Balint Day". Balint groups, which stress awareness of the emotions of the doctor in our work, are popular in our training programs. Nationally we completed another round of summative exams with a good success rate. We prepare our multiple-choice questions at a national question writing workshop, which is very challenging and stimulating.

CME

The Haifa department of family medicine recently hosted the national conference in family medicine. Over 36 original research reports and workshops were presented in a number of parallel sessions. This marks a maturing of research in the discipline. In Tel Aviv and Beer Sheva, groups of GP's meet regularly in research forums to promote practice-based research. Haifa is researching the impact of evidence based medicine on GP's.

EURACT and Israel

We have had a number of workshops for teachers based on EURACT courses (ethics, medical errors). We hope to have many Israeli participants at the EURACT sessions at WONCA in Holland and at the Bled course in September.

ITALY

Basic Medical Education

First steps for basic medical education are now organised in Italy. After having signed agreement between University of Modena and Italian College of General Practitioners (and another with University of Bari, of Genova, of Pavia and of Udine) a structured course is organised or in organising for students on sixth year. A course to prepare Tutors specifically for this topic as organised in Modena, was managed in Genova and again in Modena.

The specific book for Tutors (the first one in Italy, printed by Italian College of GP) is on the tables in its second version (two chapters are from Nat. Rep.). The topic for EURACT is the great emphasis on the European Definition and on EURACT Statement on Selection of tutors and practices.
In a conference in Modena, it was underlined the point of view of EURACT for undergraduate teaching and for VT teaching.
Now the problem is "political ", the difficulties are big, the academic body not agreeing in its complex, all European WONCA Networks are out of the political decisional arena, some local leaders in G.P. trying to organise academic chairs posts by the old method " underground ways for friends of friends ".

Postgraduate specialist training

We have a postgraduate specialist training since 1994. This is a two year long training, managed in hospitals for one year, in district services for six months, in tutor GPs' practices for six months. Also, half of seminars are managed by GPs' teachers.
Now, we are changing this training as a real specialist certificate, with a three year course, one year in the practices. It's since the course that began in October 2003. Teachers are paid for seminars, tutors are paid monthly, coursists are paid at lowest level for hospital doctors, not yet (differently from previous years) obliged to refuse by law every contemporary other work. The Nat. Rep. was invited by several Trainers and Tutors, coming from UK, and working in North of London Area, to speak about the situation in Italy in all academic and contractual aspects.

Continuing medical education

It is obligatory for National Contract with NHS , to take 40 (before it was 32) hours of CME , (20 with Health Local Authorities , 20 with Scientific Societies or in other places of choice).
Now, we are managing a national CME system , with an accreditation of events , by credits and points attributed to events, 150 credits to collect in five years.
Many colleagues involved in teaching and research and the biggest Scientific Society (Italian College of General Practitioners) are not satisfied and they are studying to arrive to a system accrediting also curricula, active participation at congresses, and distance learning systems (more difficult to organise and value). Italian College is realising this having changed its bylaws with a system with membership and fellowship.
Generally, there is a fighting about "who" has to accreditate " whom": Government, General Medical Council, Local Medical Councils, Scientific Societies, a National College or Academy, Trust Doctors' Organisations.
After strong fighting, Scientific Societies are taken again in discussion, but, really, CME by Internet accreditation is not working well and points are attributed automatically not with real verification, with problems on getting real control on providers, different credit – points just attributed to the same event in different cities, no real consideration about professional quality.…. Debate is spreading and CME in difficulties with Italian College of GPs trying to put on the table his point of view, very similar at EURACT's point of view. Now, e-learning and distance education systems are on debate and development and they could be a big choice for the future.

Health Care

New input in this field is coming from agreements between Local Health Authorities and GPs' organisations with health programmes finalised to objectives of result: on breast cancer screening, smoking cessation campaign (we brought two works about this topic at WONCA Europe Congress in Tampere). Also, Scientific Societies of GPs realised a common political and scientific document stopping a specialist initiative of not proven efficacy about prostate screening , also managed taking out GPs. …but nothing in common was done after, debate on CME is teaching, and General Practice is now in strong danger on a political change toward an " American " way of primary care.
Regional devolution is going on profile, and GPs' role also as gatekeepers and mainly as specific professional (still lacking in Italy) is in strong debate…!

Life as Council Member

The EURACT Council National Representative was re – elected at first round by all the numerous old and new members.
Several different medical associations and societies and medical schools published a translation of the New Definition, using formats of different length. WONCA was usually believed to be the real author: EURACT Council National Representative had to underline the role of EURACT with seasons spent on drafting and on getting consensus at Barcelona Conference.

Nat. Rep. got fifteen papers of his published these months on European Journal of General Practice, on British Journal General Practice, .on British Medical Journal, on Family Practice.
All were signed also as EURACT Council Member, and many were based on EURACT's concepts and documents. So EURACT was known in large population of GPs, the same for Italy, with translations and presentations.
As written by EGPRN's Secretary, " several members indicated you as candidate for elections in EGPRN Executive "...This is not new, because it happened the same in Gdansk and that time the offer was declined.
Some members of EURACT – Italy asked to be involved with University of Maastricht on palliative care, one member is responsible for Hyppokrates Programme for Italy in link with EURACT. Another two colleagues are managing regional courses and every time they like to receive patronage from EURACT Italy.
The National Representative is now appointed in the Editorial Board for the International Journal of Medicine, in London and for the Primary Health Care Journal in London and iinviting colleagues to send contributes to be published. Next appointment for the congress in Edimburgh in July 2004.
New members for EURACT are continuously coming, all from different geographic areas and from different GPs Societies (Csermeg, Snamid, SIMG , local P.C. schools), so now EURACT – Italy is the biggest international society in Italy and the most visible on journals and on internet.
This needs now a big work of secretary and a colleague (Luisa Valle) joined in this work so to be a direct responsible.
About WONCA organization in Florence in 2006, as EURACT Executive, EURACT members and WONCA Europe President got informed about the initial exclusion, the situation seems to be changing now, and people from EURACT and form EQuiP are to be invited finally, and EURACT Council National Representative was informally asked by the President of Organising Committee to be involved in really organising the International Scientific Advisory Board.
Also this case indicates the political level, where it remains the fact that substantially the Scientific Societies (not the single and responsible GPs inside the different networks, of course) don't recognise WONCA validity and consequently WONCA Networks. The invitation is underlined as personal, because personal background and know – how...

LITHUANIA

BME

No considerable changes in BME concerning Family Medicine. It seems that strengthening of the FM situation in the country in general does not affect much the academic circles. Still introduction to the family medicine discipline is during the 6th year of basic studies, which means the time when most of students have set their preferences for the future specialty. Partially this may be due to the re-organization of the Faculty of Medicine in Vilnius University, which is already going on for the several years. Since next teaching year the Centre of General practitioners will be moved from Department of Primary Health Care and Nursing to Department of Internal Medicine. Therefore, no major changes to be implemented before that. Kaunas Medical University has more stability in its development right now, and that positively influences the position of Family Medicine Department.

Vocational Training

Vocational training schemes are gradually moving towards the general practice setting, although still considerable part of training is provided in the specialized clinics and hospitals. Since this year residency training for future GPs is 3 years, and about ⅔ of the training is in ambulatory care setting, including training on specialized disciplines. During three year residency program, 9 months are spent in general practice only. More changes are expected since the new teaching year, as re-organization of the Faculty will be finished. New Head of the centre of General Practitioners in Vilnius University, Vytautas Kasiulevicius, PhD, is planning some more changes for the FM teaching in future.

CME/CPD

Approval of the CME activities organized by pharmaceutical industry, by the Universities**,** as an obligatory requirement for inclusion into the credit system for licensing, does not seem to affect remarkably quality of the programs. Anyway, this at least limited number of one-medication conferences, which were quite popular in the past. Professional Societies as well as Universities should find more active ways to organise good quality courses, which could compete with activities of pharmaceutical companies, that more often use modern methodologies and teaching methods.

What have I done as EURACT representative?
To emphasize the importance of the GP discipline, we included course on GP basics for the 6th year students. During this course, one full seminar is on New Definition of GP/FM, which is run by myself. More activities this year are organized through Lithuanian Society of Family Medicine Teachers, that have organized EURACT meeting last year. Teachers from this society will join the course in Krakow, and later on try to move forward teaching the teachers program in our country, which somehow stopped due to problems in Universities.

NETHERLANDS
Health Care
The current economic situation forces the Government to continue cutting the budgets, for Health care as well. Although research has proven that Dutch GP's take care of 96% of the patient problems for just 3% of the health care budget, the Government will not make more money available for income repair or practice nurses.

Basic Medical Education
The debate on year 6 of the BME continues. Although it is absolutely clear that activities such as internships will not shorten the specialistic training, there is a strong tendency to regard year 6 as a pre-specialistic training.

The BaMa-structure does apply to medicine, at least not until 2008. Nevertheless, several faculties are considering developing a Masters or Graduate Entry programme. This would allow students with a degree in nursing, midwives, physiotherapists and biomedical engineers to become a fully qualified medical doctor within 4 years.

Postgraduate training / Vocational training.
All the departments are very active with the implementation of the new curriculum. There were just enough applicants for the new groups. We are trying to find out why the interest in General practice is diminishing. We assume that, at least, the negative image of a very hard working professional with low income, is partly to blame. Furthermore GP's have to blame themselves because they complain too much.

CME / HPT
At the moment, there are no changes in CME. The influence of the industry is probably a little less, but they still offer many pleasant evenings with a dinner and a lecture or two.
The accreditation-system works fine and will not be changed.

A programme of Higher professional Training on COPD has recently started. For Diabetes a programme is almost set up.

NORWAY
No report received

POLAND
Undergraduate education
Situation in this field is like before. Minimum curriculum in family medicine was approved by the central body, advising minister on the level of 100 hours. Still some medical schools refuse to increase number of teaching hours to this level, some other are doing it. The situation should be clarified during next few months.

Postgraduate education
The situation is slightly better. Finally the ministry of health found some sources to pay training centres at least for few months of last year. They promise to continue, however this year no transfer of money was done. No major changes in the curriculum. Still a lot of applicants, much more than places.

Continuous Professional Development
Some progress in this field. New CME company created by the College of Family Physicians, publisher of the Journal "Lekarz Rodzinny" (Family Physician) and professional organizer of GP congresses is well rooted now. It provides over 60 courses a year in different places about different, mainly clinical topics. Still it is done with large support of pharmaceutical companies. Their impact on the content and speakers is however limited. Furthermore the publisher of the above-mentioned journal offers new distance learning CME programme. It is a kind of MCQ test attached to each issue of the journal, based on the articles published in current issue. Successful completion of at

least 10 questionnaires entitles participants to receive the special diploma. Although the participation is completely voluntary, a lot of GPs are eager to do so. There is still very intensive work on Internet based CME distance learning programme within the Leonardo project. Some modules are ready, work on other is in progress.

What I have done in my country as a EURACT Council member?
I was busy for many weeks arranging Leonardo-EURACT course, which will be held in May in Poland. I am quite optimistic about it.

PORTUGAL
In general
The new Primary Care Law, mentioned in Leicester Report is now in the field – unfortunately it was made by specialists not so well informed on General Practice. Apparently it opens possibilities to new ways of management – but it will be difficult to apply it.
At the same time, some dangers are arising – namely the possibility to have Hospitals running GP Practices – as a Hospital Service (…). Portuguese GPs are preparing themselves for difficult times.

BME
The discussion on residential sixth year is moving; some Universities are already doing it, and starting early exposure to GP. A group is now starting the work to spread all around the Country.

VT
The College just made the new VT Programme (I was the coordinator). It's a 4 years programme, and we tried to base it upon new definitions.
However, discussion will go on…But we hope we have reached enough consensuses to allow its acceptance by the Minister.
Because of GP problems – mainly psychological, induced by the media, we had this year a lot of places for vocational training that were left empty.

CME
Starting some thing. The College produced some criteria; I was designed for the "Committee for Evaluation of Medical Education". It's an organ of the Portuguese Medical Association (Ordem dos Médicos). First meeting will be 27 April.

Work done as a EURACT Council member
Ten new Portuguese members have joined EURACT.
We are organizing, along with the Madeira Meeting, an important Conference on learning and teaching GP.
ADSO, our Trainers and Teachers Association (organization of the Conference) is moving along all right. We had elections recently and we now have a new President, Prof. Armando Brito de Sousa. He will make a presentation during the Conference.
I was present at one important GP meeting, and made a Conference on CME/CPD.
The APMCG (Association of GPs) translated and published the CME/CPD booklet.
Dr. Luís Pisco (as EQUIP) and myself (as EURACT) collaborated to make a wide distribution of the booklet.

ROMANIA
Basic Medical Education
There are no changes in the undergraduate study of Family Medicine. Still a lot of students don't have any exposure to family medicine and the practical activities scheduled are taking place in hospitals or policlinics.

Postgraduate specialist training
This year the rules for admission into the residency will be the same: a national exam organized upon specialities in different medical universities as the doctors have to choose from the beginning the speciality for which they are competing.
The curriculum is also the same.

Continuing Medical Education
The first professional recertification of the Romanian doctors will take place in 2005.Each doctor has to gather 200 points from the educational events accredited as CME in order to preserve the license to practice. This process is the responsibility of the National College of Physicians and its district branches already started the

procedure. There is a national system of counting the credit points from the participations to workshops, seminars, conferences, congresses, from publishing medical articles or books, from giving lectures or tutoring residents, from different exams/titles obtained and from subscriptions to medical journals.
Family Medicine
Last autumn there were elections for the executive board of the National Society of Family Doctors and new members were elected. We are still expecting some positive results of their work but it is a difficult task as long as The National Society of Family Doctors is not in the positions of negotiating the contract with The Insurance House. The contract signed this year is even worst for family doctors because the incomes are smaller and the workload bigger mostly because of a lot of bureaucratic duties.

In October, a national conference of the family doctors took place in Craiova; there were a lot of participants from all over the country sharing experiences. This weekend a conference about project of sentinels will take place. This project is a result of the collaboration between the National Society of Family Doctors and the Dutch foundation "Improving Quality of Health Care in Romania".

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

As national representative I prepared a report of the Leicester meeting for the Romanian EURACT members and I kept them informed about EURACT courses and about the election process. Gathering the fees was a difficult task as we have quite a big country and perhaps because the fee is higher.
I translated the CPD document; it is posted on the site of The National Centre for Studies in Family Medicine (www.medfam.ro). I send it to the executive board of the National College of Physicians, to the board of The National Society of Family Doctors, to the chairs of some departments of Family Medicine from universities and also to some important organizations of family doctors involved in CME. I gave a presentation about the document at the congress in Craiova and also an workshop about the new trends of development of CME in Europe. I also gave a presentation about CME in Europe at the conference of the department of Family Medicine of the Medical University from Iasi.
I published an article about the CPD document in "The Informative Bulletin for Family Doctors"
and another one about how the residentship in Family Medicine should be organized which was published in "Medical Life"- a national medical journal.
I also organized the election of the 3 Romanian representatives for Junior Doctor Project.

RUSSIA
Basic Medical Education
Still general practice struggles to be fully acknowledged as a specialty at medical schools in Russia (52 medical schools in RF), but in 10 BME has started at 5 year of education (6 years undergraduate training). The leaders of this process are the medical schools in St-Petersburg, Moscow, Tver, Petrosavodsk, Cheljabinsk, Perm.

Vocational Training in General Practice
The standard of postgraduate medical education (duration of VT is 2 years) in general practice has been developed in 2001 and approved by Ministry of Health of Russian Federation , but can not be regarded as satisfactory, because trainees have to spend to many hours at hospital and class rooms. The trainees spent 250 hours only in real general practice. But in St-Petersburg the program was changed and the time, which trainees spend in General practice is 50% now)One from many reasons (low development of speciality, pressure from narrow specialists, from paediatricians, misunderstanding of role of PHC etc) is a lack of training centres, which could be used for this training (about 10 centers were developed in RF) .

Continuing Medical Education
CME is compulsory for all Russian physicians by law. Every doctor has to go every 5 years to medical postgraduate academies (There 7 in Russian federation) or to colleges of postgraduate studies which are organised at medical schools. Doctors have to take one-month training course according to Ministry of Health regulations. No credits system established yet. The same order is obligatory for GPs. But the big reorganization of State government has started and may be some changes will be in near future. The reorganization of Ministry of Health will be finished in June only.

It was just recently elected as the country representative for Russia. I will inform the members of St-Petersburg association of GPs and All Russian GP association about development of Education Agenda, I included information about new definition of Family Medicine to my lecture, which I am given to residents and other trainees (doctors from North West Russian region, who take retraining course at my department of Family Medicine).

SLOVAKIA

No report received.

SLOVENIA

Undergraduate education

The curriculum reform is going on slowly and with a lot of difficulties. The resistance from the medical establishment is just incredible. Nevertheless: we are planning to visit the medical faculty in Germany (Heidelberg) in a few days.
On the other hand, the work at the department is going on quite well. New, young and bright people are joining and it is a nice impression that we are becoming bigger and stronger.

Vocational training

Finally, the vocational training programme has been firmly established. There are still some minor problems with the medical chamber (especially one of the officials there), who still want to make other specialists as part of the examining board at the final exam. But these problems will pass.

CME

Janko Kersnik has taken over the Bled course. This year, I will be assisting him. The topic for this year is Cross cultural medicine. An exciting topic, I believe.

There are more and more CME organisers who want me to participate at their meetings and sometimes it is hard to say no.

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

We have got new EURACT members in Slovenia and they are waiting to be approved here.

I have been in contact with the Serbians, trying to persuade them to join EURACT.

Regular reports about EURACT have been published in our journals.

SPAIN

Basic Medical Education

Some events in that field are happening. semFYC has presented to the National Rectors Council (Council of Universities Presidents) a new proposal of specific knowledge area that allows the creation of Family Medicine Departments, and a new law/act is under consideration by Health and Education authorities. Deans of different Universities also are adapting the undergraduate curriculum to the European Plans (Bologna).
Last year the number of new graduates was around 6000, and the number of post offered to them to go to the different specialization programmes (MIR examination) was of 5670, but the number of aspirants was 8565, because each year hundreds of aspirants don't go trough the exam (fall) or refuse the post because with the mark that they have got, they can't choose the place or the speciality they want. That means that we have a remnant of graduates that give up the profession or try again.

Specific / Vocational training

Yearly about 1200 new trainees go to the vocational program in Family and Community Medicine. Perhaps this year will be the last time that our program last only three years. The new four year program is flexible, focused on competences and introduces contents that enhances and consolidates previous competences of family doctors. The administrative procedure that allows his approval is going on.
The WHO will translate the program to English and Russian.

CPD / CME

The number of family doctors with PHD degree is increasing very quickly, over 3000 colleagues have actually that academic degree, and there are three full Professors (Valencia, Barcelona and Madrid).
In three universities Zaragoza, Alicante and Barcelona Postgraduate Programmes are going on in Primary Care / Family Medicine and also a Master in Primary Care is going on in another university of Barcelona (UAB) where the students are family doctors, nurses, paediatricians interested or working in Primary Care, and most of the teachers are family doctors.
The last national semFYC Conference was in December 2003 in Barcelona, with more that 7000 participants. In that occasion, the 25th anniversary of the speciality was celebrated and in the frame of this Conference started a new kind of organization and relation with the pharmaceutical industry without satellite symposia.

The Summer School with 300 participants was in Las Palmas and as usually was focused on practical skills teaching and learning based on workshops and little groups. The 1st. National Conference on Family Medicine and University was held in Zaragoza with the participation of members of semFYC Council, Presidents of Universities, Deans of Medical Schools, representatives of the Health and Education/Culture Ministries, family doctors, tutors, students and also community organizations representatives.
Standing committees of semFYC are: rural medicine, immigrants, tobacco, elderly, hypertension, infectious diseases, hyperlipemia, diabetes, respiratory tract, cardiovascular and dementia, where family doctors of different regions of the country meet and produce guidelines and recommendations. Other committees are in creation or reorganization processes. Two steady programmes are Promotion and Prevention (PAPPS, with more that 600 health centres) and Community Activities in Primary Care (PACAP, with the participation of 120 health centres)
Since 1996 semFYC has an Accreditation System of Formative Activities in Primary Care and during that time more than 1000 activities have been evaluated on specific criteria with an approval rate of 83%
All medical graduated licensed before 1995 have had the possibility, in specific conditions, to "homologate" as specialist in family and Community Medicine and of the 2000 presented about 25% fall.

SWEDEN

Basic Medical Education

5½ years at a *Medical faculty* followed by *Internship* for *(18-)21 months*.
To get exposure to clinical work other than at a University hospital, and due to increasing numbers of undergraduate medical students, the Medical faculty of Uppsala University and the neighbouring County/Provincial authorities have agreed on students doing part of their clinical training in Provincial/Local hospitals (eg in surgery, pediatrics, gynaecology). Students also have an option to allocate 1-2 weeks of general practice to other Counties/Provinces.
Generally speaking the impact of family medicine/general practice in the undergraduate curriculum is still fairly weak although it is improving. There are differences between the 6 medical faculties. At Linköping University the impact is relatively strong and involves ongoing training in communication/ consultation skills etc, plus 3 weeks of clinical practice & family medicine theory per term for 4 terms, in total close to 1 term = ½ year.
At several Faculties Global medicine is a voluntary course involving theory and a study visit to a developing country.

Internship is run by the County/Provincial authorities with help of facilitators/tutors and directors of training (Studierektor). Internship includes 6 months in general practice/primary care, 6 months surgery, 3-6 months internal medicine and 3 months psychiatry.
To promote family medicine/general practice (there are also other reasons) some County Councils have been granted permission (by the Swedish National Board of Health and Welfare) to start Internship with 1 month of general practice, and a GP/family practitioner is appointed as a personal facilitator/tutor for the Intern for the whole period of Internship.
Some County Councils allow a few weeks of the Internship to be done abroad (paid salary).
At the end of the Internship the Intern has to pass a compulsory written exam plus either to pass an oral exam or "sit-ins" at each main part. If successful, you will be registered as a medical practitioner.

Vocational training/speciality training

At least *5 years* of "full-time" *supervised clinical work* (at least 3 years in general practice is recommended) is required as well as *theoretical studies*, and the specified *aims/goals* of the discipline must be full-filled. Every registrar has his/her own personal facilitator/supervisor.
There is an ongoing revision of the VT. A committee within SFAM (the Swedish Association of Family Medicine, website: www.sfam.nu) is looking at aims/goals (suggested core competencies: general/ clinical competence; individual-oriented competence/personal doctor; scientific approach; leadership/ team-building/administrative competence) and at methods (self-directed learning and development, goal and outcome-oriented, individual learning-plans, portfolios etc).

A voluntary *"Mid-Evaluation" (Mitt-i-ST)* with an external evaluater was introduced in 2003. The purpose is to assist the registrar to "reflect, react and revise" the individual learning-plan and to stimulate professional development/VT. Those that took part were very positive and satisfied according to a report in December 2003..
To conduct a research/developmental project is recommended by some County Councils.
The speciality – exam is still voluntary (20-25 pass per year).

An increasing number of doctors in VT have a *different background* (more than 50% of doctors who obtained registration as a medical practitioner in year 2003, had been trained in another country than Sweden. They had their basic medical education, sometimes also VT, in another country within or outside of Europe). Some doctors in VT have another Swedish or foreign speciality (not family medicine) and wish to obtain the Swedish speciality in Family Medicine (required for a permanent post). These doctors need a shortened and very individualised VT-plan.

The role of *directors (Studierektorer) of training* (for registrars, interns, undergraduates) is important and is likely to increase, and to become more formalised (in legislation etc). SFAM and SLF (the Swedish Medical Association) organise meetings and networks for discussions amongst directors.

Continuing Professional Development (CPD)

Not compulsory. The content, structure and funding differ a lot, not only between different Counties, but also between Health Districts and Centres, and between individual doctors. Please also see report from the EURACT-Leicester meeting 2003. As an example I will describe CPD-activities offered in our Primary Health Care district (Gästrikland/Gävleborg County), where a mixture of organised activities and self-directed learning is found:

1) *Self-studies* and *time for reflection*. up to several hours per week, differ between individuals. Every doctor has access to Internet in his/her consulting-room and the Hospital library supplies requested articles and books for free.
2) *Small-group activities*: FQ-groups (the group-members decide the topics, most but not all GPs take part), Balint-groups (only some take part). A few hours per month.
3) *CPD-meeting at District-level*: half-day per month. Programme doubled to give every GP a chance to take part every month. Mostly clinical issues. Other specialists etc may be invited to present.
4) *Annual 2-day CPD-meeting, District-level*: Programme doubled, almost every GP takes part every year. ”Soft topics” like family medicine approach, ethics etc and informal discussions.
5) Participation according to individual need/wish in *CPD-courses, workshops, conferences etc* at local and national level, sometimes abroad. Afterwards the individual doctor has to submit an evaluative report to the CPD-director (from now on it will be put on the internal web-site).
6) *CPD-activity at Health Centre level*: doctors meet usually once a week for up to 1 hour.
7) *Other local/provincial activities*: once –off seminar/workshop/conference, sometimes together with nurses and other groups of personnel (e.g. about Well-baby clinics, management of asthma, palliative care, Quality Assurance).
8) CPD-activities relating to the *role of supervision* of doctors in training: Special courses and meetings. Arranged by the director of training.

PLPs (Personal learning plans) are being encouraged but are still rare (I think) and despite the fact that every employee has (supposed to have) an annual talk on personal/professional development with the employer. The *CPD-director* with help of a *CPD-advisory-committee* organise the CPD-meetings at district level (nb 3 & 4) according to the expressed needs (of GPs). The CPD-director (part-time administrator and part-time GP) is in charge of the budget/funding of most CPD-activities including attendance at conferences. Every doctor may get “paid leave” to attend 10 days of external CDP-activities per year.

However other areas in Sweden are less fortunate, e.g. no CPD-director, financial constraints.

Health Care

Due to financial constraints most County councils/Provinces are cutting down on expenditure by reorganising, closing hospital wards and more alarming also Health Centres/Primary care facilities in some areas (e.g. in Gothenburg). There is still a shortage of health personnel e.g. doctors and not only in General Practice/Primary care. Some Counties are therefore busy recruiting doctors from other European countries e.g. from Poland, Germany and Spain.

The total cost for people on sick-leave is slowly reducing but is still extremely high and at about the same level as the total health care expenditure in Sweden!

What I have done in my country as EURACT-council member?

As a new Council- member I am busy updating myself about EURACT, to communicate with present Swedish EURACT-members (at medical faculties, at the national association = SFAM etc) and to revise the member-list. I was invited to a SFAM-board meeting to discuss about EURACT.

SWITZERLAND

Switzerland –some facts

7 Mio inhabitants, 4 languages (German, French, Italien, Rumantsch).
Confederation of 25 states (Departments, „Kantone“) with very high autonomy
("united states of Switzerland").
5 universities (Berne, Basle, Zurich, Lausanne and Geneva) 1 techn. Univ. (Zurich).
Numberless revolutions in educational systems from Kindergarden to university.
Selection of students for medical education by a test (logical problem solving.
GP: Swiss people say never a bad thing about "my" GP.
BUT: "when I feel bad, I go to my specialist". That's the reality.

Undergratuate medical education/training

Federal law (Switzerland) – duration of 6 years, final exam after 6 years
- NEW: Swiss catalogue of learning objectives for undergraduate med. Training

All details: different from university to university….i.e.
Zurich: predominantly lectures
Berne: years 1-3 PBL in small groups
Years 4-6: 24 weeks lectures, more than 2 years practical work in hospitals
Aims and objectives: federal law path to aims: university autonomy
Next challenge: Bologna convention. Reactions from the universities different:
Zurich: impossible, "no comment" Berne: "make the best of it"
GP training: very different from university to university.
i.e. Berne: year 1 : 2 days wit a GP, one day with comm..nurse, fire-brig., Police etc
year 3: 5 half-days clinical skills in GP (for all students)
year 4/5: 20 days in a GP-office (4 weeks or 4 times one week)
year 3-5: GP-seminaries (2 h every 2 weeks)
BUT all this depends on financial support by the university and politicians

Vocational training

for ALL specialists (GP included) min 5 years and specialist exam
GP: 2 years internal medicine
1 year surgery
2 years free choice (often pediatrics, gynecology, dermatol, often 1 year tropics, USA
GP must stay min 6 months in GP-office as trainee

Postgraduate training (CME)

From Monday 0700 to Saturday 2300 (and on www round the clock…) you can make your postgraduate training. 80 hours/year must be proved (GP: self-declaration). Most of GP do a lot more than the 80 hours of CME (200 or more). For GP in small valleys of the alps, far abroad from hospitals and universities, it is rather a challenge, to complete 50 hours of CME outside the house in Hospitals or at congresses. Specially in small villages GP generally are alone in their office and absence of the only GP means lack of any medical supply for hours or even 3 or 4 days.

TURKEY

No report received.

UNITED KINGDOM

April 2004 sees the introduction of two new contracts for doctors; those in hospital and for GPs. Both are proving extremely difficult to implement and a major concern for the government is the fact that both are proving to be more expensive than originally calculated. Hospital consultants were asked to price their time in four-hour slots of "professional activity" on the naive assumption that none would work more than two per day. However the majority start work at eight in the morning and work until six or seven in the evening, and so charge for 20 percent more of their time and was anticipated. The new GP contract puts a significant amount of funding towards delivering high quality care to national standards. The idea is extremely good but the practicality of administering the system through a complex system of points is proving to be a nightmare.

Basic Medical Education

A new report on undergraduate medical training has just been produced by the Chief Medical Officer; this concentrate on innovation in teaching methods and has read reports, for new medical schools that have come on

stream in the last year or so. Places in medical schools have been increased so that we are one on target to increase output by 50% within the next four years. In many medical schools and there is an increasing time being spent by students in general practice; unfortunately this is not the case in my own in Leicester although paradoxically it is one in which the highest proportion of students choose general practice for their postgraduate specialisation.

Specific training

I reported a year ago about the abolition of the GP Competent Authority; this was due to take place on the 1st October 2003 but is now scheduled for 1st October 2004. It is now acknowledged tacitly the work of the Joint Committee, the current Competent Authority, will have to continue until the least December 2005. Unfortunately this means that my personal workload will not lessen for that period. General practice training has become flavour of the month with the government as we are the only branch of medicine that is meeting its new training targets with an overall increase of 20 percent. Unfortunately the demography of the profession is changing with full-time male practitioners retiring and being replaced by less than full-time female practitioners and so, although 2000 extra have been trained it has been estimated that we will need an extra 10,000 over the next ten years.

The new two-year "internship" known as the Foundation Programme is being rapidly developed and will be piloted from August this year. This remains a real opportunity and challenge for general practice as it is our intention to offer all medical graduates the opportunity of working in general practice during this programme. This will promote a better understanding of general practice/family medicine in all doctors, and will be particularly important for those whose career will be in hospital medicine. The challenge will be to maintain the quality which has been the hallmark of British general practice education and at the same time double the placements that are available.

Continuing professional development

Amongst the other changes introduced with the new GP contract has been the removal from the Postgraduate Medical Education system the responsibility of quality assuring CPD. The responsibility has moved back to the individual practitioner in keeping themselves up-to-date. Employing authorities are charged with carrying out an annual appraisal which is supposed to inform the education process and lead to a personal development plan. There is part of ongoing discussion as to whether these appraisals are developmental leading to the promotion of good practice and the development of the individual practitioner, or whether they should be concerned with the detection of underperformance.

"What have I done for EURACT?"

My activities for individual members in the United Kingdom have continued to be problematical, and I feel I must take steps to change this. I have of course arranged the council meeting last September, and hosted the executive board at the Royal College in February. I have also been promoting the new definition and core competencies to be the basis of the new curriculum for general practice Education being developed by the Royal College of General Practitioners. This work is still in progress up will be presented to WONCA Europe in Amsterdam and World WONCA in Orlando.

I will be handing over my responsibility as the United Kingdom representative at the end of December.