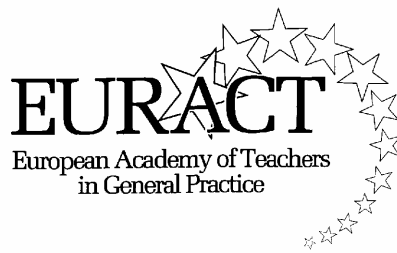


Network organisation within WONCA Region Europe – ESGP/FM

EURACT Council meeting – Tallinn, May 2011





Network organisation within WONCA Region Europe – ESGP/FM

Report of the 1'st 2011 EURACT Council meeting

Tallinn, Estonia

May 5-8, 2011

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**Meeting of the Council
of the European Academy of Teachers in General Practice
(EURACT)
held in Tallinn, May 5 - 8, 2011**

Members present:

Prof. Janko Kersnik, Slovenia, President
Assoc. prof. Roar Maagaard, Denmark, Honorary Secretary
Dr. Georgis C. Spatharakis, Greece, Honorary Treasurer
Prof. Ruth Kalda, Estonia, EB member
Dr. Mario R. Sammut, Malta, EB member
Prof. Adam Windak, Poland, EB member
Dr. Jachim Bednar, Czech Republic
Prof. Mette Brekke, Norway
Prof. Francesco Carelli, Italy
Dr. Snezana Djordjevic, Serbia
Dr. Eva de Fine Licht, Sweden
Dr. Ilse Hellemann, Austria
Dr. Razvan Miftode Florentin, Romania
Prof. Elena Frovolia, Russia
Dr. Luis Filipe Gomes, Portugal
Assoc. prof. Yvonne van Leeuwen, The Netherlands
Dr. Ingun Locmele, Latvia
Dr. Roger Price, United Kingdom
Dr. Brendan O'Shea, Ireland
Assoc. prof. Llukan Rrumbullaku, Albania
Assoc. prof. Esra Saatci, Turkey,
Dr. Alma Eir Svavarsdóttir, Iceland
Dr. Howard Tandeter, Israel
Dr. Peter Vajer, Hungary
Assoc. prof. Mladenka Vrcic-Keglevic, Croatia,
Prof. Stefan Wilm, Germany
Dr. Egle Žebiene, Lithuania

Members absent:

Dr. Liudmilla Bohush, Belarus
Prof. Jan Degryse, Belgium
Dr. Dolores Forés, Spain
Prof. Christian Ghasarossian, France
Dr. Nevena Georgieva Ivanova, Bulgaria
Dr. Givi Javashvili, Georgia
Dr. Eva Jurgová, Slovakia
Dr. Edita Cerni Obrdalj, Bosnia & Herzegovina
Dr. Philios Phylaktou, Cyprus
Dr. Bernhard Rindlisbacher, Switzerland
Prof. Markku Timonen, Finland
Dr. Natalia Zarbailov, Moldova
Dr. Natalija Kryzyna, Ukraine

PROGRAM OF THE MEETING

Thursday, 5th of May 2011

Conference of the Estonian Society of Family Doctors

Pre-Council Executive Board Meeting.

Session 1:

Welcome and introduction and introduction of new members.

Review and approval of meeting agenda.

Session 2:

Working in Committees I

Friday, 6th of May 2011

Session 3:

Task group: Leonardo da Vinci Framework for Educational Expertise

Session 4:

Working in Committees II

Session 5:

Business meeting part 1 + 2.

Session 6:

1-slide 5 minutes presentations

Saturday, 7th of May 2011

Session 7:

Educational Research presentations

Session 8:

Aim/Mission for EURACT

Session 9:

Review of meeting

Post-Council Executive Board Meeting

REPORT OF THE MEETING

Conference of the Estonian Society of Family Doctors

Prior to the Council Meeting the Estonian Society of Family Doctors had arranged a conference with presentations from 3 members of EURACT Council:

- 1) Roger Price (Quality Outcome Framework of the UK general practice)
- 2) Mette Brekke (How to make research project in a general practice?)
- 3) Janko Kersnik (Teaching in general practice setting – knowledge, skills, and attitudes)

Their presentations are posted on www.euract.eu

Pre-Council Executive Board Meeting

The Executive Board met prior to the Council Meeting.

Ruth Kalda went through the program and explained the practicalities regarding the meeting.

The President went through the agenda for the meeting – and in particular the agenda for the business meeting. The importance of creating time to discuss EURACT future development was stressed.

Review of action points from Leuven and Vienna (EB meeting)

- EUPA – EUPA is not finished – so it will be taken from the agenda. But how to progress? Stefan to propose next steps – but it should be finished by autumn 2011!
- Response to WE EB on future organisation of WE – the proposal given by Tony M – wanting EURACT to be a normal member of WE as national colleges. What should EURACT's answer be? A discussion in EB: Janko to re-draft a proposal and send it to EB for further elaboration and approval
- Strategy and priorities for the Council for the next 3 years – 4 facilitators chosen. Tasks for group discussion: proposal on concrete initiatives/actions that could be taken in the next 3 years – prioritizing these actions. Decision: perhaps mission statement is not the problem – but missing actions! Decision: groups to discuss the outline produced by Janko/Roar
- Website for EURACT – demo website has been made – it will be demonstrated in Business Meeting

Chairs of the Committees and Task Forces join EB:

- Member services (Esra Saatci) – are the Warsaw slots filled by EURACT? Yes, 5 in total. Regarding CM's not attending more than 2 consecutive meetings: a warning to be sent – it has to be accepted by Council
- Membership certificates: Mario will present his ideas
- EUPA (Stefan Wilm) – we miss material from a couple of Council Members – and without this it cannot be finalized (Stefan). Should we find another author for one of the chapters? Stefan will give it a further chance until end of June – otherwise another author to be contacted

- EURACT News-letter (Jan Degryse) – Jan absent – how should it be distributed? – via the website and at our conference booth

Session 1:

Welcome and introduction.

Introduction of new members.

Review and approval of meeting agenda.

- The president welcomed all – 27 members present.
- A special welcome to all new members – these presented themselves to Council:
 - Eva de Fine Licht, Sweden
 - Inguna Locmele, Latvia
 - Jachym Bednar, Czech Republic
- Meeting agenda reviewed and changes approved by Council. The changes were: no EUPA presentation and research presentations to be shortened to 30 minutes – allowing time to discuss the Leonardo project.

The country reports on educational activities were not discussed – but they can be seen in ANNEX 1.

Session 2:

Working in Committees I

The Committee chairs explained to new Council Members the tasks, so they could choose which Committee to join.

The work in the Committees continued next day – see reports further on.

Session 3:

Task group: Leonardo da Vinci Framework for Educational Expertise

Egle Zebiene and Adam Windak introduced the project ‘**Leonardo da Vinci Framework for Educational Expertise**’. (The introduction to the project can be found here: www.euract.eu). The objective of the project is to propose, develop and implement an educational framework for family medicine teachers working in GP education in Europe. The framework will provide the basis for the development of educational courses for GP/FM teachers on 3 levels:

- level 1 course (competent educator)
- level 2 course (proficient educator)
- level 3 course (educational expert)

Ref.: www.klrwp.pl/cedingp

The realization of the project will lead to the construction of a European Network of GP/FM teachers supported by an innovative Internet based educational platform. The leading role in maintaining the sustainability of the project results will be EURACT.

Egle presented the draft for a framework of educational expertise in GP/FM and stressed EURACT's roles in the work:

- providing expertise for all packages
- development of the web-site based educational platform
- provision of course participants (together with the other partners)
- dissemination of the project results – publicity (journals, website, conferences, newsletters)

The further process took part as group (all Council) work regarding input to this project/framework.

Reporting back from group work: 4 groups facilitated by George, Roar, Adam and Janko – and all reported back in plenary. Egle to head the further work with EURACT input to this framework.

The Council then split up into four **Task Force Meetings** (the 3 former Task forces and the new established on educational expertise).

The other Task groups are:

- educational research task group
- the website task group
- the conference/education task group

See reports of the Taskforces in ANNEX 7.

Session 4: Working in Committees II

Reports from Committees:

BME Committee

Howard reported from this committee:

Trying to create a map of Europe: which universities have undergraduate FM training? When do they have this training – and for how long?

Approved to be published in EURACT's name.

In general: published "EURACT papers" should be presented in EURACT Council meetings during Research presentations

Specialist Training Committee

Alma Eir Svavarsdóttir as chair reported from this committee:

Got approval of publication of a paper on re-training of GP's in EURACT's name.

The ST-committee decided to work on guidelines on selection of GP trainers, practices and implementation of Specialist Training in GP based on the Tartu 2002 statement and UK assessment documentation on GP Speciality Training Approval and Re-approval. We will contact and

collaborate with the EURACT Framework group on these guidelines. This will be presented in Faro. Eva and Mario will lead the finalization of this work and present in Faro.

CPD Committee

Ruth Kalda as chair reported:

Publish a descriptive study on accreditation and re-accreditation in Europe. Approved to be published in EURACT's name.

As a consensus it was decided that CPD/CME Committee as an educational Committee will provide a course about: How to prepare educational portfolio as a basis of re-certification?"

Member Services Committee

Esra as chair reported from this committee:

- Vasco da Gama Movement (minimum ST training in GP, Master programmes, promoting host practices for Hippokrates)
- country problems: solved
- warning letters to be sent to 6 countries (non-attendance to CM's) – after 2 warning letters the representatives will be dismissed. This decision approved by Council.
- booth in Warsaw – total budget 2000 Euro (present in Warsaw?)
- LdV course in Izmir – 9 EURACT participants needed
- assessment course in Finland – 5 sponsored places
- election procedure to be changed
- a publication plan: Yvonne, George and Filipe will work on a plan
- new faculty members needed for courses
- selection of the trainer of the year? – a proposal will be made for Faro meeting
- in Turkey 6 sponsored participants did not show-up – such countries won't have a second chance to have sponsored places on the same course! Approved by Council

See full report of the work in the Committees in ANNEX 2.

Session 5: Business meeting part 1 + 2.

Agenda:

1. Welcome by President Janko Kersnik
2. Minutes from Leuven meeting – see report from Honorary Secretary

Approved by Council.

3. Approval of new members

Barbara Toplek had provided a list of applicants – all were approved by Council. The full list can be seen in ANNEX 3.

Figures for the different countries were:

France – 1

Italy – 2

Malta – 7

Norway – 2

Portugal - 4

Russia – 3

Slovenia – 1

Turkey - 8

4. General meeting

a. Opening of GM for 2011 – Janko Kersnik

b. Determining of a quorum

As one member had left GM temporarily quorum was $27 - 1 = 26$

c. Appointing an audit committee of two members

Dr. Brendan O'Shea, Ireland and Dr. Alma Eir Svavarsdóttir, Iceland were elected.

d. Budget for EURACT

Dr. Georgis C. Spatharakis, Greece, Honorary Treasurer explained the budget – and the updated budget was approved. The budget is attached in ANNEX 6.

e. Policy plan

Janko Kersnik presented his “President’s Report” (see ANNEX 4).

The policy plan to be discussed 7.5.11. – and finally prepared for autumn meeting 2011.

f. Institution of committees and project groups – presented by Hon. Secretary Roar Maagaard

Committees

- *Member Service*
- *Basic Medical Education*
- *Specialist Training*
- *Continuing Professional Development*

Task forces

- *educational research*
- *website*
- *conferences and education*
- *educational expertise framework*

All were approved.

g. Other issues

None

5. Activities reports

a. *“EURACT LdeV Project n° 2010-1-PL1-LEO05-11460 Framework for Continuing Educational Development of Trainers in General Practice in Europe (CEDinGP)” (Egle)*

b. *NEW Leonardo 1 (9 participants to be found for the June course in Cesme, Turkey) (Egle)*

c. *Assessment course - August 2011, Oulu, Finland (Janko)*

d. *NEW Leonardo 2 (9 participants to be found participants, October 5-9, Slovenia) (Egle)*

e. *NEW Leonardo 3 (9 participants to be found participants, 1st part December 2011, 2nd part June 2012, Portugal) (Egle)*

f. *EURACT website – work in progress presented by Mario Sammut*

g. *EUPA: (Stefan) work still in progress – and will be ready in Faro! See report in ANNEX 7.*

6. Future Council meetings

a. *Format of future Council meetings - EB decided for new rules in February 2011 meeting in Vienna – sent to all Council Members 17.02.11*

b. *The following venues for the next meetings were confirmed:*

a. *Faro 2011: there will be a conference for Portuguese participants too (1½ hour joint meeting), 36 euro accommodation, 10-12. Nov. 2011 (5’o’clock Thursday start – end 3 o’clock Saturday (+ 2 h for EB)*

b. *Spring 2012: 21-25.3.2012 Jerusalem (meeting 22-24.3.12). More specific information later.*

c. *Autumn 2012: Turkey – where and when? to be discussed.*

d. *Spring 2013: Serbia, – where and when? to be discussed.*

7. WONCA Europe Conferences

a. *Warsaw Booth, presentations (Filipe responsible for booth together with Barbara, Yvonne responsible for coordinating EURACT presentations)*

b. *Vienna 2012: Council members were invited to start preparing workshops for the Vienna Conference 2012 so that these can be finalized at the next Council Meeting in Faro November 2011.*

8. EURACT Newsletter

Congratulations once more to us all – and to Jan and the whole group! The second edition had just been issued. Besides being distributed to EURACT members, Council agreed that this be uploaded to the website, a number of copies printed for the EURACT booth at the WONCA Europe Conference in Warsaw (September 2011), and distributed to family doctors in Europe through national Colleges.

9. EURACT position within WONCA Europe

*WE proposal: Janko told about the proposed reaction from EB to the WE proposal of constitution of WE EB. Stefan: do a joint effort with EGPRN, EQuIP. Razvan: remember all good arguments. Roger: it is essential that we are on the board! Filipe: WE needs us!
It was approved that EB to send a letter preferably together with EGPRN and EQuIP.*

10. Action points not covered elsewhere

EURACT membership certificate: Mario R Sammut and Filipe Gomes are to review the format.

Barbara sent her apologies for not being here.

NB!! As part of the Business Meeting there was included a group work and a plenary session on Aim/Mission for EURACT – this is included in this report as Session 8.

Session 6: One slide 5 minutes presentations

- a. Francesco Carelli gave a presentation “EURACT: really, what do you like to be?”
- b. Roger Price gave a very personal presentation...

Both presentations can be found on www.euract.eu

Session 7: Educational Research presentations

- a. Mario Sammut: A training Needs analysis og GP Malta’s Primary Health Department: a boon or a ban?
- b. Elena Frolova: Course evaluation for practice and educational research.

Both presentations can be found on www.euract.eu

Session 8: Aims/Mission for EURACT

To discuss EURACT's strategy for the next 3 years, the Council split up into 4 groups (facilitated by Roar Maagaard, Mario R Sammut, George Spatharakis and Adam Windak).

Representatives of each group then presented summaries of their discussions.

Council agreed (12 in favour, 9 against and 4 abstainers) to a proposal that a task force be set up to prepare such a strategy by the EURACT Council Meeting in Faro in November 2011, with Howard Tandeter (Israel) being appointed as chairman of the task force – Francesco and Yvonne volunteered to enter the task force.

Elements of the groups' discussion and the plenary discussion is presented in ANNEX 8.

Session 9: Review of meeting

All thanked Ruth for her excellent planning of this meeting in very well chosen venue. Especially impressive was it that Ruth could be active participating in all sessions – and even seemed to be relaxed...

The benefits of having meeting and accommodation at the same venue was stressed.

Post-Council Executive Board Meeting

- Janko to draft a letter to non-attendant Council Members (sent to EB before)
- response to WE EB: consult Justin and Igor first. Try to lobby national colleges. Try to influence discussion in Lisbon in June 2011.
- George to sought out why Belarus did not answer
- a letter also to be sent to France
- planning Faro-meeting
 - research presentation to follow 15 + 5 minutes rules
 - Ruth to organize research presentations in Faro
 - strategic planning task force: prepare terms of reference before Faro-meeting
- election of Hon. Treasurer – process to be run in Faro (Roar to prepare)
- assessment courses: 9 sponsored places are not filled, how to handle this? 2 places for new faculty members and 7 members paying
- bank account to be opened!!
- cash transactions for the Tallinn Council Meeting are presented in ANNEX 5.

Annex 1

**Review of national educational activities
EURACT Council meeting
in Tallinn, Estonia, May 2011**

**EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia**

ALBANIA

Llukan Rrumbullaku

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.

With the new law for “regulated professions”, a nine month period of internship is added to Medical School before the licensing. A significant part of this period is planned to be spent in primary care.

Specialist Training (ST)

The duration of Specialist 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.

It seems to be an increasing interest of students and young doctors in Family Medicine, so this year we managed to enroll 29 trainees in our ST programme.

Continuous Medical Education (CME)

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 initially in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID and latter on we replicated it with approximately 700 general physicians in 6 regions of Albania through the Pro Shendetit project also funded by USAID.

The selection of local trainers in all cases was performed according to EURACT criteria. Apart from the clinical training, the **Leonardo-EURACT Course** was organized for all these trainers. The trainers from all these Regions have completed already the training of the the rest of doctors in their districts. The first training sessions were done under the supervision of the Lecturers of the Department of Family Medicine.

It was also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to this courses leading to an accreditation system.

Finally in 2010 for the first time in Albania we set up a system of CME/CPD. Family Medicine is considered the priority and the challenge of this system.

AUSTRIA

BELGIUM

BOSNIA AND HERZEGOVINA

Edita Cerni Obrdalj

Health Care System in B&H

Reforming of Primary health care system is ongoing. Registration of patients by family physicians has been completed. Family physicians work in Health care centers who contracted with Health insurance. There is no private praxis and no direct contractions with Health insurance in B&H. FPs receive flat salary. Therefore we are quiet dissatisfied. Accreditation process of FM practice is completed in Serbian Republic, but sporadically in other parts of B&H. Computerization of health care system started in Serbian Republic in 2010. It is evident satisfaction of FPs and their patients because of that.

Basic Medical Education

All of six University centers have different curricula. Family medicine is on 6th years of study. In Mostar we have two to three students per practice during the 5th weeks. Other two weeks students attended lectures and seminars. Last exam in most centers includes multiple choice questions and OSCE stations, somewhere interview.

Vocational Training

CPD/CME

CME is organised in the frame of Medical Association in most part of B&H. Only in Sarajevo is independently organized by Association of family physicians.

What have I done in 2010 in my country as EURACT representative?

I distributed last EURACT report and news from EURACT to our members. Finally, going to prepare Assessment course for the summer 2011.

CROATIA

Mladenka Vrcic-Keglevic

News from the country

Two congresses were held this year (three FM organizations), with more than 1500 family doctors, many oral presentations, posters and workshops.

Basic Medical Education

A New GP/FM undergraduate subject started this year. Subject is placed at the 6th year. Two students spent 6 weeks working with one mentor in GP/FM practices.

Vocational Training

Is in continuation. 100 trainees are at different stages of training. More than 700 trainees undertook specialist's exam until now. New VT curriculum was (4 years) proposed, but not yet accepted.

CME

It is going on as usually, many courses and teaching sessions were held, because it is obligatory for re-licensing procedures and it is hard to change from CME to CPD. Two CME activities within the WHO Collaborative centre for PHC were hold, "Mental Health of Elderly" and "Heat and Health".

What have I done for EURACT

The Croatians members were informed about EURACT activities and whole profession was informed as a report in Croatian Journal of Family Physicians and during annual conferences. On behalf of CME/CPD Committee, abstract under the title "Re-certification / re-licensing of GP/FD across Europe" was applied and accepted for AMEE Conference in 2011.

Personal news

My grandson Ian is doing well, eleven month!

CYPRUS

CZECH REPUBLIC

DENMARK

Roar Maagaard

Basic Medical Education

4 medical Faculties in DK (Copenhagen, Odense, Aalborg and Aarhus). Most exciting news is a brand new curriculum for the last 3 years of the 6 year study period in Aarhus: this will start September 2011. In this new scheme the GP-content will be re-organised and strengthened. The exam in GP will move to the last semester of the study. In DK GP-training at university level has focused very much on communication and consultation process – in Aarhus there will be a shift towards more focus on clinical GP skills.

Vocational training

No changes yet – but right now we are changing our list of competencies (“The 119”) and perhaps we will also change the content a bit of the 2½ year training period based in hospital wards. Our system consists of 1 year basic training and 5 years specialist training. Time and experience with our system has shown that minor corrections must be done. Perhaps we will end up with a GP specialist training scheme as: 2 years in hospitals and 3 years in GP.

We still have a “hole” in the EU directives on “free movement of workforces” – this hole is in Sweden, and we will try to “fix it” by contact to our health authorities. The Nordic Colleges of GP’s and Medical Associations are trying to help, too – until now without success!!

Different selection methods for choosing trainee doctors for GP-training are tried out.

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

We had a new contract for GP’s starting from April 1’st 2011. Not a very good contract – but the best we could get during this financial crisis. We now make it compulsory for GP’s to use ICPC-coding and use the very intelligent “sentinel data-capture system” (which I can tell about orally – if wished).

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

FRANCE

FINLAND

GEORGIA

GERMANY

GREECE

Health System

The Socialist Government has not presented yet a comprehensive and global plan for the future of the Primary Health Care (PHC) sector and the Health System in Greece, although many things are discussed and although it has taken some dispositions that note the beginning of some kind of restructuration.

One of the major problems of the PHC sector in Greece was and still is the presence of multiple insurances and parallel PHC systems functioning independently. This has led to an increase of the costs, bad quality of services, absence of homogenization of practices and big inequalities in the PHC provision. The Greek state has created Public Primary Health care centers that unfortunately were developed only in the countryside while this role in the cities was left to multiple, parallel, soviet-like polyclinics functioning with long waiting lists and to the external consultations and emergencies of the Hospitals as well as to private doctors. Some of these different insurance and health provision systems have started to merge between themselves and have started to introduce electronic prescription and subsequent centralized control. These two changes have produced in 3-4 months already economies of 20-35% by reduction mainly of the pharmaceutical prescription.

On the Hospital level the main interest of the Government was to cut down Hospital spending (which has been in the past one of the black holes of Government spending and debt). Unfortunately these cuts were so severe that the quality of functioning of the public hospitals has retrograded these last months.

Basic Medical Education

No change.

Specific (Vocational) training

The Committee on Education – Training of the Greek Association of General Practice Medicine (ELEGEIA) has proposed to the Central Health Council the replacement of the 2 months training in Intensive Care Units by a Pre-Hospital/Ambulance training on the field and the introduction of a 2 month training in Neurology. Decision by the Central Health Council is always awaited.

CME / CPD

The new so-called Schools for “COPD-Chronic Obstructive Pulmonary Disease-” and “Metabolic Syndrome” have been started successfully (the other four being: Methodology of Research in PHC, Leonardo 1-Training the Trainers, Geriatric, Strategic Development and Management in PHC). These so-called “Schools” follow the W.H.O. Methodology, that is: Closed Groups with

24 Participants based in Remote Areas/Hotels with a Duration of 3 ½ - 4 days, Interactive using Work with group dynamics.

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

Production and dissemination of reports from the Leuven Council meeting

Distribution of information concerning EURACT courses and activities

Collection of membership fees [and it was not easy this year because of the financial crisis. We have had a drop-out rate of 11 out of 49 members (22.45%).

George C. SPATHARAKIS

HUNGARY

Peter Vajer

Health Care System:

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 payed 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 to 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 into the ongoing research programs of our department.

Vocational training:

Although there is a lack of doctors in Hungary in a lot of specialities the state sponsored places are not enough. 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 practising 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

Elections were performed in Hungary, so I have become the newly elected representative of Hungary.

Since I had the chance to participate in Leonardo course in Zakopane. With some other colleagues 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 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 succes 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 cesstaion under the name of Centre for Healthy Hungary, for more information please visit www.leszokasvonal.hu.

IRELAND

Brendan O' Shea

Circumstances in Ireland remain difficult and uncertain. A change of political administration has resulted in a former General Practitioner elected to the position of Minister for Health, and another GP to the position of Industry Trade and Transport.

From a medical perspective, it is envisaged that Chronic Disease Management will be increasingly delivered from Primary Care. The ICGP is appointing clinical leads in 12-15 principal disease centres, to liaise with specialist equivalents.

Undergraduate Training

Numbers being trained in medicine remain as before, with the addition of the initial graduates from the first graduate entry medical school this summer (University of Limerick). Applications for places on Specialty Training Schemes are down marginally, which reduction is felt to represent significant loss of newly qualified Doctors who are now leaving the country in greater numbers and earlier in their career grades.

Specialty Training

Significant changes are underway in the manner in which Specialty Training is being organised. In particular, the HSE (Health Service Executive) is moving to tender out the process of Specialty Training, and thus far, the ICGP (Irish College of General Practitioners) would appear to be the only viable entity in a position to take up the process. Where this matter will rest is speculative at present, but it is likely that terms, conditions and governance for Specialty Trainers (VTS Directing Groups and Trainers) is likely to be substantially changed, and the resultant uncertainties are unpleasant.

CME

As of May 2010, CME/CAPD is now compulsory for retention on the Medical Register. A voluntary system has been run during the last 7-10 years through the Irish Medical Council and the relevant professional colleges, including the Irish College of General Practitioners, The Royal College of Physicians in Ireland, and The Royal College of Surgeons. It is a points driven system, running over several years, and includes a commitment to carry out an annual practice based audit. No additional funding for individual GPs is being made available to engage in the process.

ICELAND

Alma Eir Svavarsdóttir

BME

No changes from last rapport.

Specialist Training:

Repeated promises to improve FP have not been fulfilled as expected in spite of and maybe because of a sequence of health ministers, in the past few years. Due to this and to the national financial crisis we have seen an exodus of young doctors to countries with better working conditions, more pay for less work. We therefore need to double the intake into the Family Medicine programme and in addition put together a formal structural re-training programme for colleagues in other specialities who want to convert into family medicine.

CPD

No change from last rapport

ISRAEL

Martine Granek-Catarivas, Chair of the Israeli Society of Teachers of Family Medicine (ISTFM), reports on last year's activities in the area of Medical Education for family doctors.

On the national conference of the Israeli Society of Family Physicians in Israel, on April 2011, she was re-elected as chair of the society.

During the last WONCA Europe conference in Malaga, Dr. Granek-Catarivas and Dr. Cohen-Castel presented a workshop on "research in medical education" similar to the one they presented in the local Israeli conference.

Faculty development at tel-aviv university: an innovative national course in medical education for family physicians

Directed by Dr. Granek-Catarivas and Dr. Rosenberg in 2009-2010, it was a 200 hours faculty development program based on weekly sessions of 2 X 3 hours (6 hours/week). The teaching staff included 38 teachers (29 family physicians). Twenty four physicians attended the course and 21 completed it.. Most of the graduates are now active in teaching and research.

Faculty Development Course in Haifa: Dr. Cohen-Castel directed this course for the third time in cooperation with the faculty of education.

Faculty Development Course in Tel-Aviv: A series of 3 workshops were developed by Dr. Granek-Catarivas, Dr. Fay Turetsky and Alla Bronstein for non-family doctors.

Faculty Development Course in Beer-Sheva: Dr Howard Tandeter keeps leading the faculty development activities at Ben-Gurion University in Beer-Sheva and is expected to take care of faculty development for the faculty of health sciences (non-family doctors).

Faculty Development Course in the other Universities:

Dr. Reena Rosenberg: Central District

Dr. Rachel Dahan: North District

Dr. Yael Paldi: Jerusalem

Dr. Gaver, Dr Turetsky: Tel Aviv

Activities of the ISTFM during National Conferences

During the national conference of the association of family doctors we discussed two issues: 1. Faculty development and 2. Interactions with organizations outside Israel.

During the first conference on General Practice/Family Medicine (July 2010) there was a satellite conference for ISTFM in which 3 sessions were held discussing the following issues: A course for first year medical students; A new program for the Clerkship in family medicine; New issues for stage 1 rotation of the post graduate training programme; A workshop on prolonging stage 1.

During the second conference on General Practice/Family Medicine (December 2010) there was another satellite conference for ISTFM. The following issues were discussed: Qualitative vs quantitative assessment; Research on formative assessment during students' rotations in family medicine; Clerkship for Israeli students studying medicine outside Israel.

Future plans for the ISTFM

Meetings will be held between representatives of all the department of family medicine in charge of the different teaching activities: 1. Clerkship coordinators (held in Dec 2010); Coordinators of pre-clinical courses for medical students; Coordinators of course for residents ("diploma course"); Coordinators of courses for preparation for exams; Revision of the Syllabus in the area of family assessment; Preparation for the change in the curriculum of stage 1.

A new Medical School in Israel

Professor Michael Weingarten, a GP and EURACT member, is the Vice-Dean for Medical Education of a new medical school in Safed, Galilee, North Israel, the fifth in the country is to open in October 2011. Professor Hava Tabenkin, a GP, Head of the Department of Family Medicine in Afula will be the sub-dean for teaching in the community.

The medical school is part of the new Faculty of Medicine of Bar-Ilan University, but is situated a two-hour drive from the main campus. The local community hospitals in Tiberias, Naharya, Nazareth and Safed will form the affiliated hospital group, together with the community clinics of Clalit and Maccabi Health Services. One third of all clinical teaching will be ambulatory, reflecting the future structure of medical care in Israel. Also reflecting future trends, informatics will be a central topic, and the students will work in a digital learning environment. This will include computerized student portfolios, interactive computerized teaching modules, and virtual laboratories. WiFi access will be provided at all learning sites. Self-learning and active learning will be emphasized, with frontal teaching reduced to around 50% of the day during the pre-clinical phase. The school will be clinically oriented with extensive use of case-based learning. In the two pre-clinical years (in the context of a 4 year program for graduate students), eight integrative Clinical Fields will replace the now traditional Organ Systems modules: Bioenergetics, Genetics-reproduction-growth and development, Inflammation and infections, Immunity and transplantation, Neoplasia, Trauma, Ageing and atherosclerosis, Mind and Brain. The social sciences and humanities curriculum will be fully integrated into all the other courses, with the aim of stimulating personal commitment at all times. Each student will have a personal mentor as a professional role model, generally a GP, who will follow their academic progress and intervene early to overcome difficulties. At the mentor's practice, the student will follow one patient for four years, and will also engage in a community health initiative. As far as Family Medicine is concerned, the traditional 4 week clerkship in the final clinical year has been maintained, and in addition there is the longitudinal mentoring programme as described, which is based in most cases in family practice.

The aims of the school are to help relieve the national physician shortage, to promote improved health and healthcare in the relatively deprived population of the Galilee, half of whom live in

Arab villages, and to produce excellent clinicians who are deeply committed to their patients and their communities, based in a thorough knowledge and understanding of modern medical science.

ITALY

Francesco Carelli

Basic Medical Education

The previous steps for basic medical education with some experiences are now in good development in some places as Milan, Rome and Bologna where a compulsory Family Medicine Course was finally created.

In Milan the 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 full Elective Courses of Family Medicine and also coordinator for the FM General Course.

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.

In Rome, Nat Rep EURACT is involved as Scientific Organising Committee to create and manage the First Italian Master 2nd Level in FM , Campus Biomedico University and we presented it at a press conference inside the Parliament in Rome, being there the National Health Minister. This could be the step to create an academic 5 years specialty in short terms.

Continuing medical education

Confusion and debate. 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, just near only Health Authority's Courses concentrated on controls, cutting and administrative bureaucratic workload from them.

Health Care

The National Health System is getting a devastating period with dramatic cuttings, inquiries (also in Courts !), conflicts, problems. So, GPs are divided in trusts, groups, associations so in extreme weakness, at the highest level of frustration and burn out and many are looking at retirement from NHS as soon as possible. Sponsorships are now totally not allowed for Family Medicine, companies involvement is disincentived, the companies themselves are ...closing.

As denounced to EURACT and to UEMO, the Government and the Health Authorities in Italy strongly push a weak Family Medicine body to a new contract, considering deeper involvement and duties

on " patient records total summary " to be sent...daily..to Health Authority , already a Big Brother and a political guardian.. The same for online sickness certifications to be obligatory sent from GPs also for one day absence.

Where do core values of FM . and its unique patient doctor relationship go and with what level of danger on privacy etc ? Efficiency is the cover, really the points are greater and greater control and important political and market interests.

Can we " contract " on core values ? can we " sell " core values as there are in the European Definition ?

The European Health Authorities and WONCA and the networks, EURACT in particular as the most active and productive, should give at least indications so that a general national referendum could be supported instead of political "agreements" between politicians , health administrative authorities (with a growing crazy power) and some politically oriented specific leaders of some in a series of trust doctors' associations.

Life as Council Member

The translated EURACT Statement on Selection for Teachers and Tutors and the EURACT Educational Agenda are consulted and used for VT in five Regions (in Friuli, Trentino, Lazio, Emilia Romagna, Liguria), for national exams in some Universities and by WONCA Italy, the aggregation of networks refused by the national societies.

The Nat. Rep. got other papers of him published on the British Journal General Practice (as paper, as letters, as backpages), on Family Practice, , on London Journal of Primary Care, on Synapse Magazine, on Romanian and Turkish Journals (GeroFam), and on weekly Italian magazines (mainly with themes concerning EURACT, five expressly only on EURACT, on BJGP, on LJP and on Synapse more pages were on EURACT in the European Context).

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 big enlargement of duties as the Deanery asked him (see Elective Courses, and the FM Course with tutors , above). Also he was called in the scientific body to create a Master High School of Family Medicine in a prestigious University, far from his residence.

EURACT – Italy is the biggest and unique as working international society in Italy and the only one visible on journals and on internet also with debates. Now this situation is relative, because we are reducing very much and progressively in numbers ...

More members are leaving or disappearing really convinced not to receive enough national feedback from abroad during the years or pressed by their national societies to leave ...and this would be a matter of reflection in the Council ^.

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 does 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.

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.

NEW: In 2011, eLearning introduced for medical students, consisting of completion of selected BMJ Learning modules with lecturer availability for advice and support through the University of Malta's Virtual Learning Environment (VLE).

Specialist Training

The first-ever Specialist Training Programme in Family Medicine (www.stpfm.ehealth.gov.mt) 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, another seven in 2009, and eleven more in 2010. After undergoing a pilot examination on February 2010, the first 11 trainees completed their training in July 2010 by passing their formative Workplace Based Assessment and their summative Applied Knowledge Test and Clinical Skills Assessment organised under the supervision of the RCGP.

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 the Specialist Register of Family Doctors. In 2009, the Ministry of Health published a Consultation Document entitled 'Strengthening

Primary Care Services. Implementation of a Personal Primary Health Care System in Malta' intended to introduce the concept of doctor-patient registration in Malta. Structured dialogue sessions with all stakeholders were held and feedback and comments requested from all those interested. The document (<https://opm.gov.mt/file.aspx?f=2121>) is being reviewed according to feedback received.

Council Member Activities

NEW: Recruited 7 new members of EURACT, with members from Malta now totaling eleven. Kept them and MCFD members informed of EURACT events.

Preparation of new EURACT website with Brendan O'Shea (Managing Editor) and other members of the EURACT Website Editorial Board, together with Barbara Toplek (EURACT Administrative Secretary) and the website developer.

Co-organised / spoke at meetings in Malta:

- Malta College of Family Doctors 20th Anniversary Meeting: gave presentation entitled 'Milestones in Maltese Family Medicine & the Malta College of Family Doctors' (7 December 2010, Ghajn Tuffieha, Malta)
- Primary Health Department 'Vascular Disease Seminar': gave presentation entitled 'Vascular Disease in Malta and its Prevention through Smoking Cessation' (29 January 2011, Mosta, Malta)
- Seminar for GPs and GP Trainees 'Because Health Matters': gave presentation entitled 'Health Promotion in Family Practice' (19-20 February 2011, Marsalforn, Gozo - Malta)
- Primary Health Department Introductory Seminars for Foundation Programme Trainees (16 & 17 March 2010, Sliema, Malta)
- Primary Health Department 'Child & Adolescent Health Seminar' (9th April 2011, Mosta, Malta)

International meetings:

- EURACT Executive Board Meeting (12 February 2011, Vienna, Austria)
- EUROPREV Meeting (18-19 March 2011, Barcelona, Spain), where appointed EUROPREV Public Relations Officer

MOLDOVA

Natalia Zarbailov

Basic Medical Education

The Family Medicine rotation transferred to V year of study, 9-Th semester. However, the university Family Medicine curricula includes only 8 topics and duration reduced from 98 hours to 70 hours, including practical skills training, in 2011. The topics are: 1. Family Medicine as a specialty; 2. Primary Care Management; 3. Ethical issues in FM; 4. Healthy person in FM practice; 5. Patient oriented consultation, communication skills; 6. Patient in the family context; 7. Diagnostic and treatment in FM; 8. Holistic and comprehensive approach.

Vocational/Specific Training

There are 60 First year residents, 45 Second year residents and 30 Third year residents studying at the Family Medicine Department. Positive dynamics in choosing FM as a specialty can be observed.

Continuous Medical Education / Continuous Professional Development

The Continuous Medical Education is transferred on self budget management. Since September 2010 16 groups or 124 family physicians were trained at the Department of Family Medicine. Until June 2011 another 16 groups and 128 doctors will be trained.

Health System and Family Medicine

The new elected Government keeps the Primary Care as a priority direction for Health Reforms. In September 2011 the Third Congress of the Family Medicine Association will take place.

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, but we know that secret planning takes place at the health authorities.

Until now our formal vocational training program - which is structured into every detail- has been 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, and around 60 % of GPs are specialists. 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 lose 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 in 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.

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 have recruited some new EURACT-members, so that at the moment most academic GPs are also EURACT members.

POLAND

Adam Windak

Undergraduate education:

The major reform of basic medical education in Poland will start from the beginning of the academic year 2011/12. The six year programme followed by one year internship will be replaced by 5 year programme with one extra year of practical students' attachments. This means that students will get the professional physician's licence one year earlier and also one year earlier will be allowed to start vocational training. With this reform family medicine as a subject is going to gain some extra 60 teaching hours at the last year of medical studies, keeping the existing 105 hours on earlier years. This is obviously challenge and chance for the discipline.

Postgraduate education:

No major changes in vocational training are foreseen, although the reform of medical education will cover also this part. Most probably it will stay as it is now 4 years in total with 26 months spent in general practice. There are votes to prolong the period in the practice up to 30 months, but there is only little chance to get it.

Continuous Professional Development:

There are proposals to start new skills oriented system of training, ended with the certificates allowing to apply for an extra contract with the National Health Funds for specific procedures (e.g. minor surgery, obstetrics, ultrasound examinations etc.).

The whole concept is rather confusing, however there is strong political pressure to do it, mainly to fill in the gap of different specialists.

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

I promote EURACT mainly through new courses for trainers which will be available as a result of new Leonardo da Vinci project.

PORTUGAL

Luís Filipe Gomes

1. In general

Because of the financial crisis, GPs lost around 10% of their salary. Number of GPs retiring is increasing. Number of young GPs not enough to replace them.

Problem of patients with no Family Doctor is increasing; Primary Care reform has slowed down.

At the same time young specialists in GP/FM, very well prepared, are being offered working conditions much below their secondary care colleagues – low salaries in public system, with more extensive patient lists. They initiated several actions to get better conditions – with support from Medical Association and Unions. Nevertheless, we are losing some of the best for private practice – and emigration is becoming a possible option.

2. Basic Medical Education

New Medical School in Aveiro started application procedures. It is a graduate entry 4 years course, but the curriculum is not similar to the University of Algarve's – no focus in General Practice, no pure PBL.

3. Vocational Training

Nothing new.

4. CME / CPD

Nothing new.

5. Work done as a EURACT Council member

The first Portuguese edition of the Assessment Course took place in Lisbon, in February. It was a huge success. New editions are already being prepared – including one in Brazil!

The Rolling Course is still being reproduced.

Four new members joined EURACT.

ROMANIA

Dr. Razvan Florentin MIFTODE
Romanian national representative EURACT Council
Secretary of National Society of Family Medicine

POSTGRADUATE VOCATIONAL TRAINING

The admittance procedure in the Family Medicine specialty remained the same, according with law: postgraduate training for 36 months, with a compulsory training in FM offices for 15 months at least. Within health system reform which include the disappearance of over 60 hospitals, the Government decided initially to facilitate for dismissed physicians the possibility to graduate a fast conversion professional training programme whereby they would become family doctors. The National Society of Family Medicine and National Trade Federation of GPs protested against this kind of positive discrimination therefore the Parliament abolished this stipulation, recognizing the importance of specific training in the field of primary care, according with Family Medicine curriculum. There are some preliminary activities for postgraduate training curriculum update. The strong intention of National Society is to enforce the cooperation with Ministry of Health's Family Medicine Commission and Academic Departments in order to achieve this project.

CONTINUING MEDICAL EDUCATION

The CME activities includes two National Conferences for Family Doctors (for 2011 in Bucarest and Iasi) and several regional conferences (Craiova, Cluj, Sinaia, Constanta, Braila and Buzau). Regarding Continuing Professional Development, I wish to emphasize the PAL Project, coordinated by National Centre for Studies in Family Medicine (NCSFM), which facilitated the training, during one year, of almost 500 family doctors in the field of respiratory diseases. A number of 150 family doctors of them received each one pulsoxymeter, spacers and peakflowmeters in order to follow and treat better their patients.

Another major event of the first half of the year was the launch of e-learning pathway designed for family doctors, under the coordination of National Society. The first item was about COPD, following by dermatology and urology.

(<http://www.formaremedicala.ro/home/formatori/>)

The main CME event in Romania will be the 2nd EURIPA Conference in Sinaia (11 – 14 May 2011). A several prestigious speakers will be present there, including the President of WONCA WORLD, prof. Richard Roberts, President of EQUIP, dr. Tina Eriksson and John Wynn-Jones, President of EURIPA.

(<http://www.euripaforum2011.eu/index.php?q=committee.htm>)

GUIDELINES AND PRACTICE PROTOCOLS

There are seven guidelines achieved by the members of CNSMF so far (The Management of Diabetes Mellitus, Urinary Tract Infection, High Blood Pressure, Low Back Pain, Management of Pregnant Woman with low risk, Depression and Bronchic Asthma).

There are some projects to start a new guidelines production and to up-date the products already done.

TEACHING OF TEACHERS

The National Society of Family Medicine started a new programme to train new trainers in Family Practice. This activity will be finished at the end of the year 2011 and include 50 new trainees who will become trainers-lecturers in Family Medicine.

FAMILY MEDICINE PRACTICE

The main source of family doctors earnings is from contract with National Insurance House. The Government decided that, starting with the new contract (for 2011-2013), the amount intended to primary care to be split equally (50% fee for list and 50% fee for services). From this new approach, a lot of family doctors would earn less than previous years. This will decrease the investments and may put in difficulty the doctors who have to pay the bank loans.

MY ACTIVITIES AS EURACT NATIONAL REPRESENTATIVE

- ***collection of membership fees (some delays from 2010 and for year 2011)***
- ***inform about EURACT Statements and Publications (CPD and European Definition of Family Medicine) within National Conferences of Romanian Family Doctors (Bucharest and Iasi 2011)***

<http://www.pharma-business.ro/stirea-zilei/comunicat-snmf-mf-ziarul-medicului-de-familie.html>

RUSSIA

Elena Frolova

Health System

All health care participants are in the constant waiting of different reforms. Now the special order about "Rules of health care delivery" is preparing and almost is ready. It was not discussed by professionals. Also the great reform of financing of health care system coming very soon. Some minor changes (for example, the possibility to choose physician) have already done.

Basic Medical Education

Nothing new, work without special curriculum mainly teach in the field of postgraduate education, therefore the competition develops between the Universities

Specific (Vocational) training

The Department of Family medicine of SPb MAPS (my work place) will conduct 72 h(two weeks) course on Teaching in Family medicine. Course content includes

- Part of assessment's course with Euract materials (as I have studied this course in 2009),
- distance learning with the demonstration of Spirometry distance learning course, preparing in the Frames of Educational Project Partnership between Leuven University and MAPS, professor J. Degryse is inspirer and coauthor of this part;
- interactive teaching methods
- consultation skills

- round table discussion about teaching methods in regional practices and types and model of organization and financing of family medicine
- topics about alcohol and smoking cessation, evidence based medicine, palliative medicine, geriatric and frailty, legal and law aspects of family medicine

We expect 17 participants from most regions of Russia. My own expectation is to involve teachers in EURACT members.

CME / CPD

Many pharmaceutical companies started to cut sponsorship, according new ethical rules which were approved by all of them. The Association of Family physicians develops own educational activity.

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

Production and dissemination of reports from the Leuven Council meeting

Distribution of information concerning EURACT courses and activities

Distribution of EURACT Newspaper to all EURACT members in Russia

Article in Russian Family physician Journal about Leuven meeting

Developing of partnership relations with Belgium EURACT member and between Universities.

Collection of membership fees

SERBIA

There is the reform of primary health care system in Serbia. For the past three, the implementation fo the new method of payment is being tried years is tried, but it still not completed, and requires some modification.

Although it has been called the guardian healthcare system, general practice, still, has not deserved place. Place that belongs to it, by complexity and responsibility of the work.

Doctor's license were introduced from last year, as well as an obligation to attend the CME program and collect points required to extending the license.

Undergraduate curriculum and vocational training in general practice haven't changed in comparison to previous reports.

My activity as National representative in EURACT

I sent several letters to the Ministry of Health in which I described the needs and concerns of our medical speciality. I've also wrote to Ministry of Education and the Board of Medical faculty with the initiative to establish a department of General Medicine.

Concidering actual economic crisis, I've organised on line education for doctors, that was free for the members of EURACT. That was evaluated by relevant Committees of the Ministry and marked with high grade. The course gives to participants many points for relicencing.

Euract in Serbia has new member. It is dr Snezana Pejicic. Her application form will come with me.

SLOVAKIA

SLOVENIA

Undergraduate education

Besides early clinical exposure in the first study year with broad involvement of Family Medicine and Psychiatry Department and family practices staff in nursery homes, this year also second class students continue their attachment with our Department in collaboration with rehabilitative medicine.

Specialist training

Specialist training for family medicine trainees continues. 12th generation of trainees started in March 2011. New specialty training curriculum has been discussed among family doctors and should be proposed to Medical Chamber Education Council for acceptance.

CME

We kept 7 CME meetings with a total of 700 participants. We organised a course for student tutors on assessment with 20 participants in April.

WHAT HAVE I DONE FOR EURACT

I am involved in preparation of EURACT Bled course on LEARNING AND TEACHING ABOUT PROFESSIONALISM IN GENERAL PRACTICE/FAMILY MEDICINE, WHICH will take place September 20th – 24th, 2011. Web site <http://www.bled-course.org/> or <http://www.drmed.org/index.php?k=4&n=770>, where you can also find the links to materials from previous courses and the detailed programme of the course. I attended Adana Assesment course in December, EB meeting in Vienna and WONCA Europe EB meeting in Krakow in February and project meeting of Leonardo da Vinci project “Educational Expertise Framework” in Thessaloniki in March.

OTHER

I attended project meeting of Leonardo da Vinci project Innovative lifelong learning of European General Physicians in Quality Improvement supported by information technology in Copenhagen in April.

Janko Kersnik

SPAIN

SWEDEN

Eva de Fine Licht

Basic Medical Education

The new Medical Faculty at the University of Örebro has now opened and the first students have enlisted. More than 2700 students applied. We follow with interest this new school of medicine. The international collaboration with Maastricht University in Netherlands and Glasgow University in UK will be stimulating for the whole educational system especially since Sweden is in the

process of adjusting to the Bologna system of education. Hence Sweden has 7 medical universities.

Early exposure to general practice is strongly emphasized in our BME-curricula. Teaching and learning take place at University hospitals as well as at smaller hospitals and at health centres/primary health care facilities supervised by GPs. *Our aim as family doctors is that the students should be exposed to family medicine from day one and forth on thru the education.*

5½ years of BME is followed by 21 months of compulsory internship. Internship includes 6 months of clinical work in GP/FM and ends with national *final exams* in 4 topics, namely GP/FM, surgery, internal medicine and psychiatry. If passing the exams and the clinical training the trainee will graduate. This makes approx 7 years of theoretical education and clinical training before graduation.

Sweden is right now in the process of discussing a 6 year BME with a stronger emphasis on research and a final exam for the whole BME education. The compulsory internship (AT) is also under discussion. Swedish family medicine demands very well educated specialists since family medicine is the bases of our whole medical system. To be part of Speciality Training as a family doctor in Sweden you have to have well clinically trained doctors that can work self independently but still under supervision. We are eager to learn from other countries that have gone through the same process like Denmark and Norway where the internship still persists in practice but in a different way.

Specialty training (ST)

Mainly repeated from previous reports. Requirements: 1) at least 5 years of *supervised clinical training* mainly at a Health Centre and partly in secondary care, 2) a personal and *trained supervisor* specialized in family medicine for each trainee and 3) *all goals* of the specialty-description to be achieved. Compulsory “course-work” includes 6 *courses* in specific topics, *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 structure is also under debate mostly because the EU has stated that a so called EU doctor with 3 years of speciality training after BME has the right so get a job in Sweden as specialist in Family Medicine. The scope of Swedish GP/PHC is very broad. As a Swedish specialist in family medicine you manage patients and perform skills that in other countries often are being done in hospital-care/ by other specialists. We work on schedules for additional training so the correct level of education will be obtained. We will hear much more about this in years to come.

Continuing Professional Development

Repetition: Most doctors take part in CPD-activities such as small-group learning, seminars/lectures, courses, attending conferences and other educational activities. However the reorganisation of primary health care has made it *more difficult to take part in CPD-activities*, partly due to increased workload and “production demands” (doctors must “produce health care”).

Health Care

All Provinces have now implemented new models of organizing primary health care, many different models. Private health care providers have the right to establish themselves wherever

they want as long as they meet the basic requirements. Patients are able to list themselves wherever they want and to change as often as they want.

SWITZERLAND

Health Care System

News from our people's initiative "Yes to General Practice Medicine" asking for support of GP/FM: In the meantime our Federal Government has worked out and presented an alternative proposal to be written in our constitution to support Primary Care Medicine. They want to put more weight on "integrated provision of primary health care". The proposal is not very precise. So we have to wait for the debate in our parliament to get to know further details.

In general we can observe that by now, 5 years after the first big demonstration by GPs in front of the house of parliament in Bern, politicians and media have taken notice of and accepted as a fact that there will be an important decline in the number of GPs in Switzerland in the years to come and that there is an urgent need to try to stop or at least slow down this development by different measures to improve the situation in BME, Specialty Training and to make the Specialty more attractive financially etc.

Basic Medical Education

Recently a report from all 5 University Institutes for GP/FM at the 5 medical faculties has been published on the generally positive developments within the last 5 years.

If you are interested, you can read this article in French:

http://www.primary-care.ch/pdf_f/2011/2011-07/2011-07-056.PDF

or in German: http://www.primary-care.ch/pdf_d/2011/2011-07/2011-07-056.PDF

Each faculty is autonomous to plan its own curriculum, there is only at the end of BME a common final exam for all to get the Swiss license as doctor. This exam is based on the "Swiss Catalogue of Learning Objectives for Undergraduate Medical Training" (see <http://sclo.smifk.ch/sclo2008/>)

So each faculty also has its own programme as to what the exposure to GP/FM is concerned.

In all faculties there is some practical experience in the GP-setting, usually several half-days, one student per practice or in groups in the first years and one placement of some weeks of continual work in a practice during the clinical years.

Specialty Training

As I have written in the general remarks above the awareness that something has to be done for the future GPs is growing among politicians and so we are getting more money to finance posts for Specialty Training in the GP setting. However still only about 50% of future GPs are getting any training in the GP setting.

Next year all our hospitals will have to switch from the old system where they were paid per day a patient was in the hospital to a payment-system based on "Diagnosis Related Groups" (DRGs). E.g. an appendectomy will have a certain price which as a rule will be the same in each hospital. This system should make work in the hospital more efficient, may however put into danger the time and efforts for postgraduate training. In this context it has to be clarified where the money for the training of doctors comes from and how much this must be. So there are at the moment a lot of discussions going on as to the financing of postgraduate education in the hospitals and – in parallel – in the practice setting. The final outcome of these discussions is not foreseeable yet.

Continuing Professional Development

As mentioned above during the last years the University Institutes for GP/FM have grown and they are gradually taking more responsibility in organizing CME/CPD-conferences for GPs. So the academic quality of such conferences is rising.

What I have done for EURACT

I wrote my report for our Swiss members on what is going on in EURACT and sent on the pilot issue of our EURACT Newsletter (waiting for the second issue!).

Unfortunately, due to the fact that the national specialist exam for our young colleagues, for which I bear the main responsibility, is scheduled for May 5th 2011, I am not able to take part in the EURACT Tallin meeting.

Bernhard Rindlisbacher

THE NETHERLANDS

Health Care

The financial crisis undeniably affects the healthcare system. There is a deficit of 2 billion euros at this moment. But, primary care is still rewarded as the treasurer of financially sound healthcare. GPs tend to collaborate in rather big corporations. The market led system is trendy, although it does not seem an improvement compared to the old system. We tend to mirror the UK-system. There is no real shortage of GPs for now, but in remote (but what is remote in Holland!) areas there is.

Undergraduate curriculum

No fundamental changes at the moment. Although patient-contacts are organized more and more in the earlier (1-4) years, there is a severe shortage of practices for the vast amount of students each year. In Maastricht we send 2 students per practice during rotations, and to our surprise it is a blessing in many cases, for the mutual exchange between the students is quite intense. We had a surge of students from Saudi_Arabia in two universities which induced them to change the language of quite a part of the curriculum into English(!) I think it may be a nice thing to have a set of GP learning goals for the undergraduate curriculum. EURACT (Howard Tanteter) is doing a rewarding job, in this sense.

Vocational training

Assessment is now protocolized and uniform nationwide. An e-portfolio is introduced and implementation is assessed. There is a new competency profile for the GP-postgraduate trainer. Chronic diseases and care for the elderly get a lot of attention, lately. Trainers get mentors who guide them in their early years of training. Paramedical personal is involved more in the teaching of trainees.

CME/PDP

GPs seem to have less time to spend on CME. Tailor made CME is now the adagium. What do groups of GPs need? Can we provide that? What is the role of the university? How can we avoid farmaceutical imbursed courses?

What I do for EURACT

I keep in touch with Vasco da Gama, discussing their needs.

I was invited by the directors of vocational training to talk about EURACT-impact and input. I joined a meeting of all representatives of international GOP_organizations: EGPRN, WONCA, EURACT, Vasco da Gama, UEMO, EPPC under the umbrella of the Dutch Scientific GP-society. This meeting is held twice yearly and is very fruitful.

I organized the workshop contribution of EURACT for Wonca Warsaw.

TURKEY

Dr. Esra Saatci

News from the country

By 31 December 2010, the reforms in primary care in Turkey have been extended all country. Now, each citizen is in the list of a general practitioner/family physician (either specialist or practitioners with short-term training) however this list is not person-based. It is district-based. However, the problem with the outpatient clinics of the university family medicine departments has not been solved yet. As each citizen is in the list of a general practitioner/family physician, there is no population given to the clinics of university departments. The problem has been

discussed with the Ministry of Health but no improvements have been recorded until now. The situation has significant impact considering the educational opportunities missed by medical students and residents in family medicine. This has created a great conflict with the new regulation for the specialty training in family medicine/general practice which was put into implementation on 18 July 2009. The detailed regulation which was announced on 7 September 2010 stated that the residents will have 18 months of training in primary care setting. However, it is obvious that this 18 months period will not be very efficient with very few patients in practice.

The latest statistics by the Ministry of Health about the family practice in Turkey are as follows: By January 2011, there are 963 Community Health Centres, 6300 Family Health Centres and 20.236 Family Physicians (with and without specialization training). The projection for the year 2023 is 44.600 Family physicians. The mean number of list size is 3507 persons. The target is 1800-2000. The mean number of patients seen daily is 46. The patient satisfaction rate is 85%. The deadline for the mandatory FM specialization is 2017.

Basic Medical Education

There is nothing new about BME and family medicine teaching.

Specialty Training

Considering the new regulation discussed above, there will be significant problems with the residents' training in primary care setting to gain knowledge, skills and attitudes for the core competencies of this discipline.

However, the news about the new cadres opening for the clinic chiefs of Family Medicine in the state hospitals (Training and Research Hospitals of the Ministry of Health) in six cities is promising.

CME

The 4th EURACT Assessment Course was held on 1-4 December 2010 in Adana, Turkey

The 6th Istanbul Congress on Family Medicine will be held on 28-30 April 2011 in Istanbul, Turkey.

The 10th National Congress on Family Medicine will be held on 19-22 May 2011 in Fethiye, Turkey.

The 1st East Mediterranean Family Medicine Symposium will be held on 27-29 May 2011 in Mersin, Turkey.

The Leonardo EURACT Level 1 course for teachers in Family Medicine will be held on 27-29 June 2011 in Izmir, Turkey.

The 4th Turkish-German Summer School in Geriatrics and Gerontology will be held on 7-9 September 2011 in Berlin, Germany.

The 5th Summer School in Family Medicine will be held on 21-25 September 2011 in Antalya, Turkey.

What I have done as EURACT representative in Turkey?

I organized the 9th Annual Cukurova Family Medicine Meeting on 23 November 2011 in Adana.

I organized the 4th EURACT Assessment Course on 1-4 December 2010 in Adana, Turkey with collaboration and support of EURACT and TAHUD (Turkish Family Physicians' Association). The course venue was Seyhan Hotel. The course had seven modules and lasted for 3.5 days. There

were 22 participants (one professor, three associate professors, and 12 assistant professors from university departments of family medicine from eight different cities, one associate professor and three specialists from three Training and Research Hospitals of the Ministry of Health in three cities and two specialists working in the field in two different cities) from Turkey and three participants from Bosnia-Herzegovina. Six sponsored places were left empty as three participants from Georgia and three from Ukraine did not turn up and did not inform the course organizer (me). The course director was Prof. Dr. Justin Allen (United Kingdom) and the other course trainers were Prof. Dr. Roger Price (United Kingdom) and Prof. Dr. Janko Kersnik (Slovenia). Cukurova University Faculty of Medicine Department of Family Medicine and Outpatient Clinic were visited by the course trainers and trainees. The course evaluation was performed by the course director Justin Allen. The feedback for the course was very positive with very high overall scores (4.65 for the content, 4.60 for the trainers, 4.50 for the course documents, 4.55 for the venue and 4.80 for the course organization).

UKRAINE

UNITED KINGDOM

Annex 2

Reports of Standing Committees

EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia

Report of Basic Medical Education Committee

Present: Mette, Ilse, Howard, Stefan, Snezana, Francesco (chair)

Absent: Natalia, Givi, Markku.

The Committee congratulated itself for the work done during this past time, managing the decided research, discussing and finalizing it, presenting at Wonca conference in Malaga and writing a paper. Now we congratulated each other with the forthcoming publication of the article: Minimal core curriculum in BME in the European Journal of General Practice, and expressed our gratitude to Howard who had taken the responsibility for the process.

We discussed the idea for the next project: to map how FM is taught in medical schools throughout Europe. The following points were discussed:

1. Hypothesis: We would find great diversities, also within countries (and within countries, quality of BME education in GP would probably correlate with quality of GP).
2. We would prefer one person in the group to take responsibility of the process. This resulted not be possible, so we discussed several ways of sharing duties between the group members and agreed how to manage thus with one person looking at drafting the paper (Mette) , one person on preparing a questionnaire (Howard) so to be comprehensive but at the same time short and readable, each Committee member being in strong charge for getting completed answers from 6-7 specific Council Members (division will be organised).
3. We would need to put substantial work into creating a precise and very brief questionnaire (maximum 1-2 pages). Differences in terminology exist throughout Europe (even in English), so we would have to clarify this (Ilse).
4. We would ask EURACT Council representatives to select one or more contact persons in their countries, whom we would write a personal e-mail and ask to help with the questionnaire. For this research it is really essential that all Council Members give complete answers.
5. The results could be presented as a map of Europe with each medical school marks as a point – either green (very good), yellow (medium) or red (low) representing the quality of their BME education in GP.

As it was done for previous work during this period, the Committee will maintain collaboration with the Educational Research Taskforce for any collaboration when needed and reasonable.

On 06th May, the Committee welcomed Snezana as new member in the Committee.

Francesco Carelli

BME Committee Chair

Report of Specialty Training Committee

Present: Alma Eir Svavarsdottir (Iceland) chair, Eva De Fine Licht (Sweden), Inguna Loimele Latvia), Mario Sammut (Malta), Brendan O'Shea (Ireland), Roar Maagaard (DK), Roger Price (UK), Llukan Rrumbullaku (Albania).

Not present: Dolores Forès (Spain), Jan Degryse (Belgium),

Agenda

- Short Rapport from members of ST-committee. - **All**
- Development of new trainers and reviewing their further development as Educators . - **Roger**
- Specialist Training Schemes in General Practice in Europe for the future. - **Roar**
- What a GP has to do to become a trainer and what is mandatory for a GP trainer to do as a CPD – Preliminary rapport on database gathering. - **Brendan**
- The survey on Training and Re-training in General Practice in Europe. - **Alma**
- Combination of ST-committee actions/initiatives or “fusing” them with the work of the work of the New task force on the “WEBSITE” initiative. **Jan -Mario-Roger**
- Brain-storming about next steps. - **All**

The chair welcomed new members Eva and Inguna.

The above agenda was discussed and the group came to an agreement that the ST-committee should focus on only one or two project at a time.

The committee did not feel that the combination of ST-committee work with the Website task group was feasible.

We all agreed that one of our goals is to provide update scheme on how GP training is in Europe. Roar has been leading this work and each and every member of EURACT should be responsible of updating this data on the website.

We decided to help – hands on - with data gathering on our ongoing survey on: *What a GP has to do to become a trainer and what is mandatory for a GP trainer to do as a CPD*. Each and every member of ST-committee was given one or two names of non-reponders. We made direct contact with them. This approach was very helpful.

We discussed the paper led by Owen on *Training and Re-training in General Practice in Europe*. The committee discussed the paper and agreed tha it should be published in European journal. We ask for approval from the EURACT council to do this.

Yvonne approached the ST-committee with a message from Vasco de Gama. They would very much like that EURACT addresses the minimum duration desirable of the GP-training part of the speciality training in General Practice. We looked at the 2002 document when UEMO recommended that at least 50% of GP training should be in Family Practice setting. EURACT as an organisation agrees with this and the Specialist Training committee will notify the VdGM of this view.

Roger summarised the UK General Practice Speciality Training Educational Supervisor/Training Practice Approval and Re-approval Informal, Self and Visitor Assesment Document.

The ST-committee decided to work on guidelines on selection of GP trainers, practices and implementation of Specialist Training in GP based on the Tartu 2002 statement and the above mentioned UK assessment documentation on GP Speciality Training Approval and Re-approval. We will contact and collaberate wiht the EURACT Framework group on this guidelines. This will be presented in Faro. **Eva** and **Mario** will lead the finalization of this work and present in Faro.

Alma Eir Svavarsdóttir, chair

Report of CPD/CME Committee

Participants: Mladenka Vrcic-Keglevic, Razvan Miftode, Elena Frolova, Peter Vajer, Ruth Kalda , **Edita Cerni Obrdalj, Jachim Bednar (new member)**

Reported by Ruth Kalda

1. Wellcome a new member (Jachim). Short summary what we are doing in our Committee
2. Discussion about first draft of the paper about re-certification in different European countries. Differences between non-European, old-European and new-European countries regarding re-certification procedures. Later on CME/CPD Committee asked approval from Council to publish the paper on the behalf of whole Council in European Journal of General Practice.
3. Dividing the tasks between Committee Members (Mladenka is leader in writing, Ruth will help in data analysis and interpretation, Elena will make a tables and other will provide relevant literature review.
4. Decision to present the results of our study in next Council meeting in Faro.
5. Discussion about- “Does the CPD/CME Committee take leading role in providing the guideline for evaluation educational programs”. All members were agree.
6. Brainstorming in “What is our next task as a Committee?” Different very nice ideas were presented. As a consensus it was decided that CPD/CME Committee as an educational Committee will provide a course about: How to prepare educational portfolio as a basis of re-certification?”

Report of Member Services Committee

Present: Janko, Yvonne, Egle, Filipe, George, Adam, Esra

Agenda:

1-Vasco Da Gama Movement:

Some questions were asked to Yvonne:

- a. A EURACT statement about the desired minimum of the GP-part of the ST training.
 - b. A master class for young ambitious European GPs, to be constructed as joint venture by EURACT VdGM.
- Suggested topics are: Skills to perform surveys, political negotiating, organizing&initiating big meetings/conferences, publishing, and quality improvement. They will be directed to the related network such as EGPRN and EQUIP. Yvonne will give them feedback. If we know what they expect from us and if we have common areas and if it is in our area of expertise then we can do something for them.

c.Promoting the Hippocrates program by recruiting host-practices. **We need some practices to be host for the trainees of this program.** There should be a kind of agreement.

Yvonne will tell them to contact their country's Vasco Da Gama representative.

2-Country problems:

The previous problems with Czech Republic, Slovakia and Latvia were solved.

3-The major issue is the non-presence of many representatives of some countries for a long period of time. EB decided to send warning letters and then dismiss. The absent representatives are those of Georgia, Slovakia, Bulgaria, Moldova, Spain and Ukraine.

4- Visibility during conferences:

In Warsaw we will have a booth and we will have one person be there all the time. **The Council members will rotate for the booth (ask the council who will be there).** Promotional leaflets, application forms, posters, newsletters, published articles, announcements of the future courses, list of activities and abstracts of the workshops during the current congress and powerpoint presentations should be prepared. One poster should be on the aim and the other poster on the mission statement of the EURACT. A job description document should be prepared for the person in the booth. The EURACT members may wear the same EURACT T-shirt. A total budget of 2000 euro was accepted as maximum.

5-Future Courses:

The Leonardo-1 Course will be on 26-28 June 2011 in İzmir, Turkey. Let us remind you that we need participants: 5 from Turkey, 2 from Denmark, 2 from Poland, 3 from Greece, and 9 from EURACT plus 2 from Portugal.

The 5th Assessment Course will be in August 2011 in Finland.

Up to five sponsored places for the coming Bled Course.

Draft agreement should be produced for no-shows during the courses. In case, the expected participant cannot attend, he/she should give information at least one month before the activity so that local organizer can fill the places. If no information was given or no response was sent after three messages as it has been in Adana Assessment Course then the names will be deleted. There should be a reserve list to replace these places.

The agreement between EURACT and Finland should be signed.

6-Next Council Meetings:

The places should have easy transportation opportunities and reasonable accommodation prices.

7-Procedure for Elections:

It was decided during the Leuvan meeting that the election procedure rules should be reviewed due to the election problems experienced in Cyprus and Switzerland. The draft which was sent on 24 November to the committee members was discussed and the new version is shared.

8-Publication Policy:

Each publication on behalf of the EURACT should be approved by the EB. We have to decide in which journals and what type of materials should be suitable to be published? The final decision of the committee is that each committee should write a paper for every journal issue and once a year one paper in journal should be published after approved by the EB. The proposed journals are EJGP and Medical Education. We should have a publication plan. Yvonne and George will work on this.

9-What can we do for our national members?

Now we have a new webpage which is more dynamic and more practical. We can upload data concerning our national members. It will ensure individualized communication. EURACT Newsletter is a great achievement. It should be sent to the national members in digital form as the printing will cause too much cost. The articles are better to be shortened and the newsletter is planned to be published twice a year. Thesis and other educational researches can be shared thorough this website as Filipe did. We can send our presentations to Mario and let them be on our webpage.

10- Future Faculty Candidates:

We need new faculty for the Leonardo courses and in long-term period for the other courses. The candidate is supposed to participate the course and will be observed there. If he/she is not from an eligible country, he/she will pay for the travel but EURACT will pay for the accommodation. Three faculties are enough for each course. There are two candidates from Latvia and two from Croatia and two from Portugal to be checked and confirmed.

11- Teacher of the year:

Selection criteria should be determined. Yvonne and two other members whom she will select will work on this. These criteria should be approved in the Council Meeting in Faro in autumn 2011.

Annex 3

List of new EURACT members

**EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia**

New Applications
Tallinn Council Meeting May 2011

France

1. Prof. Christian Ghasarossian

Italy

1. Dr. Giuliano Piccoliori
2. Dr. Maria Concetta Giuliano

Malta

1. Alexandra Baldachino
2. Anthony Carmel Bugeja
3. Dr. Adrian Cordina
4. Dr. Dominic Agius
5. Diana Balzan
6. Goofrey Farrugia
7. Dr. De Gabriele Patricia

Norway

1. Ben van Steenkiste
2. Katrien Boots

Portugal

1. Ana Maria Rodrigues de Barros
2. Isabel Maria Ribeiro
3. Helder Sousa
4. Ines Rosendo

Russian Federation

1. Zhitnikova Larisa
2. Lokhmatkina Natalia
3. Pokhaznikova Marina

Slovenia

1. Vojislav Ivetić

Turkey

1. Hulya Parildar
2. Memet Isik
3. Ozlem Tanriover
4. Hayriye Kulbay
5. Muharrem Ak
6. Kenan Topal
7. Nurver Turfaner
8. Fikret Sipahioglu

Annex 4

President's Report

EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia

PRESIDENT'S REPORT

EURACT Council meeting Tallinn, May 5-7, 2011

Since the last meeting in Leuven, Belgium, as a President and Council member I was involved in some EURACT related activities.

I took part as a member of the faculty in the Assessment Course in Adana, Turkey, December 1-4, 2010. The course was successful, thanks to the good organization of Esra Saatci, so EURACT could sponsor 6 places for lower income countries (Bosnia and Herzegovina and Georgia). Georgian participants did not show up and did not provide any explanation for applying and not attending the course.

February 4-6, 2011 there was WONCA Europe EB meeting in Krakow, where we took some decisions which concern EURACT in a greater extent.

- EURACT application for a WE network project funding to fund LdV project Framework for Continuing Educational Development of Trainers in GP/FM in Europe with 12.000 Euros grant has successfully passed the evaluation process but only 5.000 Euros grant has been approved. Additional sum of 5.000 Euros could be used in case if EURACT in collaboration with EQuIP and EGPRN develop an “evaluation strategy” for EURACT courses. Other than financial contribution, WONCA Europe through its member networks will be involved in following activities:
 - Development of expertise framework
 - Development of an “evaluation strategy” for EURACT courses
 - Dissemination of the results
 - Permission for use of WONCA Europe logo
- Minor revision of the European definition of GP: EURACT concern on not being involved as an organization in this time minor revision has been discussed and following explanation provided. At the moment there are only four minor changes foreseen and not any major revision of the document. Many societies have used the existing definition in the development of their curricula, so we have to be observant that we do not produce to many changes of the document. If any major revision is needed EURACT should develop a proposal. Proposal of minor changes will be presented to Colleges and Societies during June meeting in Portugal.
- President Tony Mathie proposed changes in the composition of WONCA Europe Council and WONCA Europe EB. All WONCA Europe networks and WESIG should get a sit in WONCA Europe Council and nominating WE EB members at large and voting power. The exclusive rights of founding networks (EGPRN, EQuIP and EURACT) to have a member at large in WONCA Europe EB will no longer exist. Also these three organizations will have to compete with Societies, Colleges, networks and WONCA Europe WESIGs for their representation. This issue will be discussed during a meeting of WONCA Europe member Societies in June in Portugal, as well during WONCA Europe EB meetings and finally proposed during WE Council meeting in Warsaw in September. During Tallinn meeting we have to reach agreement on the proposed changes to be feedback to WONCA Europe EB (draft in attachment).
- WONCA Europe Warsaw conference – Thanks to Yvonne and all who contributed we filled 5 slots of 1.5 hours duration. There will be also EURACT informative meeting “Hot topics

in GP-education: exchange of ideas and the role of EURACT in promoting the primary care view in medical education” during which we want to explore how primary care approach is taught in BME, ST and CPD in European countries. Ilse and Francesco volunteered to help with the WS.

Membership issues have been resolved and country representatives elected. We are in the process of opening EURACT own bank account to be able to continue participation in different projects as legal partners.

From March 3-6, 2011 I was invited to take part in LdeV project Framework for Continuing Educational Development of Trainers in GP/FM in Europe as an individual expert. The outcomes of this project will present a few of important milestones of our organization. Council members from EU states are encouraged to step forward with the proposed candidates for Level 1, 27-29 June 2011, Izmir, Turkey, and Level 2, 6-8 October 2011, Ljubljana, Slovenia. We need 9 candidates for each of them and 3 candidates for Level 3 course in Portugal.

I was not able to respond to an invitation of researchers from Hungary to take part in their national meeting in Debrecen February 24-27.

I was not successful in having EUPA draft on the table before this Council meeting, which produced some questions how to continue the work. By such attitude we miss opportunities to ask for broader implementation and recognition through WONCA Europe project funding.

I found EURACT in good shape and I am looking forward to work together with you towards our strategic goals fostering good GP/FM education for the benefit of our patients.

Janko Kersnik

Annex 5

Cash transactions, Tallinn meeting

EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia

CASH MOVEMENT
during
the TALLINN SPRING 2011 CM

A.-) INCOME

No 34 - CROATIA - 12 Members 2010	Euros 240.00
No 35 - TURKEY - 14 Members 2010 + 24 Members 2011	Euros 760.00
No 36 - MALTA - Mario R. SAMMUT 2011	Euros 17.50
No 37 - MALTA - 10 Members 2011	Euros 332.50
No 38 - POLAND - 14 Members 2010	Euros 280.00
No 39 - RUSSIAN FEDERATION - 10 Members 2010	Euros 200.00
NO 40 - ROMANIA - 5 Members 2010 + 23 Members 2011	Euros 560.00
No 41 - LITHUANIA - 7 Members 2011	Euros 140.00
No 42 - ALBANIA - 4 Members 2011	Euros 40.00
No 43 - UNITED KINGDOM (U.K.) - 5 Members 2011	Euros 250.00
No 44 - UNITED KINGDOM (U.K.) - 3 Organisations 2011	Euros 450.00
No 45 - UNITED KINGDOM (U.K.) - Surplus Donation 2011	Euros 500.00
TOTAL	3,770.00

B.-) EXPENDITURES

- Wedding present for Egle + Roger (Ruth Kalda, electronic claim form)	Euros 51.00
- Accomodation Expenses-- The von Stackelberg Hotel, Tallinn for DJORDJEVIC Snezana (4 nights)-SERBIA and RRUMBULLAKU Llukan (3 nights)-ALBANIA	Euros 423.25
- Re-imbursemet Snezana CM LEUVEN and TALLINN	Euros 397.80
- Re-imbursemet Llukan CM TALLINN	Euros 490.50
TOTAL	1,362.55

3,770.00 - 1,362,55 = 2,407.45

Annex 6

Budget (2010 – 2011)

EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia

EURACT BUDGET 2010

INCOME	Euros
Member Dues	18.026,00
Wonca Funding	7.324,00
Cappadocia Course	900,00
Interests	93,73
Others	324,15
TOTAL INCOME	26.667,88

EXPENDITURE	Euros
Council Meetings	2.394,40
EB Meeting	2.832,31
Secretariat	6.000,00
Office supplies	0,00
Bank fee/tax	361,44
Extras (incl. Legal Status)	5.800,00
Other Meetings	91,14
Total Expenditure	17.479,29

Euros	
SURPLUS 2010	9.188,59

balance 31.12.2009	54.677,07
Current Balance [31/12/2010]:	63.865,66

EURACT PREDICTED BUDGET 2011

A. INCOME

1) MEMBERSHIP FEES	
a) Membership fees 2010	3,000
b) Membership fees 2011 (5-10% estim.reduction)	19,000
2) WONCA Europe subsidies 10 000 USD(converted)	7,000
3) WONCA Europe - FUNDING of LdV Project	5,000
4) Courses (participation fees):	1,800
5) LdV Project	
- 1 st Instalment	7,200
- 2 nd Instalment	10,800

INCOME Total: 53,800

B. EXPENDITURES

I. Secretariat expenses:	6,000
II. EB meeting Vienna: 3,000	
III. Secretariat travel to Council and WONCA-Europe meetings 2,200	
IV. Sponsorship of costs for 2 COUNCIL MEETINGS of members from lower income countries, 6 countries (Travel expenses 6000 + Accomodation 3000):	9,000
V. Expenses for Legal Procedures for EURACT:	2,000
VI. Sponsorship for lower income countries Bled course:	3,000
VII. Expenses for EURACT Newsletter:	1,100
VIII. Expenses for Creation and Functioning of New EURACT Website (through the LdV project):	3,000
IX. Expenses for LdV project:	23,500

EXPENDITURES Total: 52,800

Annex 7

Reports from taskforces

**EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia**

The EURACT Performance Agenda (EUPA)

Following the line of the European Definition of General Practice/Family Medicine (2002) and EURACT's Educational Agenda (2005), the EURACT Performance Agenda (EUPA) as a third document will be an important next step focussing on measurable/observable/controlable performance in general practice. EURACT Council has started to develop EUPA in 2007, including all Council members in group work and Council discussions.

EUPA consists of 12 chapters:

1. Introduction to the EURACT Performance Agenda
(George Spatharakis, Stefan Wilm)
2. Overview of the core competencies (adapted from ED and EEA)
3. The relation of performance assessment and quality management
(Janko Kersnik)
4. Methodological and psychometrical framework of performance based assessment
(Jan Degryse together with Elena Frolova, Bernard Gay, Monica Lindh, Bernhard Rindlisbacher, Wolfgang Spiegel)
5. Primary care management
(Jan Degryse, Ruth Kalda, Roar Maagaard, Phil Phylaktou, Howard Tandeter, Peter Vajer, Yvonne van Leeuwen, Natalia Zarbailov)
6. Person-centred care
(Okay Basak, Elena Frolova, Sandra Gintere, Filipe Gomes, Eva Jurgova, Monica Lindh, Markku Timonen, Adam Windak)
7. Specific problem solving skills
(Mette Brekke, Bernard Gay, Givi Javashvili, Janko Kersnik, Razvan Miftode, Maryna Oliynik, Mladenka Vrcic-Keglevic)
8. Comprehensive approach
(Owen Clarke, Natasa Pilipovic Broceta, Smiljka Radic, Mario Sammut, Stefan Wilm)
9. Community orientation
(Dolores Forés, Roger Price, Llukan Rrumbullaku, Alma Eir Svavarsdottir, Paula Vainiomäki, Egle Zebiene)
10. Holistic approach
(Francesco Carelli, Georgi Ivanov, Bernhard Rindlisbacher, George Spatharakis, Wolfgang Spiegel)
11. Definitions of performance assessment methods
(Stefan Wilm)
12. Glossary on terms (adapted from EEA)

Unfortunately, two pivotal chapters have not been delivered yet. This hinders the process of finishing and publishing the work done. EB has discussed this matter and has urged the authors to help to finalise EUPA by delivering their parts until end of June, 2011. In case of ongoing standstill, EB will decide on alternative solutions.

Stefan Wilm.

Minutes from the Task Group for the Conferences/Education, Tallinn, Estonia

Thursday 6th May 2011

11.45-12.30

Present: Yvonne, Howard, Esra

We as EURACT are not visible enough. Special proposition is looking for a way of following the conferences. The two important issues are; a) defining a liaison person for each organization and b) visibility in conferences with educational sessions.

The collaboration opportunities with the following organizations were discussed:

AMEE: Howard will try to be more active in AMEE. EURACT Council members can be keynote speakers there. Yvonne, Mladenka and Howard will have presentations in the next AMEE. We can export workshops of Wonca conferences to AMEE under the name of EURACT. Every year 2-3 members of the EURACT should go to AMEE. We can be members of the AMEE and we can cooperate with them either one-way or two-ways and either fixed or sometimes cooperation. There will be a meeting with the AMEE-president. EB will be asked to formulate the mandate of H,M,Y. (EB answers: firstly, explore possibilities)

EGPRN: Yvonne could not contact to the person in Holland. Yvonne suggests not to aim for a joint meeting for the coming years, but for EURACT members to attend EGPRN meetings and the other way round. Our “educational research” group could **take this up.**

EQUIP: We need a liaison person. **Ask the Council if someone is interested!** (No one is EQUIP-member now. Who volunteers? YvL)

EURIPA: They have impressive educational conferences. Yvonne will report about her contact with EURIPA in November.

VdG: The subject was mentioned in the minutes of the members committee. Yvonne thinks the contact could be intensified. After all they are our ‘consumers’ We may have someone from VdG as a guest in our EURACT meetings or we may be more present in VdG meetings. Yvonne explores.

IAMSE: no need now to go there.

UEMO: is planning to extend the duration of ST to five years. The issue should be dealt with the UEMO at the level of president Janko as it is a political issue. (Janko did consent, YvL)

Wonca: EURACT will have five workshops during the Wonca-Europe Conference in September 2011. Only council members’ workshops were approved (Filipe: BME in Portugal, Ruth: Educational research, Janko: Consultation, Egle: Leonardo project and Yvonne: trainers’ exchange). We have to decide during the autumn

Council Meeting what our contribution will be at the next Wonca Conference. For all participants, interested in education some high-quality educational workshops by experts should be organized. The place of the EURACT in Wonca should be discussed at a higher level (EB).

Minutes from Educational research task force meeting/

Participated: Mladenka, Janko, Mette, Elena, Francesco, Peter, Ruth.

1. Discussion of proposal Jan Degryse to write the paper “ The place of research skills in the curriculum of trainees in family medicine”

Mette: We have never done before, but it may be useful for future

Mladenka: It could be useful in different levels of education, especially reading skills.

Janko: We have long experience of research assignments in specialty trainees. It is useful to learn research behavior, to create attitudes toward critical thinking

Mladenka: It is very important to determine the purpose, audience, readers of such paper. We are able to give good examples from different countries.

Ruth: We have the same in our curriculum Students are quite interested with this topic.

Francesko: it could be very useful in every country. We have low experience of real research skills in the 3 years VT, but good news are coming from the first Master F.M. with a period totally dedicated to this

Questions were raised:

1. What can research skills to add to GP knowledge?
2. Make a literature review.
3. To prepare an overview of existing curriculums.
4. To determine purpose of the article.
5. To look at some feasible curriculums.
6. To collect opinions, suggestions about research skills.

Decided: to start to work on this paper.

2. Discussed the proposal from Jan Degryse to work together on the development of a guideline on how to evaluate educational programs/interventions (how to run a didactical impact study).

Decided: Janko, Ruth, Elena, Mladenka, Francesco – want to participate.

3. Worked on the literature review for next issues of the newsletter (Janko, Francesco, Mette, Elena, Mladenka, Ruth, Peter, Elena.

The secretary: Elena Frolova.

Report of EURACT Website Task Force Meeting EURACT Council Meeting, Tallinn, Estonia, 5-7 May 2011

Present: Mario R Sammut (Malta) - Chairman, Jachym Bednar (Czech Republic), Snezana Djordjevic (Serbia), Razvan Miftode (Romania), Brendan O'Shea (Ireland), George Spatharakis (Greece) and Adam Windak (Poland).

The editorial policy was discussed first, followed by technical matters.

Editorial Policy

Brendan O'Shea revealed that, due to pressure of work, he would not be able to take up the post of Managing Editor of the EURACT Website and that Jan Degryse had not taken the post of Academic Editor. As no one else was in a position to accept the posts, it was agreed that the members of the Editorial Board would take it in turns to chair such board for 6 months between Council Meetings, and the Board would continue to meet during task-force slots during Council Meetings. Mario R Sammut offered and was accepted to be the first chairman.

The role of the board would be to decide the format of the website and to vet the items before these are put on the website, not only for educational value but also for other technical matters (e.g. that the name adequately describes the content of the file). As such, any files for uploading should be submitted through the board to Barbara Toplek, the EURACT Administrative Secretary.

Technical Matters

The intention was to move from a 'static' to an 'active' website, making use of a WCMS (Web Content Management System). The website has been designed in such a way that it can be maintained by Barbara (who will be provided with appropriate training by the website developer).

Mario R Sammut then demonstrated the demonstration website prepared by the website developer. The following technical points were raised and discussed. The chairman is to pass on such decisions to the website developer.

- Home page: the introductory text is not visible on Firefox. To include the latest photo of EURACT Council members. Can the page be made more attractive by selecting a range of other suitable photos (related to educational activities) which rotate automatically?
- LdV section: each level needs to be password protected. Another subpage needs to be added called 'Introduction' which includes text introducing the project, links to course leaflets, a link to the project website www.klrwp.pl/cedingp and links to the forum/s (with the latter being password protected).
- List of members: it was suggested that a full list of members be put on the website (perhaps under the membership tab), with country lists on the specific country pages. A note on future application forms should enable members to give permission for this.
- Upcoming events & news: important items should have something to attract attention (e.g. flashing light).
- National pages: should consist of an introduction which is standardised for all pages (contact information of representative, list of members, College information), with the rest of the information being flexible. (Can the list of members be linked with the general list so that updates to the latter are made automatically in the local list and/or vice versa?) The national representative would be responsible for providing such extra content, which could be in the country's national language.
- Links subpage: move to 'Resources': editorial board members to suggest more websites for such links.
- Search button: does not seem to work.
- Forthcoming conferences: website addresses need to be added where absent.

The following further suggestions were made by members of the EURACT Council after the demo website was presented during the Council's business meeting:

- Image on header: to replace stethoscope with another education-related image (to be provided)
- Committees section: to include links to pdf copies of committee reports.

- Forums: each would need a moderator.
- In general: words used in text should be understandable to the layperson.
- Links to EURACT website: council members to seek that links to the EURACT website are put on websites of national colleges.
- Date of completion: www.euract.eu website and LdV platform needs to be ready by end of June 2011.

Mario R Sammut
Chairman
EURACT Website Task Force / Editorial Board
6-7 May 2011

Annex 8

EURACT – Aims and mission discussions

EURACT Council meeting
May 5 – 8, 2011
Tallinn, Estonia

EURACT future: aims and mission

The following document was used as a starting point for the discussion:

Aim/mission of the organization: EURACT's main focus is developing/improving GP education and training across Europe so that GP's across Europe can provide better treatment to European patients with general/basic medical problems.

Goals of the organisation:

- EURACT will try to improve GP-training and education:
 - in individual European countries
 - via the national EURACT Council member
 - by acting as a resource for the national college if so needed and wanted
 - by provision of materials via web-site
 - on a European level
 - via its presentation in WONCA Europe in all respects. WONCA Europe also has the possibility to ask for EURACT's expertise advice on educational matters
 - via contacts with other educational networks (for example AMEE)
 - by provision of support and guidance to European exchange and other collaborative educational programmes (for example Hippocrates)
 - by provision of educational documents, materials, tools and courses
 - within WONCA Europe
 - via WONCA Europe (EURACT should be regarded as "WONCA Europe's Educational Committee"). WONCA Europe also has the possibility to ask for EURACT's expertise advice on educational matters
- EURACT Council is the place, where
 - inspiration from different countries are shared and qualified in Council – and good ideas are brought home to the different countries by the Council members – ideas are adapted – and implemented
 - EURACT Council should be a "European Think Tank" on GP-training and education, where new ideas/research/quality improvement should meet – and a place where new educational ideas are born and nurtured
 - new educational ideas, documents, materials and courses are generated or ratified
- EURACT Council Member
 - contributes to the work of the Council
 - provides Council and Council Members with the educational developments in his/her own country
 - liaises between EURACT and national EURACT members, Colleges, GP educators and Universities
 - takes ideas from the Council back home and discuss and try to implement them with appropriate partners within the national setting

Where do we want to see our organisation in 3 years time and what will we do to get there:

- EURACT will held regular Council meetings twice a year to enable exchange of ideas, work on projects and "production" of new ideas, responsible: EB + local organizers + Council members to attend on a regular basis
- EURACT will publicise EUPA, responsible: Task group led by Stefan
- EURACT will publicise News-letter twice a year, responsible: Task group led by Jan
- EURACT will redesign and update its web-site, responsible: Task group led by Mario
- EURACT will encourage Council Members to promote membership within own countries, responsible: EB
- EURACT will simplify membership application process, responsible: MSC

- EURACT will include missing countries, responsible: MSC
- EURACT will collaborate in Leonardo da Vinci Project n° 2010-1-PL1-LEO05-11460 Framework for Continuing Educational Development of Trainers in General Practice in Europe (CEDinGP) and disseminate its products, responsible: Task group led by Egle (after the project finishes CPD committee?)
- EURACT will support or provide existing EURACT courses, responsible: Roger for Assessment course, MSC other courses
- EURACT will provide educational workshops during WONCA Europe and WONCA world conferences, responsible for coordination Yvonne
- EURACT will participate in WONCA Europe EB as “WONCA Europe’s Educational Committee”, responsible: president/delegate
- EURACT will collaborate with similar organisations, responsible:
- EURACT will collaborate in Hippocrates programme, responsible:
- EURACT will set standards of BME (undergraduate) teaching in GP, responsible: BME committee
- EURACT will set standards for hospital part of specialist training, responsible: ST committee
- EURACT will look for collaboration in future international education related projects, responsible: Council Members
- EURACT will promote educational research by presenting it during Council meetings and by other means, responsible Jan

Next steps:

1. In Tallinn 4 groups will be working on the topic. Adam, Mario, George and Roar to facilitate the groups.
2. General discussion in the whole Council.
3. Establishing of a steering committee to further elaborate a development project.
4. This elaboration should include a 3-stage Delphi Panel Technique which should be done before the Portugal CM.
5. **CM in Algarve should provide final version of the document of EURACT Strategic Planning.**

Roar and Janko

Notes from the 4 groups:

Group 1 (Adam):

1. Put more focus on educational research – creating common projects.
2. Doing more ambitious publications.
3. Courses: important still – to be elaborated still – also to give visibility.
4. Pay people for doing special jobs for EURACT.
5. Website to be optimized. More material to be uploaded.
6. Indicator: national membership level – to monitor this.

Group 2 (Roar):

Filipe: describes current situation! simplify application process??

Ilse: don't be afraid of election to WE EB, perhaps a place for EURIPA?

Razvan: should we not do a more tight linking to WE?

Group 3 (Mario):

Group 4 (Sneze):

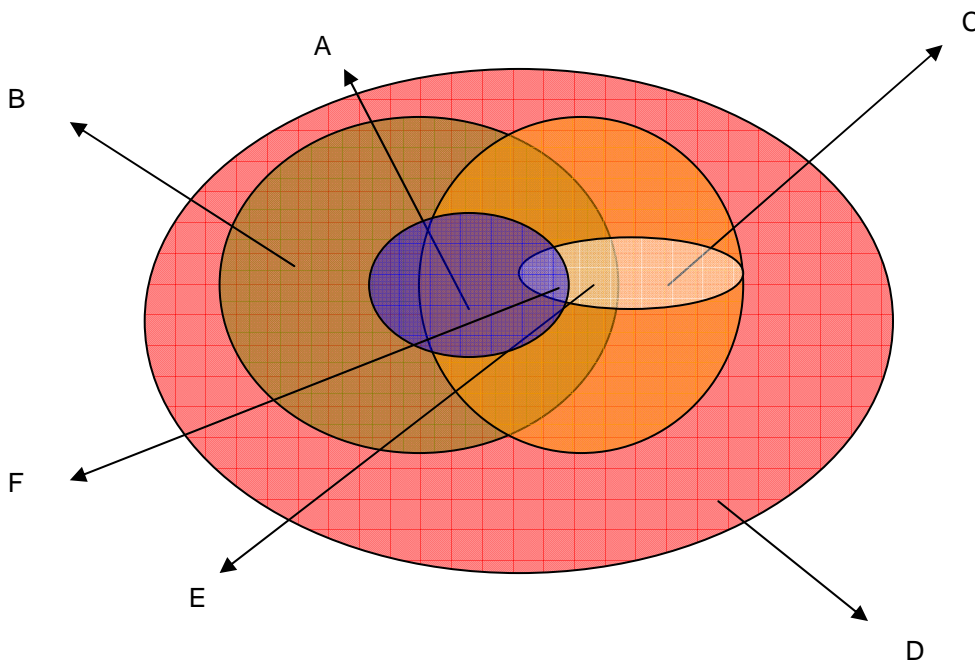
-
- Members: Mladenka, Mette, Stefan, Howard, George, Snezana
 - Reporter: Snezana
 - Facilitator: George

All the members of the group agreed that the list provided by the EB is a little bit limitative, as it practically describes only the current affairs

A further insight to the future of EURACT is needed

Role and Goals of the Organization (Howard)

- EURACT (A) is part of the WONCA (B)
- Medical educators (C) are just part of all family physicians in Europe (D)
- GP/FD trainers are just part of all medical educators in Europe (E)
- The common members of those two populations (F) can make some influence (see Graphic)
- Collaborative / innovative work is needed



EURACT should be more useful and more attractive to its members and to the population of educators from outside: dynamic and useful web-site, newsletter, journal offered (p.e. in collaboration with AMEE diffusion of «Medical Educator»), free seminars for members [real or virtual], etc.

How many people in EURACT are ready to work on that?

Solidarity & Creative Interventions

Euract is group of people coming from different health and educational systems. From countries with very old and well organized system of family practice, as well as from countries at the beginning of that. We are aware that we are different in many ways.

We have to show solidarity.

Representatives from, in medical sense, developed countries could and should provide help and support to non-developed countries.

All EURACT resources (council members and / or simple members) could be used to help in particular cases/countries

Not only with council members but with broader task forces

Problems:

Financial aspect of helping - it could be solved through EU or other grants

Procedure and Possible Role of a future Task Force for improving GP/FM

Expressing and describing the problem (needs)

Asking round for specific ideas and actions (database of competences and expertise within the Council and in the whole EURACT)

Searching for financial support (possible sub-group for financing issues, research and procedures)

Searching for the “political” ways of influence

The open question:

Is there any Usefulness of EURACT for developed countries?

Its strength lies in diversity. Anyway, we have something to learn from each other. If we use this diversity and our individual national experiences, and take the best from them, we will succeed to put EURACT as an organization that sets standards in general practice

Tallinn, Estonia
May the 7th 2011

Extracts from discussion in plenary:

Howard: we are not giving anything special to our members (as for example AMEE). EURACT should be an organization helping less developed countries in relation to GP – we should in this respect also count on normal EURACT members as participants.

George: Think big! There must be more thoughts about the future plans. There must also be a database describing competences of EURACT members, so this can be used for people needing help – to know our resources.

Egle: we have had our victories! Suggestion: to let people say what they can do for EURACT in the next years – set personal goals!

Roger: backing up George. It is important to back up Janko in letting him tell WE that without education WE is nothing!

Ilse: application process complicated? – procedural problems?

Mladenka: important to brand EURACT so it is also important for members from well developed systems

Howard: create a task force to start the process with educational persons that could help abroad

Mario: a task force to carry on with this work

Egle: much more resources on the website so it allways will be found by googling

Francesco: how long time do we have to decide this?

Stefan: solidarity was the word given by Howard. Howard: we must convince members to pay for this solidarity.

George: EURACT should help all countries in development of GP

Yvonne: we are not chosen as experts – but we have resources at home, so we can pretend to be a board of experts.

Snezena: solidarity – yes, we don't ask for money – we ask for help and support from EURACT.