Annex 1

Review of national educational activities after EURACT Council meeting in Witten, Germany, October 2009

EURACT Council meeting
October 7-11, 2009
Witten, Germany

COMPILATION REVIEW OF ACTIVITIES
Witten, 7-11 October, 2009

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

The *Medical University Graz (MUG)* invited four applicants for a hearing to allocate the position of a professor of general practice. The hearing was hold on March 9, 2009. GP educators are currently contributing (lectures, seminars) to the following subjects ("modules" of teaching/integrated curriculum): "Medicine & Society", "Growth and biological maturation", "Tension field Personality", "Communication". // At the MUG there is a special study module "general practice". In the sixth study year there is a 5 week compulsory attachment programme for students in surgeries of GPs. The team of GP lecturers at the MUG received an award (Michael Hasiba Preis 2008) for their project „Lernen und Lehren in der Praxis“.

The "Institute of General Practice, Family Medicine and Prevention" at the Private Medical University Salzburg (PMU) (chair Prof. Soennichsen, EURACT member) was founded in April 2006 and is involved with a number of lectures and seminaries in the curriculum at the PMU especially with lectures/seminars in "Patient Care"and a course on "General Practice and Family Medicine". Currently they advertise a post of a lecturer (Assistant; http://www.pmu.ac.at/1091.htm).

Vocational Training in General Practice

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

Continuing Medical Education

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

Please consider your participation in WONCA Europe congress in Vienna 2012

BELGIUM

BOSNIA AND HERZEGOVINA

Natasa Pilipovic Broceta

Health Care System in B&H

Registration of patients by family doctors have been almost completed, there are some minor activities in that field supposed to be finished until the end of the year.
Accreditation process is ongoing, there are preparation activities in PHC centers where the process has not been completed.

Basic Medical Education

Students do family medicine practice in villages as well as in towns thankfully to increasing number of tutors at Family Medicine (FM) Department in Mostar.
FM Department in Banja Luka has been involved in education of nurses within Faculty of Health Care for nurses. Primary Health Care and Family Care is the name of our subject that will be held during the third year of faculty for nurses.

Vocational Training

This autumn new generation of vocational trainees start FM specialization program.

CPD/CME

This year postgraduate studies in Health care and Public health in Mostar Medical faculty includes Family medicine as a mandatory subject. This is the first time that FM has been included in postgraduate studies.

What have I done in my country as EURACT representative?

I have prepared and distributed a report on Russia Council meeting.
I participated in Leonardo Course that was held in Sarajevo in May of this year. Trainers were from different cities: Sarajevo, Mostar, Banja Luka.
I distributed information on Assessment Course. Three doctors will go to Faro (sponsored places) and I have already planned with them to start the course in local setting after Faro course.

BULGARIA

Prof.Georgi Ivanov, MD, PhD

Undergraduate Medical Education

There were no changes in the education in General practice for the last year.

There are 5 medical universities in Bulgaria (Sofia, Plovdiv, Varna, Stara Zagora and Pleven) and general medicine is included as a discipline in the curriculum of medical students in 4th and 5th year with a total of 90 hours \30h lectures and 60 hours of training sessions in teaching general practices\. There is also elective internship in the 6th year \20 days\.

Basic weakness of the education is that it is more theoretical than practice oriented.

Specialist Training
There were major changes in the specialty training. The Ministry of Health in cooperation with the Bulgarian Scientific Society in General Practice and the National Association of General Practitioners in Bulgaria adopted 3 very important acts for harmonization of Bulgarian legislation for specialization with the EU directive:

- a new Act for the specialization in General Practice – regulating the duration, structure, place of training, examination etc.
- a new Program for the specialization in General Practice – including 12 modules form the basic medical disciplines – internal medicine, pediatrics, surgery, obstetrics and gynecology, neurology, ophthalmology, ENT, physiotherapy and rehabilitation, dermatology, infectious diseases, psychiatry and theoretical foundations of general practice
- a system for accreditation of teaching general practices and Medical standards for general practice.

Currently out of 5500 general practitioners 1500 already have a specialty in general practice, 2000 are specializing and the rest will have to be specialist by 2015. After 2015 only specialists in general practice will be allowed to work as general practitioners.

CME/CPD
There are no significant changes in CMD and CPD system in general practice

There is a system of compulsory CPD requiring that every physician gets a certain number of credit points \150 for a period of 5 years\ from accredited programs and events. The Bulgarian Medical Association is the organization accrediting CME programs, CME conferences etc.

The Bulgarian Association of General Practitioners organizes a number of accredited regular events \including Annual Conference and every two years a Congress of General Medicine\ and works together with the Bulgarian Scientific Society of General Medicine on a series of projects for the development of general practice guidelines.

CROATIA

CYPRUS
Dr Phil Phylaktou

Health Care System
The current system is divided into 2 sectors. The Governmental/ State sector and the Private sector. All people under a certain income level (usually low) plus retired people are seen at the local state hospitals for free. Medication is also given free of charge to all these people. The new National Health Care system (currently under works) which is designed to employ possibly both sectors has been voted by the Parliament. However, all serious negotiations with all companies involved are still ongoing and no details have been given out in finalized written form as to the outcome just yet.

Basic Medical Education
Cyprus has no Medical School (even though there is a National University and other Higher Education Colleges etc.), thus no medical faculties exist. Most doctors have received their degrees from other countries such as Greece, England, USA, Russia and other European Universities. Nursing faculty exists for more than 3 decades. It has been announced in the media that the design of the 1st Medical school has been approved and that its construction will begin in one year.

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

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

My activities in my country as EURACT representative
Our latest: 1. Leonardo II pilot training course (October 2008) offered to our Organization members with much success before the Council meeting in Cyprus.

During the Euract Council meeting in Cyprus in October 2008, at the Special Conference day, the Cyprus Association for Gen/Family Medicine to which I serve as the President (2nd term) introduced with great success the serious issue of "Furthering Academic development in Family Medicine in Cyprus in the absence of a local Medical school facilities". This work was organized to include speakers from our Council members, the local authorities of the Ministry of Health, Deans from the local Universities, distinguished Professors, representatives from the National Health System.

The successful event enabled our Family Medicine Organization to receive positive input from experienced individual Euract Council members and from the body of the Council as a whole, in order for to be able to compose further recommendations to propose to the Government body in order to further our actions in the promotion of our Association and **Family** Medicine in the country in general.

We are extremely thankful to all Council members who were present that day, for all their help, and later contributions to our efforts.

We are also grateful for the presence of the Euract Body and for all the efforts of the Euract President, the Wonca President, and EB members during that Council meeting.

CZECH REPUBLIC

DENMARK

Roar Maagaard

Basic Medical Education

3 medical Faculties in DK (Copenhagen, Odense and Aarhus). There is a political pressure to start a 4'th Faculty (in Aalborg – considered to be a outskirt location – and this should promote more specialized doctors to migrate to this area). Doctors union and Universities struggle against it: there is not the needed academic power in that area to make this a success. The number of student-intake has been raised by 200 till around 1200 per year from this summer – prognoses tell we will have too many doctors in some years – and today: all too few! Another problem (seen with Danish eyes) are a rising number of Swedish students studying in Denmark – and after exam the majority goes back to Sweden to work as doctors.

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate "internship" for all doctors. Government has now reduced this18 months basic training to 12 months – and the new system started 1'st of August 2008. Now only 80 % of all new graduates will have 6 months of basic training in GP. This change still creates rather much debate among educationalists – and the first evaluations from the trainees show that they are less satisfied with the new system – and less ready for choosing speciality after this basic training period.

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 about this plan have just now failed (reason to financial crisis).

Health care

Lack of specialized doctors (including GP's) is becoming a major problem in Denmark.

In certain areas of Denmark many patients will lack a personal doctor in the near future. Something must be done… - but what? Right now GP's trade union is negotiating a new contract with our health authorities and this is a big issue in these negotiations – but right now these negotiations are set on a hold due to lack on agreement of financial issues.

My role as a Danish EURACT Council member:

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

ESTONIA

Ruth Kalda

Basic medical education

No big changes- Family medicine has its position in undergraduate curriculum. Teaching of family medicine is provided in 2nd and 6th years of undergraduate studies. Mostly the active methods (interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.

Since autumn of 2007 year we provide special seminars in clinical pharmacology for 6-th year students, also we have special courses of prevention and evidence based primary care for all medical students.

Since autumn of 2008 our department has special curriculum for teaching pharmacists in undergraduate level. The topic of course is "Primary care medicine" and work amount is altogether 160 hours.

We provide also several elective courses for undergraduate students: "Evidence based diagnosis and treatment of common infections in outpatients clinics", "Research in primary health care", "Evidence based prevention of common chronic diseases".

Vocational training

Mainly the same, as it was.

Duration of residency training in family medicine is 3 years and includes more than half time in family practice where the trainees work under the guidance of tutor (senior FD). All family doctors who would like to be a tutor should have re-certification.

We have regular training courses not only for the trainees, but also for the trainers- in each year in May in different topics.

Continuing Medical Education/ CPD

Amongst the priorities of the Estonian Society of Family Doctors' during last years, have been stimulation of both, the professional development and quality of work as well as assessment of professional competency.

To facilitate family doctors' professional development, Estonian Society of the Family Doctors created special web-based self-training environment „Svoog". This environment allows all registered family doctors to watch by the internet all the conferences and lectures organised by the society of family doctors, ask the questions and respond them and create own personal account for CME points.

At the moment SVOOG includes about 120 different topics and lectures of which family physicians can listen and read without living their everyday practice. Today Estonian Society of Family Doctors applied for a special grant to develop common distance-learning environment for Estonia and Latvia.

CPD includes also elements of practice quality. During last year Estonian Society of Family Doctors worked out collection of standards describing acceptable level of family medicine practice organisation and clinical work. The document is consisting of written text, table of indicators, the example of patients questionnaire for the feedbackand digitable tabel in our society intranet for voluntary comparing the practices and doctors. The quality guide has 4 parst: access to practice, organisation of the practice, quality of clinical care and practice as the base of teaching and research. Quality management system will be soon linked to the practice contracts and certain incentive system.

Health care organisation

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

One very important development is related to nationwide the e-health system. During the last decade, Estonia became well known as a country with advanced e-services, not only in the business sector (especially banking), but also in e-Government services (electronic tax board, state commercial, car and shipping registers, e-voting, e-school, e-ticket etc.).

The idea of eHealth and national health information system already emerged in 2002. The purpose was to develop nationwide framework (database) using different medical documents in the digital format that facilitates the exchange of diffuse health information, which was available only in local databases and information systems that were not able to communicate with each other.

The result of implementing eHealth projects is the Estonian health information system that was launched on December 17th 2008. The gradual development of the system will continue until 2013. From the September 1st of 2008 the health care service providers are obligated to forward medical data to the health information system. The rules for for data usage state that only the health care employee (the attending physician) currently associated with patient's treatment has the right to make enquiries about patient's data, i.e. the patient's attending physician or a medical assistant.

Patients have the right to set restrictions of access to their data. In this case the patient will be informed by information system at the time of setting the restriction that it is dangerous to his/her life and health to provide health care services based on insufficient information. There will be no access allowed to initial documents even in the emergency situation and the patient will take full responsibility regarding possible consequences that may arise from banning access to data.

The Estonian health information system is globally unique which encompasses the whole country, registers virtually all residents' medical history from birth to death, and is based on the comprehensive state-developed basic IT infrastructure.

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.

Since 1. sept. 2009 I work as a Head of the Department of Family Medicine and also I was elected for a professorship.

FRANCE

FINLAND
Markku Timonen

HEALTH CARE
Our public health care is still in problems, especially when primary health care is concerned. However, due to economical deprivation, municipal health centres have found it far easier to recruit doctors within the last six months.

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

SPECIALIST TRAINING
Some progress was made regarding harmonisation the content and level of the theoretical training in specialist training in Finland.

I would like to remind that in Oulu, we have a pilot project, so called "GP-training programme" together with the Unit of General Practice of the Oulu University Hospital and the discipline of General Practice in the faculty of Medicine in the University of Oulu. In "GP-training programme" we are teaching the core competencies of the EURACT Educational Agenda to those who are specialising in GP at the University of Oulu. The first 16 trainees started in this 2-year programme in spring 2008, and they will finish their programme in spring 2010.

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

GEORGIA
Givi Javashvili

HEALTH CARE SYSTEM

Primary health care remains to be priority. However, the future of the network of primary health care clinics (family medicine centres, which were formerly referred as "ambulatories") is not clear. The problem is that, there were proposal to privatise the buildings where these clinics were situated together with old hospitals in various regions of the country.

The good news in this sphere is as follows:

a) Salaries of family physicians in rural areas is being increased;
b) Number of certified FDs/GPs is now more than 1500, which exceeds 75% of existing need (which is estimated to be about 2000 FDs/GPs for the whole country);
c) Private insurance companies involved in financing of primary health care services are trying to widen volume of services and to care more about the quality of these services;
d) New practice guidelines and protocols, together with implementation tools are being developed through European Commission and World Bank support. 40 new clinical practice guidelines will be available for FDs/GPs before the end of 2009.

BASIC MEDICAL EDUCATION

Currently Family Medicine is obligatory subject at Tbilisi State Medical University. Family Medicine Department is in Charge of curricula/programme development, teaching and assessment.

There are two modules related to family medicine/ primary care:

1) **Module for 2nd year students** – early clinical exposure module in primary health care environment. Module includes 14 contact hours (two hours per 1 weekly visit). There are 7 visits in total. The first visit is devoted to introduction and orientation and the last one for feedback and assessment. So, students spend 5 days (10 hours) in primary care clinics, where they observe work of family doctors and functioning of primary care clinics.
2) **Module for 6th year students** – The programme lasts for two weeks, which includes 40 contact hours in total (3 ECTs). The programme modules cover the following topics: (a) introduction to family medicine: role of primary health care system, characteristics and core competencies of family medicine, (b) communication skills and consultation methods, (c) prevention and health promotion, (d) community orientation, (e) management of chronic diseases, (f) professional values and ethics in family medicine, (g) family and community orientation..

VOCATIONAL TRAINING

According to the master-plan of the primary health care system of the country, the country needs about 2000 Family Physicians. It is planned to achieve the above goal by 2010-11. According to the latest data, about 1500 doctors have been trained already. There are two types of vocational (post-graduate) training of family doctors:

a) Full time postgraduate Training or residency training programme, which lasts for 3 years, and
b) Re-training or short-term postgraduate (residency) training in family medicine. It lasts for 940 hours (re-training is considered to be temporary measure to reach critical number of family doctors, after which main route of training will be full-time residency training for 3 years).

After completing either, (a) a full-term residency training or (b) short-term (re-training) programme resident should pass certification examination. In case of success the individual is granted the right of independent doctor's activity in the specialty "Family Medicine".

Full time residency training programme has been revised in 2007 in collaboration with international experts (Dr. Igor Swab, Dr. Justin Allen, Dr. Egle Zebiene and Dr. Adam Windak). The conceptual foundation of the new curriculum is now European Definition of Family Medicine (WONCA) and EURACT Educational Agenda.

According to the new curriculum, raining programme lasts 36 months, which is divided into three parts: (1) Introduction to family medicine, lasting 6 months; (2) Hospital rotations, lasting 18 months; (3) Advanced family medicine, lasting 12 months.

CONTINUING PROFESSIONAL DEVELOPMENT

Continuing Medical Education (CME)/Continuing Professional Development (CPD) was mandatory for physicians in Georgia until 2008. Participation in CME/CPD system was required by law for re-validation of doctors. However, in March 2008 this requirement was abolished and still there is now mechanism to motivate doctors to be part of CME/CPD.

CME/CPD system used to be particularly useful for primary care physicians, because international donors allocated considerable resources in implementation of accredited CME programmes for family doctors which were based on recently released National Clinical Practice Guidelines (NCPG). For example, Association of Family Doctors of Georgia delivered about 50 training based on NCPGs.

MY ROLE AS A EURACT COUNCIL MEMBER:

I could not attend last two meeting of EURACT Council and was not active enough as a EURACT member

My colleagues and I have organized 8 Training-of-trainers (ToT) programme in family medicine (from 2006 – to 2009). The training course is based on **Leonardo** ToT course developed by EURACT. In total we have trained about 150 teachers/trainers for Family Medicine teaching.

Our curricula for undergraduate as well as post-graduate training/education at Tbilisi State Medical University are now based on **EURACT Educational Agenda**.

I was trying to make popular EURACT activities among my colleagues (involved in GP/FM training). **This year we have about 45 Georgian members** of EURACT (precise number will be knows before December 2009).

I think that I have to do much more to make EURACT membership more useful and attractive for my Georgian colleagues. I think, it would be useful to discuss this subject formally or informally during the EURACT Council meeting.

GERMANY

GREECE

George C. SPATHARAKIS

Basic Medical Education

No major change. Present in practically only 2 (Crete, Thessaloniki) of the 7 medical faculties. The program in Athens has not worked well last year as an optional one and was unfortunately abandoned.

Specific training

No major change whatsoever. "Stagnant Waters" because of the political will of the Ministry of Health, although some interesting propositions have been submitted by the Greek Association of General Practice Medicine (ELEGEIA).

CME / CPD

ELEGEIA during the last Academic Year has conducted 62 structured CME/ CPD Activities of a duration of 1-4 days. The "jewels of the crown" are the so called "schools": Training of Trainers (practically the Leonardo 1 course), Geriatric and Methodology of Research in Primary Health Care.

Health System

The actual Government of the right wing, without admitting it, has left the Public Health Sector without substantial funding. The reality is even more cruel for the Public Primary Health Care Sector, as the general position of the 2 major political parties (of the Right and the Socialists) is to opt for an abandonment of a Publicly Centred PHC sector and evolution towards a Private system. Nevertheless nothing has yet happened towards this direction and general elections are in preparation, which outcome seems ambiguous.

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

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

HUNGARY

Peter Vajer

Health Care System:

Since last year referendum, which has cancelled co-payment in primary care hasn't been any major changes. Global crisis influences Hungarian economy pretty much, so politicians decided to cut health care budget for year 2009 and 2010, which means that the already low paid health care workers are thinking to leave this field or the country in a raising number. The situation in general influences the decisions of the young generation of doctors, who prefer to work abroad and don't want face economical difficulties.

Basic medical education:

At the Medical Faculties in Hungary also English and German Speaking Programs are running, since last academic year a new course has been implemented in the curricula in the first year of medical studies, it is called introduction to clinical medicine, the course is coordinated by Family Medicine Department.

Since the last academic year Family Medicine is taught in a much higher number of lessons, which gives us a great opportunity to involve students in the ongoing research programs of our department.

Vocational training:
Although there is a lack of doctors in Hungary in a lot of specialties the state sponsored places were cut by 30 percent last year. This year probably the number of places will be increased. The government would like to change the vocational system in a way that only those places would be supported in which there is not enough applicants and for the rest residents should pay the costs of his training.

CME:
A doctor should collect 250 points in a five years long period, from which he can collect 100 by practicing as a physician, the rest should be done by participating in CME. EURACT Hungary is very active in organizing CME, I can tell it is one of our main activity. Since 2004 we organize CME courses for GPs coming from the three of four university cities and its surroundings. Each month one 8 hours long course is held in each city. The average participation rate is 100 GP/town/month.

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

Since I had the chance to participate in Leonardo course in Zakopane. With some other collegues of mine we have started to build a kind of network in tutor training.
I am one of the organizers of the above mentioned CME courses which goes under the name of EURACT Hungary.
Under the umbrella of EURACT Hungary in cooperation of the four medical faculties a training course for smoking cessation and for treatment of overweight and obesity has been recently completed. The structure is very similar to the one of the tutor training. Since October 2007 trainings have been hold in the whole country, and almost 500 GPs were trained so far.
The biggest success of the past year is that EURACT Hungary has been granted by Global Health Partnership Program to establish a smoking cessation centre in Budapest. Such a centre hasn't been operating yet in Hungary, the Centre has recently begun to help people in cessation under the name of Centre for Healthy Hungary, for more information please visit www.leszokasvonal.hu.

ICELAND

Alma Eir Svavarsdottir

Basic Medical Education
During the period of 6 years basic medical education, the students enter the primary health care sector in the 2nd and 6th year. At the 2nd year they spend 5 days with focus on communication and consultations skills, using video monitoring of their own consultations. At the 6th year they spend 3 weeks at the health centres, participate in the consultation and preventive measures, rotating seminars and other teaching activates. One of these weeks is spent at health centre in the rural areas, the capital surroundings.
The academic staff concerned is one professor, one associate professor and one assistant professor mainly responsible for the theoretical and administrative teaching activities and research in general practice. At each clinical teaching unit (about 30 units we have directors of education, and clinical

lectures some of them have "joint "contract with the Medical faculty. The communication and consultation skill teaching has been expanding within the medical faculty the last year and is now organised and staffed as a special teaching unit outside the unit for general practice.

Vocational training
Due to the economical crises there have been a reduction in the positions offered by the government for ST-training in Iceland. This is bad as we do have a lot of interest from the young doctors to train in Family Medicine in Iceland. We do need more Family Physicians. We will be faced with a great shortage of numbers of GP´s in the next 10 years as almost half of the GP workforce will retire due to age. A survey was done that showed that up to 40% of the trainees that went into our program in Family Practice in Iceland did so because of the quality of the existing program and if they had not had that opportunity they would have considered choosing another speciality. This means that we need to strengthen our program and to offer more slots and not to cut down. Our concern is also that if all the young doctors go abroad to specialize they might decide not to come back due to the economical crisis in the country.

Continuing medical education
Lack of GP´s is becoming a major problem in Iceland.
In certain areas of Iceland many patients lack a personal doctor. In the rural areas of Iceland things will look very bad in the near future unless something drastic is done on a political level.

My role as a Icelandic EURACT Council member:
As Council member and as the Program Director of FP residency in Iceland I am trying to promote EURACT and the EURACT Educational Agenda. As the chair of the ST-committee I try to promote the work done by that committee and have been working on a questionnaire on the Specialist Training Schemes in General Practice in Europe.

IRELAND
Owen Clarke

BME
There are no major recent changes not reported previously. There are five traditional undergraduate medical schools and two new graduate entry medical schools. There are no graduates to date from the graduate entry schools. There is a gradual increase in the number of medical students overall. More clinical teaching is occurring in the primary care setting. An increasing number of practices have been recruited to the teaching network. In general students spend four weeks in the practices and their feedback is generally positive.

Specialist Training
There are ongoing concerns that we are not training enough GPs. Finally the government side appear to have data that confirms this. There is an intention to increase the number of doctors in training for general practice but with the difficult economic situation there may be no additional funding available. There may be problems trying to balance quantity and quality in this scenario. At present there is no change from recent years. The "Core Curriculum for Specialist Training in General Practice" based on the EEA is now in common use in all specialist training programmes.

CME

There is nothing new to report.

General Practice
The national financial problems are having an adverse impact on general practice. Unemployment has moved a large percentage of patients from the private to the state funded category. The state has reduced payments for these (GMS) patients and attempts to make more reductions are anticipated. There is also a major controversy about GP participation in the national immunization scheme for swine flu. Morale in practices is low and there is no immediate hope of an improvement.
Personal Activities
Participation in EURACT meetings, participation in EUPA, presentation at WONCA Basel Oct 09 of the "Training and Re-training of general practitioners in EURACT member countries" survey. Reminding Irish members of EURACT activities and encouraging use of the website.

ISRAEL

ITALY
Francesco Carelli

Basic Medical Education
More steps for basic medical education are now organised in Italy with more and more experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, Florence, Monza, with courses and lessons (even if usually not in a really structured module) for students on fifth and sixth year.
The real news is in Milan where EURACT National Representative, following a tutorship managed in the previous academic years, scheduled on EEA system and philosophy, now he is in charge for two big full Elective Courses of Family Medicine.
A course is organised for Tutors specifically for an unique aim: the post-graduating national exams to get professional license. These ones are really Tutors for the University, working in every town where an University of Medicine is seated, and in charge on deeply examining the new doctors giving a structured scheme of scores, in this way judging what these students learned during six years in University, usually not been prepared at all on Primary Care specific competences, because lacking of family medicine teaching in the curriculum.
EURACT members met in a national workshop in Rome together with members from all other WONCA Networks (as WONCA Italy), but all European WONCA Networks continue to be out of the national political decisions and now the main trust medical associations (not all, big claims each others) signed a new devastating national contract also in clear contrast with the European Definition of Family Medicine. Probably this had been more contrasted having a strong EURACT's position as a legal institutional body.

Postgraduate specialist training
Unfortunately, and because of political regional reasons, VT is not yet changed into a real specialist certificate, This three years schedule (not as specialty) is managed only in some Regions, more able to use money; others did not created at all…..creating strong national disparities.

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

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

Health Care
The National Health System is getting probably the worst period in its life with dramatic cuttings, inquiries (also in Courts !), conflicts, problems. So, GPs are on the highest level of frustration and burn out since years and many are looking at retirement as soon as possible. Sponsorships are now totally not allowed for Family Medicine, companies involvement is disincentived, the companies themselves are ...closing.

Life as Council Member
The National Representative translated the EURACT Statement on Selection for Teachers and Tutors, consulted and used for VT in four Regions (in Friuli, Trentino, Lazio; Emilia Romagna) , for national exams in some Universities and in Milan for BME and by WONCA Italy, the aggregation of networks refused by the national societies.
Since 2007, being so big the duties, and so upsetting and boring and time consuming the administrative side for membership and at the same time to cohordinate and spread activities, an EURACT Secretariat was created, and a mail list and an Operative Board. The five biggest blog discussions in list were about ECE, about pediatricians, about Alma Ata Declaration, about VT entrance texts, about national drugs Agency.

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

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

Members for EURACT continue to stay, all from different geographic areas and from just all different GPs Societies (Csermeg, Snamid, SIMG, SNAMI, FIMMG, local P.C. schools, ASSIMEFAC, society in WONCA and from GP Health Educational Authorities, the same to say for AIMEF) . So EURACT – Italy is absolutely the biggest and unique as working international society in Italy and the most visible on

journals and on internet and the debate. We are getting new members but more members are leaving or desappearing really convinced not to receive enough feedback during the years or pressed by their national societies to leave ...and this would be a matter of reflection in the Council ^^^.
The old founder of Italian College of General Practitioners managed a lot of work with EURACT Nat. Rep. so he is now Honorary Member in charge for EURACT for all contacts with Ministry of Health and Ministry of University and Research, this also with agreement by Presidency of the main national GP association.
Many of EURACT Italy members are directly or indirectly, more or less involved (I thank so many doctors: Valle, Nati, Donato, Bruschelli, Valcanover, Colorio, Sartori, Valenti, Coronelli, Impiduglia, Migliavacca, Sorghi, Alice, Noberasco , Paduano, Stimamiglio, Romizi).

WONCA Florence style and time would had been to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters unfortunately and logically did not go for the best because of new internal conflicts and refusing again WONCA and EURACT concepts on Definition, Competences, Selection, Quality Assessment and we see the consequent weakness as a whole of the profession and a worsening low level for working conditions in General Practice. This do not change with the change of national government because it is a no-style and General Practice is at basement level and now the financial situation is creating the worst final.

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

LATVIA

LITHUANIA

MALTA
Mario R Sammut

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

Vocational Training
The first-ever Specialist Training Programme in Family Medicine was launched in Malta during 2007 with 11 GP trainees, each attached to a GP trainer. Twelve more trainees were accepted into the programme during 2008, with another seven in 2009, bringing the present total to 30 GP trainees. The first 11 trainees are due to complete their training in 2010.

Continuing Medical Education
Since 1990, a Continuing Professional Development Programme has been organised by the Malta College of Family Doctors (MCFD) in the form of a meeting in each term of the academic year (Autumn, Winter, Spring). In 1991 accreditation of CME activities was launched, with continuing membership of the College depending on the accumulation of sufficient credit units within a CPD Accreditation Scheme.

Malta Health System
In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Over 300 family doctors were nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors. In 2006, the inaugural full Membership of Malta College of Family Doctors (MMCFD) was awarded by acquired rights to family doctors accepted on Specialist Register of Family Doctors.

In 2007 a new €580 million acute general hospital was opened by the government. Following its re-election in 2008, the government promised to develop primary health care, and set up a Patient Registration Task Force to advise on the introduction of doctor-patient registration in Malta *on a cost-neutral basis*. A report was finalized in March 2009 for the Minister of Social Policy to present to the Cabinet of Ministers. *However, in May 2009 the Parliamentary Secretary for Health declared that the Cabinet did not approve the report!*

Council Member Activities
Collected membership fees of the 6 current EURACT members from Malta, and kept them and MCFD members informed of EURACT events.
Member on the organising committees of the following events:

- 5th Biennial Primary Health Department Conference 'Broadening the Horizon for Community and Primary Health - a Change to Believe in' (23 October 2009, Qawra, Malta)
- 7th Malta Medical School Conference, University of Malta (4-7 November 2009, St Julian's, Malta)

Co-author of poster 'Attitudes to preventive services in primary care: the views of patients. EUROPREVIEW patient study' at the 15th Wonca Europe Conference (16-19 September 2009, Basel, Switzerland)

MOLDOVA

THE NETHERLANDS

Yvonne van Leeuwen

Health Care

Market rules in the Dutch healthcare cause a lot of confusion. GPs try to cluster together and negotiate with insurances about reimbursement of disease management activities.
Practices have more and more personel and most of the routinework is delegated. Delegation is however not always performed lege artis, with control checks in the end.
The additional fact that a lot of GPs work part-time, have a family and have rarely time for management, makes de GP-business complicated to run. The real bright ones fare well within this kind of system, investing moneyin best practice projects. The less bright loose track and tend to opportunistic behaviour.

Undergraduate curriculum

No fundamental changes at the moment. Patient-contacts are organized more and more in the earlier (1-4) years. Many students visit other countries in the form of an elective. In Maastricht the GP department offers 5th year students electives of 18 months with the emphasis either on research, either on GP-healthcare reform projects. At all universities EBM is more systematically introduced.
Will the competence based curriculum be an asset?
There is a never ending exegetic debate about terms and aims.
About portfolio: this seems to be foremost a “woman-thing”. Man are more doers and no good reflectors. They may be unjustly pushed in a feminine direction.

Vocational training

The employer of the trainees invests a lot in facilitating trainees participation in international courses (WONCA, EGPRN). They acquire a lot of insight and enthusiasm for both EBM and international collaboration. The eight departments of VT intensified their collaboration, the society of GP-teachers joint in. A shortage of GPs is predicted, so we should intensify our recruitment.

CME/PDP

There is a tendency among GPs to restrict their participation in CME to the strictly necessary. GPs are very busy and overstrained by all the new developments, a shortages of locums and perhaps even by the thread of the Mexican flu. So, good courses are cancelled for lack of participants. This implies that the financial resources fail etc. etc.
Watchful waiting seems to be wise, trying to figure out whether this is a seasonal trend or a long term development related tot the next generation and health care politics.

What I do for EURACT

I attended one EURACT-meeting now (St Petersburg). I sent a newsletter to all the members, asking for input and comments**.** No reaction came. I have plans for two things:
To set up a three country discussion among trainees with the three surrounding countries of Limburg: Holland, Germany, Belgium.
To spread the Journalclub outcomes of Jan to all members.
I planned a meeting between the directors of vocational training to talk about EURACT-inpact and input.

NORWAY

Mette Brekke

In Norway there is ”business as usual” – no substantial changes since the last report.

Basic Medical Education

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. It includes a 6 weeks residency during the 5th year, as well as a written and a practical exam.

Vocational training

In 2008 the government decided to move VT as well as CME away from the Medical Association. According to preliminary plans, the universities will take over the responsibility. This process will take time, and fresh resources will be needed. So far, nothing has happened.

Until now our formal vocational training program - which is structured into every detail- has beed 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 highly successful. But since the 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. During the last year these problems have been increasingly recognized by the government, and we are expecting actions to be taken (?).

My role as a Norwegian EURACT Council member:

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

I recruit new EURACT-members.

POLAND

Adam Windak

Undergraduate education:
Family medicine is taught in all medical university schools in Poland. Minimum number of teaching hours in curriculum required by law is 105. These can be used freely by each school. Most, but not all of them divide it between theoretical teaching provided by the departments and practical one provided by the practices. This last option is preferred by students, but more difficult for school authorities. There are efforts to compare curricula and make an agreement about the best potential solution.

Postgraduate education:
Family medicine still belong to the group of privileged specialities with higher salary for residents. This group however has been extended last year. Paradoxically it didn't result in further drop of number of candidates. There is a chance that this autumn for the first time since few years all teaching places will be filled in by medical graduates. Vocational training still last 4 years with a half of them spent in family practice. No major changes in the curriculum are foreseen.

Continuous Professional Development:
The credit system of voluntary re-certification appeared to be a huge failure. This is mainly due to very bureaucratic regulations introduced by some branches of the Chamber of Physicians, responsible for its administration. Changes are expected but at this moment nobody works on them now.

What I have done in my country as a EURACT Council member
I have promoted EURACT and its activities during annual scientific congress of the College of Family Physicians in Poland. Moreover I invested a lot of energy convincing Polish EURACT members to pay higher membership fee. As a result the drop out of members was not as severe as I expected, but future in this field is uncertain.

PORTUGAL
Luís Filipe Gomes

In general
Primary Care reform is going on, not without some problems, as expected.
The A flu is centralizing much of the worries in Portuguese Health Care system. Special flu units were created in several Health Centres. Discussions are taking place – in Portugal as in all other countries – on the adequacy of the response to what seems, until now, a minor health problem. No deaths attributed to the A flu, until now. The number of cases is decreasing, there is no patients overflow, health authorities apparently afraid of a second "wave". GPs are, of course, on the centre of the Health Care system response.

Basic Medical Education
The new Medical School in Algarve started its first Course in September the 8th. On the 10th, students visited their GP Tutors in Health Units for the first time. Students will spend one day every week (40 weeks/year) on GP setting, in the first 2 years of the course. Assessment of this "GP sessions" will be much according to EURACT Educational Agenda. During 3rd and 4th years, students will go to Hospital setting, too. 17 GP Tutors are involved in teaching in GP setting, 2 in

PBL, one (myself) is a member of the core pedagogic group and responsible for the area "Clinicals". Several – Portuguese and foreigners - will participate in Seminars. First "GP" Seminar (3 sessions of 2 hours, in 2 days) was on "Person Centredness", and we had the participation, among others, of David Misselbrook. Students were quite enthousiastic, participating in small group discussions and role playing. They are quite eager to learn. It has been so far a very rewarding experience.

Vocational Training
Nothing new.

CME / CPD
CME/CPD project in Algarve is moving on. Yet no signs of replication in other regions, however. We are having our third Tutors Meeting. Around 60 organized small group meetings with a Tutor took place, from March to June.

Work done as a EURACT Council member
Another edition of the Rolling Course – in Lisboa, this time. Other editions are being prepared in Oporto – great success of the Course.
We are also preparing the 1st edition in Portugal of the EURACT Assessment Course, which will take place in December 2 – 5, this year.
I have also worked in new materials for the EURACT booth in Basel (posters, leaflet, ongoing presentation…).
Two new members joined EURACT.

ROMANIA

Dr. Razvan Florentin MIFTODE

POSTGRADUATE VOCATIONAL TRAINING
The Ministry of Health intend to modify the procedure for accepting in Family Medicine residentship. The new project wish to generalize the acceptance of all graduate in Medicine studies to follow a postgraduate training in Medicine specialties. The acceptance procedure seem to be different for Family Medicine postgraduate training being underestimated and considered as <rescue specialty> for whom who not passed the residentship exam for other specialties.
National Society of Family Medicine intend to protest against this project which decrease the importance of Family Medicine postgraduate training, as main condition to became practitioner in primary care.
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CONTINUING MEDICAL EDUCATION
Is just finished an important and fruitful project concerning the Management of patients with Depresia, Anxiety and Alcholism Disorders in Primary Care. This project, financiary supported by European Comission and supervised by a team of psychiatricians from Wien, coordinated by professor Heinz Katschnig, former Chief of Department of Psychiatry , Medical University of Wien. There were 60 Romanian family doctors, teachers and trainers in Family Medicine who graduated this project, being able to teach other family doctors using a simple and workable questionnaire (TRIPS).

GUIDELINES AND PRACTICE PROTOCOLS

Ministry of Health proposed several protocols achieved by Government's Committees and addressed to health practitioners. As well, National Insurance House ask using it's own mandatory protocols in order to limit the drug prescriptions.

On the other hand, National Centre for Studies in Family Medicine (CNSMF) keep going to achieve guidelines addressed to family doctors. Few days ago it was a Conference organized by CNSMF in collaboration with National Society of Family Medicine and National Society of Pneumology , the main objective being bringing two news guidelines concerning the Management of the patient with Asthma and Depression.

So far there are seven guidelines achieved by the members of CNSMF (the previous five guidelines were made four years ago and concern the management of Diabetes mellitus, Urinary tract infection, High blood pressure, Low back pain and Pregnant woman).

COLLABORATION WITH OTHER SPECIALTIES

There is a trend now to reinforce the collaboration with physicians from other specialties, individually or at National Society level. In July it was a Conference – organised by National Society of Family Medicine - concerning the Emergencies in Family Medicine. During two days, famous professors in Internal Medicine, Infectious Diseases, Gastroenterology, Pneumology and Endocrinology were in team with Family Medicine trainers, showing presentations, answer to questions and making a fruitful scientific dialogue. Also, CNSMF are in collaboration with Society of Pneumology, intending to achieve a new guideline about COPD.

The general opinion is optimistic from this point of view, both Family doctors and other specialists are agree with the consolidation of this collaboration.

FAMILY MEDICINE PRACTICE

There are hard times for Romanian Family doctors. Because international financiary crisis, The Government approved an austerity policy, therefore the Family doctors earnings decreased about 35 – 40% toward last year. Consequently, no investments or development of practice are possible.

MY ACTIVITIES AS EURACT NATIONAL REPRESENTATIVE

- collection of membership fees (some delays from 2008 and for year 2009)
- report sent to local members concerning the main activities of EURACT Council
- Conference presentations about EURACT and main documents made by the Council
- Paper article about CME/CPD, issued in Medic.ro (the main publication of Romanian Family Doctors) written in collaboration with prof. Francesco Carelli, the Italian national representative in EURACT Council
- Interview published in Medic.ro , with some information about EURACT

Links

http://content.yudu.com/Library/A1f65b/Medicro54/resources/23.htm

http://www.mondonews.ro/Medicii-de-familie---victimele-guvernarii-NEO-FSN-iste+id-6843.html

http://informatiadepascani.ro/index.php?option=com_content&task=view&id=926&Itemid=38

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

http://iec.psih.uaic.ro/?chapter=Tutorial&manual=Facultatii%20de%20Filosofie%20si%20Stiinte%20Social-Politice&forumsession=

http://content.yudu.com/Library/A1f65b/Medicro54/resources/62.htm

http://www.bzi.ro/Tichetele-de-sanatate-vor-limita-accesul-la-serviciile-medicale-A60790.html

http://www.asistentasociala.ro/librarydetail.php?book=1228

RUSSIA

Prof. Elena Frolova, MD, DSc

Health care system

The problems of the primary health system in Russia, which are the lack of GP and primary care physicians in general practice and highly developed special care on the primary level still exist.

There is the last year of conducting the tremendous national project "Zdorovie" (The Health), planned for execution during 3 years, which was launched by Government in 2006 year.

Family medicine teachers from different Universities still travel to the different regions of Russian federation to educate as primary care physicians both GPs.

Basic Medical Education (BME)

One more Department of Family Medicine is open, in SPb State University.

A course in the Saint-Petersburg Medical Academy named after Mechnikov and in The First Medical University named after I. P. Pavlov continue to prepare GP, on the undergraduate level. However, the question whether a young student can be well motivated for general practice or not is still unanswered.

Vocational training (VT)

There are no any news in this field

Continuous Professional Development (CPD/CME)

The book "Selected lectures on Family Medicine" was issued in the Department of Family medicine in St-Petersburg. The book can be used as a main text book for preparing Family physicians.

SERBIA

Dr. Smiljka Radic

Basic Medical Education

During the first and the second year at School of Medicine, University of Belgrade, subject „Clinical practice" exists and during the fifth year, as a part of clinical practice, subject „General Practice" will be implemented.

Vocational Training

Preparations for new school 2009/2010 year are running and as in previous years topics characteristic for General Practice will first be presented to trainees at School of Medicine, University of Belgrade.

CME
Courses for general practitioners have been organized by Schools of Medicine, Serbian Medical Society and other organizations.
In Policlinic of Clinical centre of Serbia in Belgrade, on 31st of May 2009, EURACT Assessment course for mentors in General Practice was organized for Serbian doctors and it was supported by Department of General Practice, School of Medicine, University of Belgrade. Three doctors from Serbia who were the participants of the First EURACT assessment course in Zakopane and one of them was a member of faculty stuff, were teachers for EURACT Assessment course for 23 Serbian mentors in general practice. Participants in Belgrade expressed satisfaction with interactive work during this course by giving the best marks to all modules.

What I have done as national representative

- Prepared and distributed report from Council meeting from St. Petersburg to Serbian EURACT members
- Reported about EURACT, EURACT activities and Council meeting from St. Petersburg in Serbian Medical Society, General Practice Section
- Reported about EURACT and EURACT Council meeting from St. Petersburg in Serbian journal "General Practice"
- With two colleagues, participants of the first Assessment Course in Zakopane, worked on preparation of EURACT Assessment course for Serbian mentors in General Practice in Belgrade and Course director for that course for Serbian mentors in General Practice
- Reported about EURACT Assessment course for mentors in General Practice in Serbia in Serbian journal "General Practice"
- Reported about EURACT Assessment course for mentors in General Practice for doctors in Serbia, at web site of General Practice section of Serbian Medical Society
- Communication and information exchange about Bled course 2009
- Working on meeting for all EURACT members in Serbia

SLOVAKIA
Dr. Eva Jurgova, PhD

Undergraduate education
The GP/FM teaching is established on all 3 Medical schools in Slovakia. The problem is that the teaching is still more theoretically than practically orientated.

Postgraduate education – Vocational training

The achievement of speciality in GP/FM is based on 3 years Vocational training. Out of it the candidate must spend: 12 months on Internal medicine hospital department, 6 months on surgery department, 3 months on gynecology and obstetrics department 3 months on various surgeries, including neurology, psychiatry, ENT, urology, dermatology, etc. and one year on GP/FM surgery. There are no fixed Teaching practices for GP/FM. Any General practitioner, working for more than 5 years can teach the future adept in his practice.

Continuing Medical Education

There is an obligatory CME, based on Credit point system, for all practicing Gps. It was established in 1999 and the cyclus for recertification is every 5 years.

Participation in the Delphi Study for Primary health care reform

The unsatisfaction with the recent model of Primary health care (PHC), especially with the common sense of work overload and not adequate income of PHC doctors, led to conducting of Delphi Study, where 39 primary care professionals (doctors, nurses, health insurance professionals, etc.) are involved.

The idea behind Delphi Study stems from the Ancient Greek entity known as the Delphic Oracle. The Oracle was a body to whom people could go to seek wisdom. In the modern context, a Delphi Study involves seeking the views of a Panel of Experts on some difficult issue. This is done by having questionnaires on the specific issue or issues completed in 'rounds'. The initial 'round' results in a shared or common position by the experts. This position is then put to the Panel in a subsequent 'round' or 'rounds', and the Experts again deliberate and respond with their position on the issue/issues. Through repetition of rounds the valuable contribution of experienced experts result in a common position or consensus on the issue/issues. On this occasion the study consists of three such rounds.

Each participant is completing the questionnaire independently at each round: an initial questionnaire was completed, then approximately one month later the second one, based on the comments and remarks found in the first one, and in an other 6 weeks the final questionnaire, compillated from the analysis of all information received in the second round, will be completed. The issues contained in the questionnaires are linked to 12 areas important to the Primary health care reforms, **including the new VT model**, and there are a total of 35 items. The result of the study will be the valuable consensus of common views of a group of experienced experts on important aspects of the reform. This will have been achieved more cost-effectively than by bringing people together in a series of meeting or events, which might also result in less efficient group discussions. It allows each expert/participant to reflect carefully and with deliberation on the items, without the distractions and limitations that might exist in individual interviews or group discussions.

The questionnaires were prepared and assessed, and then rephrased by Panel of experts, which I am chairing. Recently we are at the stage of preparation of the third round.

SLOVENIA

Janko Kersnik

Undergraduate education
Undergraduate curricula in both Universities will change to Bologna format. In Ljubljana University early clinical exposure will start in this year with broad involvement of Family practice department and practice staff. Staff of Department in Maribor University published a textbook for 6th grade students (http://www.drmed.org/index.php?k=11&n=678). The texts of student's works from Maribor Medical School are available from the page http://med.over.net/javne_datoteke/novice/datoteke/13671-Zbornik_IZZIVI_DRUZINSKE_MEDICINE_2007-08.pdf. The texts have been translated to English and German as part of University project and we will publish them in electronic format.

Vocational training
Specialist training for family medicine trainees continued. 10th generation of trainees started in September 2009. A synopsis on physical therapy for family practice use has been published.

CME
We kept 2 CME meetings – in June and September with a total of 200 participants. We organised a course for tutors and trainers after rolling course with 35 participants in April. We were developing a publication of doctor-patient advices for approx. 200 different diagnoses and symptoms.

WHAT HAVE I DONE FOR EURACT
I was working on EUPA draft. I was involved in preparation of EURACT Bled course on medicalisation: **18th EURACT Bled course, September 29 - October 3, 2009, LEARNING AND TEACHING ABOUT MEDICALISATION IN GENERAL/FAMILY PRACTICE**. Web site http://www.euract.org/ or http://www.drmed.org/novica.php?id=16146, where you can also find the links to materials from previous courses and the detailed programme of the course. We had only two sponsored places through the EURACT sponsorship programme. Next EURACT Bled course will take place in the beginning of September 2010.

OTHER
I worked hard part of the summer due to lack of doctors in our country and enjoyed three weeks travelling USA and our coast.

SPAIN

SWEDEN
Monica Lindh

Basic Medical Education
Partly repeated from previous report. *BME* consists of 5½ Years of theoretical and clinical training. *Early exposure to general practice* is strongly emphasized in the curriculum. It starts during the first year of BME. Teaching and learning take place in University hospitals but also at smaller hospitals and at health centres/PHC.
BME is followed by 21 months of compulsory internship consisting of 6 months surgery/orthopaedics/ anesthetics, 6 months of internal medicine, 3 months of adult psychiatry and 6 months of general practice/primary care. At the end there are national *final exams*. If passing exams as well as the clinical training the trainee will graduate. That gives a total of about 7 years of BME including internship.

Specialty training (ST)

Requirements: at least 5 Years of *supervised clinical training* mainly at a Health Centre/in PHC, a *trained supervisor* that is specialized in family medicine and *all goals* of the specialty-description to be achieved. The trainee has to attend 6 *compulsory courses*. Many of those are being organized at local level as there are not enough of national courses. It is compulsory to do a *project using research methodology* (corresponding to at least 10 weeks of full-time work) and to participate *in quality improvement* work. It is hoped that this will stimulate increased research. This new ST-curriculum is setting higher quality standards and is more demanding for trainees but also for their supervisors.

Continuing Professional Development

No compulsory re-certification but most doctors take part in CPD-activities. Those include small-group learning, seminars/lectures, courses, attending conferences and other educational activities. However the new models of organizing primary health care have in some regions made it *more difficult to take part in CPD*, partly due to increased workload and to "production demands" (doctors must "produce health care").

Health Care

As from 2010 all Provinces must have implemented a new model of organizing primary health care. The model guarantee a freedom for health providers to establish themselves wherever they want and for patients to list themselves wherever they want including changing almost as often they want. Each Provincial Health Authority develops its own model. Income of a Health centre depends mostly on capitation (number of listed patients taking into account the age and sometimes also socioeconomic factors). Additional income might be related to: achieved quality indicators, number of patient visits etc. Expenses of a Health centre include salaries of personal, costs of patient-investigations and x-rays as well as cost of drugs used by the listed patients. To prescribe effective and generic drugs is therefore very important. As from 1 April 2009 the GP/personal doctor of a patient no longer needs not to be a specialist in family medicine. However each health-centre must employ at least one specialist in family medicine (the minimum required number is different in different models). This is really causing a lot of concern amongst GPs and ST-trainees (some even ask themselves – why would I specialize in family medicine when I can get a permanent post in GP/health centre even without?).

"What have I done for EURACT?"

Took part in *preparations* and *workshop* at WONCA Basel on the *EURACT Re-training survey*.
Took part as a *EURACT facilitator at the VdGM preconference,* WONCA Basel September 2009.
Informing about EURACT via e-mail, at meetings in Sweden e.g. during the national conference of Directors of training in May 2009.
(By Monica Lindh, Swedish EURACT - Council representative.)

SWITZERLAND

Bernhard Rindlisbacher

Health Care System

As I wrote in my last report we have in Switzerland the special situation that general internists and general practitioners fulfil very much the same job (or at least similar jobs I would say) in primary care. Also the paediatricians are primary care doctors in one sense (and specialists in other). So, to strengthen their political influence, during the Wonca conference in Basel the three societies merged their political parts into one society of General Practitioners Switzerland. It was very nice that we got at this occasion congratulations and the support from the presidents of Wonca World and Wonca Europe.
In a few days (on the 1st of October) by this new organisation will be started a people's initiative "Yes to General Practice Medicine" asking for support of GP/FM. For this 100'000 supporting

signatures from people allowed to vote have to be collected within 18 months but we hope to hand it in already on the 1st April next year. All the patients in the practices will be asked to sign it. If it is handed in with the necessary number of signatures the parliament either has to prepare a concrete law fulfilling most of the requests of the initiative (and it can be withdrawn) or there will be a people's referendum on the initiative and if this is accepted the text of the initiative in favour of the support for GP/FM will be written into the Swiss constitution.
The most important and most remarkable event for GP/FM of this year in Switzerland was of course our Wonca Europe Basel conference. We hope and are confident that a lot of our Swiss colleagues have been infected by the "Wonca virus" and will be in Malaga next year and/or in Vienna in two years.
During the Wonca conference there was elected a new Minister of Health in our country (not by Wonca but by our parliament). We hope he will be less stubborn and more open to our needs than his predecessor.

Basic Medical Education
The colleagues working in and for the new institutes of GP/FM in Lausanne, Bern, Zurich and Basel are working hard on different research and educational projects (part of which have been presented at the Wonca conference) but there is nothing really new since my last report.

Vocational Training
As mentioned in my last report there are plans – under the pressure of our ministry of health – to merge the specialist training programs of GP/FM and "general internal medicine" and to have in future only one internist-GP-primary-care physician. It is still not clear where this will end up but we just hear from Germany – which made this same step a few years ago – is going to undo again this merger of programs and titles. So I personally am very sceptical.

Continuing Professional Development
Also here, there is nothing really new to report this time.

What I have done for EURACT
I wrote my report for our Swiss members and for the Swiss association of GP/FM on what is going on in EURACT and invited them to come to our open meeting at the Wonca conference. Part of them really took the opportunity but of course a lot of other interesting offers were open in the same time slot.
At the conference, as a group of our CME/CPD-Committee we have presented the preliminary results of our study on accreditation and re-certification/re-licensing in a workshop. This was well received by the participants.
I took part as a facilitator in the Vasco da Gama preconference, a very interesting and fruitful experience.

TURKEY
Dr. Okay BAŞAK

News from the country
The healthcare reforms based on "the Act on the Pilot Implementation of Family Practice" have been implementing in 35 provinces. It amounts nearly 30% of the whole population.

Discipline of family medicine has some troubles from implementation of health care reforms. In the beginning, in 2003, there were few specialists in family medicine. So, a transition period was accepted to begin implementation of family practice. During this period practitioner physicians (not vocationally trained) were employed in family health centres provided that they would be retrained in a standard program. Meanwhile the number of specialists in FM would be increased; within three years the position of FM trainees would rise up 2000 annually.

After nearly five years now there is a real risk for FM. Our main concern and fear is the transitional period to be a permanent application. No pre-requirements offered by MoH were not performed. No increase in the position of FM trainees. Graduates from medical schools do not prefer to enter training in FM. Instead they choose directly to begin implementation of family practice in pilot provinces. This means that family medicine could remain a rudimentary specialty in medicine in near future.

Nowadays there is a big struggle between MoH and our Association (TAHUD). We are not against transitional period to be implemented and practitioner physicians to take into service. But we strongly put pressure on MoH to increase the number of specialists in FM.

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). Because of state compulsory service after completing vocational training specialists in FM have to go at least two years where the government sends them. Meanwhile they have no right to keep a family physician position in the province they have already worked. Another threat is that MoH is trying to change regulations on specialty in medicine so that a part time specialty program could be put in practice in place of current specialty program which is at equal status with other medical specialties. MoH intends to give a specialist titre to family physicians (not specialists) in the system while they continue to practice without any scheduled training.

CME

The Transitional Period Training has turned out to be In Service Training Program. A deadline of 2017 has been unofficially declared for transitional period or training programs. But this is not a realistic date: probably it will be postponed to an uncertain time.

What I have done as EURACT representative in Turkey?

I held second Leonardo EURACT course of the year in the end of November in line with the objectives of the EU Project about which I informed you in my last report. I was elected as president of the Turkish Association of Family Physicians (TAHUD) in November 2008.

UKRAINE

UNITED KINGDOM

Roger Price

BASIC MEDICAL EDUCATION
The output from the newer Medical Schools in the UK is now starting, all of them wanting Foundation Program training in the UK for 2 years after graduation. We had an increase in the number of failures at University final examinations this year, but still less than 10%. A lot of work is now being done with school students before they get to University to test their aptitude for a career as a doctor, and also to try and address the problem of students starting badly in their University courses and struggling in the first year. They often go on to fail in the final year or fail to make good progress in the first year after graduation.

GP SPECIALTY TRAINING
WE HAVE JUST STARTED THE 3RD YEAR WITH A NATIONAL CURRICULUM AND NATIONAL WORKPLACE-BASED ASSESSMENTS WHICH WILL GIVE ALL TRAINEES MEMBERSHIP OF THE RCGP AS THEIR SPECIALTY CERTIFICATE OF COMPLETION OF TRAINING. WE HAVE ALL TRAINEES COMING FROM THE NATIONAL RECRUITMENT PROCESS AND ALL OF THESE PROCESSES ARE FIRMLY BASED ON THE ASSESSMENT OF DEMONSTRATED COMPETENCIES. WE ARE BEGINNING TO GET AN IDEA OF HOW TRAINEES PROGRESS, WHAT FACTORS MAY BE RELEVANT TO PROBLEMS WITH PROGRESS AND WHAT WE MIGHT NEED TO DO TO IMPROVE THE CHANCES OF SUCCESS IN TRAINING. ONE FACTOR WHICH IS CLEAR IS THAT INTERNATIONAL MEDICAL GRADUATES DO NOT DO AS WELL IN TRAINING BUT IT IS NOT CLEAR EXACTLY WHY THIS IS SO; IT COULD BE DUE TO CULTURAL FACTORS, SOCIAL ISOLATION OR LANGUAGE CONSIDERATIONS. MUCH MORE WORK IS NOW BEING DONE TO TRY AND DETERMINE WHAT IS GOING ON WITH THESE TRAINEES.

Continuing medical education
There has been a lot of talk about Recertification and Revalidation for the last 10 years. Now the process is happening. We will have 5 yearly Revalidation through an Appraisal process, working with the GMC and RCGP, plus our employing Health Trusts. The best source of information is via the RCGP website. In essence we will have to demonstrate how learning has impacted on our work through audits, reflection and written projects. It will no longer be valid to just attend educational events.

Health care
We are in significant difficulties in some parts of the UK with a shortage of GPs now and a predicted larger deficit over the next 5 years. There is competition for posts in many other parts of the UK. The training organizations are being asked to play a part in addressing this but it is an uphill task. We also have bad press about the organization of Out of Hours primary care with many GPs not doing this work and private organizations performing with mixed success and failings. There continues to be an increasing and increasingly unrealistic demand for services from Primary care by the public which does not see any financial constraints. There are many Primary care centers now staffed by non-doctors or GPs working in a way which is mechanistic rather than holistic.

My role as a EURACT Council member:
I have endeavoured to make EURACT seem relevant to the UK GP teachers and have just managed to speak to the AGM of the senior organizations which manage and support Specialty training. They have agreed to apply for EURACT membership as organizations and I am going to write a short report for their newsletters. I will need to ask for some favours from others in this regard in the future I am sure!