Annex 1

Review of national educational activities after EURACT Council meeting in Lillafüred, 2005

EURACT Council meeting
November 2 – 6, 2005
Vienna, Austria

COMPILATION REVIEW OF ACTIVITIES
VIENNA MEETING, November 2-6, 2005

ALBANIA
No report received.

AUSTRIA
Basic Medical Education

Dr. Soennichsen from Marburg/Germany was designated by the Private Medical University Salzburg to be the new head of the "Institute of General Practice, Family Medicine and Prevention" (to be established). He will assume his position in Spring 2006. Thus the Private Medical University Salzburg is the second medical school in Austria to create a chair in General Practice/Family Medicine (after the Medical University of Vienna = MUW, chair Manfred Maier). At the MUW two positions for university assistants were created (the first positions of this kind in Austria) and filled with Dr. Heide Lingard (a young GP new to the academic field and one of the long-time university lecturers (W. Spiegel). With this few exceptions the Austrian medical schools currently do not employ full time GP teachers and researchers. Academic teaching is covered by lecturers.

Vocational Training in General Practice

Although there was a common consensus within the Austrian Medical Chamber and the Austrian Society of General Practice to establish general practice as an specialty a historic chance to change the respective law was missed due to a formal problem (the resolution has not been handed on by the president of the Austrian Medical Chamber to the Ministry of Health). The Austrian Medical Chamber had originally decided to initiate a change of the graduate education scheme in general practice, prolonging the training period from 3 to 5(6) years. Austrian general practice is looking forward to the next chance to come. Currently attached teaching classes to VT does not exist in Austria. Although a minimum training period of six months in primary care/general practice has been stipulated by the European Union postgraduate training for GPs in most cases only takes place in hospitals.

Continuing Medical Education

CME is compulsory for all Austrian physicians by law but currently it is not enforced (e.g. by punishments for doctors who do not refresh their CME diploma). CME for general practitioners are widely offered in all of the nine Austrian provinces but the methods used are primarily not connected with in-practice. The most common format of CME for GPs still is plenary lectures by specialists. But the Austrian Society of General Practice and its sister Societies strife to offer GP tailored CME interventions as do some other institutions as e.g. the Centre for General Practice of the Viennese Medical Chamber.

EURACT Austria

The main activity for 2005 is the organisation of the EURACT Council Meeting 2.-6.11.05 in Vienna and of the Symposium "Medical Education in Mental Health Care for Primary Care Physicians" (5.11.05) both taking place in Vienna.
The Austrian and the Viennese Society of General Practice, the Austrian Medical Chamber and the Viennese Chamber of Physicians are the main sponsors of the Council Meeting.

BELGIUM
Basic Medical Education

We are confronted with an historically low number of candidates for the specialty of GP. The numerus fixus accords 43% of the clinical specialty training places to GP. For our university it means this year 85 places available. We started for the first time in our history with 30 candidates. There is of course a second opportunity in February. Those who are rejected for a specialist training place can still start GP, but then as a second choice. Reasons for this could be problems that have arisen 7 years ago with

the selection examination: the total number of medical students is the lowest we ever had. But the main reason is that still during the medical education, the global atmosphere is tending towards being a specialist, GP is still considered as a second choice. The faculty, for the first time realizes that supporting a correct career choice is part of the faculty responsibility.

Vocational Training

In opposition to the previous statement: we went trough a very successful evaluation of our Flemish interuniversity vocational training program. The international jury that did the "visitation" congratulated us with the achievements, and pronounced our program as a stimulating example for the other specialist training programs that starts their evolution towards "academisation" of their training program as a "master after master". Especially the interuniversity effort, the modern educational concepts and the electronic learning support were in particular mentioned. We all were very proud. We decided to make an international publication on our curriculum concepts and implementation.

Continuing Medical Education/ CPD

The big efforts to modernise the CME/CPD procedures completely failed. The profession showed some interest to upgrade the CME program toward more modern electronic learning programs, more CPD based quality programming. But the profession wanted to link new requests with new budgets. Our minister couldn't or did not want to provide more budget, so all the efforts are stopped.

Health Care

Another historical evolution: all Flemish GP organisations started the legal procedures toward unifying in one "domus medica"-society, that will work from one office-building and will take at the same time the scientific representation and the political representation for all Flemish GP's. Officially 4 existing organisations will stop and move in as a part of the 5th, the Flemish scientific society, that will rebuild itself to a new unique group, starting from next December 2005. There will be an interim year, with an interim board consisting of 15 "wise-people", 3 from each of the constituting organisations. During 2006, all Flemish GP's will have the possibility to vote for their delegates in the general assembly (1 delegate per 25 GP's), and they will select the official board of the Domus Medica. It is an enormous challenge, everyone is very nervous.

What did I do as a EURACT council member

I worked a lot on finishing the EURACT educational agenda, and have it printed in time. It was a big help that, at the same time we reworked our own educational endpoint list: it helped me to do for- and backward translations, and did an exercise on implementation of the EEA. We also tried to develop an electronic version with the Dänish, but until now the Danish are too expensive.

BOSNIA & HERZEGOVINA

News from Family Medicine in B&H

A very important event happened for Family Medicine (FM) in B&H. It was Conference of FM specialists from 8th to 9th November 2005. This Conference gathered 300 participants from different parts of country. Conference was nice opportunity to have 10 years review of implementation FM in B&H founded by Canadian government (CIDA, 1995-2005), to meet each other, to exchange experience about education, clinical practice, problems and successes.

In conclusion, irreversible step forward was done in implementation of FM in B&H. Big progress was made in all fields of FM as medical branch (education, equipment, research) but we still need additional 5 years for completing it.

Basic medical education

Conference of FM specialists gathered the FM teachers as well from all four Departments of FM in B&H. All teachers emphasized that BME s the best conducted part in FM education. There is a trend of increasing numbers of hours both lectures and practice during 6th year of Medical Faculty. Also,

there is initiative form FM Departments to extend FM education toward earlier years of Medical Faculty (at least from third year).

Specialization Program
At the end of September 2005 a new generation of 40 residents finished successfully their exam. Currently, there are 270 graduated specialists and 169 residents of FM. Just finished Conference of FM specialists stressed a need for improving and adjusting residency education in all teaching centers and thereby having same quality of residency education in all FM Departments. This is the part of FM education that will need improvement in the future and revised curriculum for residency education is one of the main tasks. EURACT Educational Agenda will be useful in preparing it.

CPD/CME
Third generation of general practitioners and nurses finished training program for FM in the middle of June 2005. This training program, supported by Ministry of Health in B&H and World Bank, will speed implementation of FM in my country and allow completing sufficient numbers of FM teams.
Currently 219 physicians and 464 nurses finished this program and they are now qualified family physicians and nurses. This program will be continued in further period.

What I have done as EURACT Council member
During May this year I prepared B&H participants for Leonardo Course and four delegates successfully attended this one. I delivered official EURACT Certificates to all B&H EURACT members for their membership in 2004 and 2005. Finally, I have had recently review presentation about EURACT as organization and its activities during last two years in Conference of FM specialists. I reminded my colleagues about Definition of FM and presented Educational Agenda as unique EURACT publication.

CROATIA
News from the country
All emphasis of the county (politicians and people) is putting on entering EU. As a transitional, country we are still facing economic troubles which has a big influence on a health care system, including GP/FM. A Scientific Conference, has been organised by The Croatian Association of GP/FP and has finished with great success. More than 1200 GPs have participated, with around 300 scientific papers. A group of Croatian GPs participated at WONCA Conference, Kos

Basic Medical Education
BME is passing through changes introducing Bologna Declaration. Among the most important are: a) development of new curricula based on defined competences, b) introduction of ECTS (European Credit Transfer System), c) changes in educational methods (less lectures and more small group work and individual work on defined tasks); d) organisation of the courses of medical education for the teachers (basic educational theory and methodology). GP's subject is still placed at 6th year, and prolonged from 4 to 5 weeks.

Vocational Training
Big changes have happened in this area. After, almost ten years of break, 340 trainees are at different phases of VT. A training programme is organised in two ways, full time, "normal", for young GPs and in-service training for experienced GPs. A textbook of Family Medicine is in progress. We are just in the middle of preparation of new comprehensive assessment procedures for GP/FM final/specialistic's exam as well (portfolio, essays, MCQ, EMQ, OSCE and oral) . It is a big task for the whole profession, especially for my Department, responsible for the implementation. We are reforming our postgraduate course, part of VT, with an attempt to get accreditation as an European course within ASPHER.

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.

What have I done for EURACT
The Croatians members are informed about EURACT activities, provided by materials, and whole profession is informed as a report in Croatian Journal of Family Physicians and during annual conference. Dubrovnik Course «Training of Teachers in GP/FM» was held from 9 May to 14 May 2005. Multi-professional education was a topic (23 participants).

CZECH REPUBLIC
We are just about to have a new Minister of Health, the 10th-one in past 8 years. In September there was established the new accreditation board for primary care under the roof of the Ministry of Health. We hope it will help to break the monopoly of vocational education which is held by IPVZ (Institution of Postgradual Education in Health Care). There was a strike of the Czech GPs in Prague on the 6th of October. The immediate reason was the several month delays of payments from insurance companies to providers. At the same time the key problems of primary care were communicated to the government and media – the general underestimation and insufficient financing of primary care, the dismal situation in financing of vocational training, and the prescription limitations which compromise competences of primary care. We hope the strike will initiate and fuel the long time awaited changes in structure, management and financing the Health system.

Basic Medical Education
No changes in the Czech BME. Primary care is taught in all seven University Medical Schools, at the departments of General Practice. Each medical school has got different scheme of primary care education, some introduce the primary care early in the first years of medical study, some wait until students will apprehend more clinical knowledge for better understanding primary care tasks. At my place at the First Medical School of Charles University we offer one week of introduction in primary care in the 4th year and 2 weeks of office visits in the sixth year. But the extension of primary care tutoring can vary in different medical schools.

Vocational Training
VT lasts 5 years (60 months) – i.e. 20 mo in the GP surgery, 15 mo in internal hospital unit, 6 mo of pediatrics, 3 mo of GYN, 5 mo of surgery, 1 mo of emergency unit, 3 mo of psychiatry, 2 mo of neurology, 5 mo in facultative disciplines).
The training is very long, VT system is lacking financial resources and GP candidates find it very hard to get training and keep their living at the same time. We hope that the recent establishment of the accreditation board for primary care beside other matters will manage to improve financial situation in training. We also expect that the responsibilities for VT will be transferred to the Medical schools. At present the monopoly over the vocational training is kept by single institution – the IPVZ.

CME/CPD
CME is organized through various subjects. The subject becomes eligible for CME education after applying for accreditation and completing conditions given by Czech Medical Chamber. To get the accreditation for CME is not too difficult so there are many subjects to conduct the business with pharmaceutical advertisements rather than valuable education. However the main organizer of CME for GPs is the Society of General Practitioners, which is a member of scientific Association of Czech Physicians. The Society of GPs organizes nearly 200 educational events per year and this program involves nearly 2/3 of all GPs. The CME credits are monitored by the Czech medical chamber however no control or penalty or even motivation system is working. Other possibilities of CME education are offered through several journals through knowledge tests. As a new possibility were recently introduced first e-learning programs.

Current problems in CME

- CME – no real system of controlling the reached CME level, no instrument of punishment, no means for motivation.
- Wide variability of CME subjects with arguable quality ranging from journals through pharmaceutical companies to medical schools and scientific societies.

CPD does not have any methodological support yet and remains on the strictly personal level of facultative self education.

What have I done as Euract Representative?

- Giving reports about work and new documents given by Euract Council at different occasions – e.g. annual meeting of primary care teachers from all seven Medical Schools (last in Sep 05), meetings with GP trainers at he University, to the Society of General practitioners etc.
- With 3 more Czech colleagues attended the Leonardo Euract course for trainers in Turkey (June 05) and preparation of national version of the course for the Czech trainers.
- Preparing the autumn 06 council meeting at Praha in cooperation with the Charles University and Society of General Practitioners

DENMARK

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). Now 3 professors in Aarhus and 3 in Odense (2 for student training and 1 at the Research Unit) – only 1 in Copenhagen (one vacancy). Danish Medical Association has proposed a new BME, including ½ year "research-project-period".

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate "internship" for all doctors. Right now there is a discussion about changing the system – the end-result might be either a shorter period in GP or that some trainees should not go to be trained in general practice. Both possibilities would be far from optimal to us! We are fighting against these changes – and we had good inspiration at a conference in Aarhus from prof. Derek Gallen from the UK (we got the contact from Justin Allen) who told us about the new 2-year "foundation system" in the UK – very inspiring to our national debate.

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 web-system for registration of your CME is provided by the Danish Medical Association. The registration is your personal and can't be looked by others.

The Danish College of GP's is right now working on a proposal of creating an online portfolio (somewhat like the portfolio used by our trainees) for all GP's to help them organize their CPD, their learning needs (PLP), their clinical notes and even more.

Health Care

Negotiations between GP's and the paying health authorities regarding a new contract for GP's have failed – and negotiations have stopped! The reason was economy – so now the old contract is still in action and will run until either "we" or "they" give notice to terminate the contract. A new structural reform in the political and administrative running of the Health Care system is underway from 1.1.2007– but GP will also in the future bee the important corner-stone and gate-keeper.

My role as a Danish EURACT Council member:

Distributing – and advertising the new Educational Agenda to all devoted to medical teaching in general practice.

From 1st of October 2005 I am the president of our College of GP's – and Niels Kjær (who you met in Aarhus) is the new chairman of the Educational Board.

ESTONIA

In basic medical education no major changes since last meeting. Family medicine has its firm position in undergraduate education for all medical students.

In vocational training there was a shortage of trainees in 2005- this is now for the second consecutive year and quite different from the last 10 years when there has always been more applicants than posts available.

A new recertification system (voluntary) has been running for 2 years where CME credits count. Negotiations have been held with the Health Insurance to include the results of recertification into the conditions for contracts.

On October 6-8, 2005, the fifth Baltic Conference of Family Medicine was held in Riga, Latvia where a parallel session was organised about the Educational Agenda (presentations by Egle, Igor, Ruta and me).

EGPRN conference is held on Oct.20-22, 2005 in Tartu, Estonia. Department of Family Medicine has been busy in preparing the meeting.

FINLAND

Primary health care

There are many state funds providing resources for different projects in the health care, and this may be harmful for sustainable development. Shortage of GPs is constantly prevailing, in remote areas especially. The employer (municipalities) interprets this phenomenon as a sign of too scarce student intake. Recently, there has been new ways of looking at the shortage from the point of view of other issues as working conditions etc., and also the current system of having salaried doctors has been questionable.

Basic Medical Education

There are two main issues concerning basic medical education discussed generally:

1. Highly increased medical student intake and at the same time missing resources for teaching in medical faculties. This is also a more general problem. There are plans to diminish university resources among all the faculties, not only in medicine.
2. Another issue is the outplacement of medical teaching outside universities. This concerns in addition to general practice also other disciplines. There are also some remote area "mini" faculties working temporarily, but willing to stay permanently. Resources has provided e.g. the European Union.

Postgraduate Training

GPs are specialists in Finland, and Finland has tried to wake up a discussion that GPs should be specialists also in the European level (EU). Not much has happened in the specialist education.

Some leading ministerial authorities have proposed that GPs should "mini-specialise" themselves to certain diseases as diabetes, hypertension, rheuma etc. This has been resisted powerfully among GPs.

Continuing Professional Development

The employer is responsible for organising the continuing education. It seems also to be the case that secondary and tertiary care institutions are willing to lead and guide the resources allocated for CME in PHC. My current employer Development Centre for Pharmacotherapy organises CME groups with

trained facilitators all around the country. This is a new idea, and the new CME is supposed to be systematic, basing on identified learning needs and leading to change.

In the scientific society of Duodecim, much emphasis has been put to arrange a national conference on General Practice training in postgraduate period, in connection of EURACT council meeting in Turku 3-7.5.2006.

What have I done for EURACT
Please, feel yourself welcome to come this council meeting. We have one day with the Society of Duodecim together with Finnish GPs, their trainers and other interested.

FRANCE
No report received.

GERMANY
Basic Medical Education
The new possibility to choose general practice as an elective of four months in the 'practical year', the 6th year, needs special criteria for teachers and teaching practices. But most medical schools are not willing to pay GP practices for this attachment, although it is part of the federal regulations (Approbationsordnung) for BME.
The subgroup 'Medical Schools' (Chair: Erika Baum, Marburg) of The German Society of General Practice and Family Medicine (Deutsche Gesellschaft für Allgemeinmedizin und Familienmedizin (DEGAM)) (the scientific society) has published a detailed overview of equipment and education in BME at German medical schools (Zeitschrift fuer Allgemeinmedizin 2005;81(9):405-8). In 2005 three new posts for regular professors in general practice departments have been established.

Vocational Training
The new 5 year VT as outlined in my Autumn 2003 report has been put in operation in the majority of States, but there are some variations. There are still incompatibilities with regulations of the European Community.

CME/CPD
Nothing new.

What have I done as a council member for EURACT in Germany?
The number of German members of EURACT is slowly but steadily growing; we now have 20 members representing 15 medical schools. Our member Frank Peters-Klimm is a delegate in the core group of the Vasco da Gama Movement (former Junior Doctor Project); he is partially sponsored in his activities by DEGAM. There is a smooth co-operation with the German EGPRN group via our member and EGPRN council member Eva Hummers-Pradier.

GREECE
Basic Medical Education
Awaiting for the implementation of pregraduate exposure [theoretical and practical] of medical students of the two largest medical faculties of the country (one week exposure in basic characteristics and competencies of GP during at the first year of studies, as an elective lesson and 3 months training in a Public Primary Care Health Center during the last year of studies.

Specific training
We approach at 9 months of countrywide implementation of the Log Book of Vocational Training. An audit should be performed to address its utility and efficacy after a one year period. Already here are some propositions for eventual changes.

Although 168 new posts of vocational training were created by the Greek Ministry of Health early in 2005 the waiting time for starting the specific training program still remains in average up to 2-3 years thus proving the better image of GP/FM among young doctors.

CME
The Greek Association of GPs is the only body which is developing, organising, running and funding CME programmes in the country. The important thing is that all these activities are very much welcomed and accepted. The content of this programme includes courses on various clinical topics, an annual training the trainers course, a series of courses on training on research methodology and a new programme on developing and implementing guidelines in PHC (dyslipidemia, depression, antibiotic use - infectious diseases) plus a new e-learning programme. The last acquisition is the decision to add a yearly "Geriatric" School.

Health System
A new law on the future organization and restructuring of the Primary Health Care sector in Greece is awaited with much anticipation at the beginning of 2006.

HUNGARY
General information
The Hungarian health service system has not been restructured yet - a fact that causes a number of functional problems.

The preparation of health reforms is one of the principal tasks to be tackled by the government, and it is due to be launched only after next years' general elections.
In the education system programs of harmonization, dealing also with the schedule and the curriculum, are taking place at the moment..
It is good news that the duration and elements of teaching family medicine in the undergraduate and residency training have remained unchanged.

Undergraduate teaching
All medical universities provide students with the possibility to get familiar with the basic knowledge and skills of family medicine in the frame of lectures, seminars and in practice.

At the medical universities in Pécs and Szeged first-year students are also taught basic communicational skills in the scheme of teaching family medicine. Among others, it has the advantage of making personal contact with the students in the preclinical stage, and those having successfully finished the first academic year spend one-week summer training in praxis.

Residency program, continuous education
Graduation is followed by a 26-month residency program; 100-120 doctors start their education yearly.
In addition to theoretical education, practical skills are highly emphasized in the program.
From this year on individual education is also provided for physicians accepting jobs in locations at a disadvantage. This implies a longer training period.
Following the residency program and after working in praxis for a year doctors can take their specialty exam.
The second five-year period of the continuous education (CME) has started this year with the scheme of a credit point system. Points can be collected by attending accredited courses, conferences and participating in correspondent teaching programs.

What have I done as a council member for EURACT?
Lately I have been giving lectures to colleagues at the medical universities in Pécs and Budapest on the current activity of EURACT. I have also presented the Educational Agenda and the EURACT

Checklist for Attachment Program Organisers**:**Teaching general practice in the practice setting in basic medical education.

IRELAND
No report received.

ISRAEL
We have just enjoyed a month of holidays for the New Year but the previous 6 months since the Hungary meeting have been marked by vigorous activity on the family medicine educational scene in Israel.

Dr. Shlomo Monnickendam reports from the Maccabi Health services training program that the program is taking making students from Tel Aviv university on a rgular basis now for Israeli students and American students in 6th year as well as the behavioural science program in first year. Tutors are participating in exams at the medical simulation centre at Tel Hashomer. The service has arranged family medicine grand rounds in local hospital for their trainees. The is a program of cooperation and joint training with industrial health physicians. Family doctors are participating in the training of community nurses and the retraining of hospital physicians for work in the community. Other teachers are teaching in a telemedicine course.

Prof. Hava Tabenkin reports from Afula that the department is teaching medical students from Haifa. A combination of clinical experience and weekly case discussion has received good student evaluations. Afula is also responsible for the early clinical exposure course of students from Be'er Sheva. They visit kibbutzim, moshavim and villages and give excellent feedback on the program. The residency program continues with a popular 4-year day release course to supplement clinical teaching. Each year concludes with an OSCE exam. There is active CME in the Aful region for family doctors and a busy faculty development program for teachers.

Dr. Martine Granek Catarivas reports from the Sharon-Shomron region that there are regular weekly meetings of trainees for case discussion and small group learning on clinical topics. The department is busy teaching students, interns and nurses as well. A new project is assessing the use of video in assessing trainees and preparing them for their final exams. Family presentations will also be videotaped to help trainees prepare for oral examinations. Family physicians are involved in regional CME projects teaching EBM and the approach to anxiety and depression.

Martine also reports on faculty development activities from Tel Aviv University. Faculty development courses for junior teachers have been successful in preparing teachers for their first teaching jobs. A number f workshops were also held this year for more senior teachers.

Dr. Shlomo Vinker also reports from TAU that a compulsory family presentation with defined criteria for evaluation is now part of the student curriculum in family medicine. The simulated virtual clinic on the internet for medical students is continuing to develop and arouse interest.

Shmuel Reis reports from Haifa on a successful doctor-patient communication workshop for teachers this year. Haifa is also developing a simulation centre similar to the centre in Tel Aviv. The department had a successful medical education seminar this year. Additional instruments for course evaluation have been developed. A simulated office oral is being developed.

Prof. Eli Kitai reports from Leumit health services that they are continuing to train medical students from TAU in their final year clerkship. Their new training program has grown to 14 residents nationally. The trainees meet monthly for case presentations and clinical topic teaching to supplement their clinical training. CME is conducted for ally physicians by distance learning.

ITALY

Basic Medical Education

Development in basic medical education is continuing in Italy. After having signed an agreement between the University of Modena and Italian College of General Practitioners, a structured course has been or is being organised for students in their sixth year in Bari, Genova, Pavia, Udine and Bologna. A course to prepare tutors specifically for this topic is offered in each of these places. The second version of a specific book for tutors (printed by the Italian College of General Practitioners and the first of its kind in Italy,) is on the table (with two chapters from the National Representative). The topic for EURACT is the great emphasis on the European Definition and on EURACT's Statement on Selection of tutors and practices. In a conference in Modena, EURACT's point of view on undergraduate teaching and for teaching of vocational training (VT) was underlined. Now the problem is 'political' and there are many difficulties: the academic body not agreeing, all European WONCA Networks are out of the political decision arena, some local leaders in general practice are trying to organise posts for academic chairs using the old method of 'a friend of a friend connections'.

Postgraduate Specialist Training

Since 2003, vocational training has changed into a real specialist certificate, with a three-year course with one year in practice. The Vocational Training School in Trento has prepared a paper on total organisation based on the European Agenda and core competences. Some of this work will be used during the EURACT Council as a base for discussion on preparing the final version for the Education Agenda and for the VT Committee. A national Conference on VT will be organised in Rome in October, in the presence of Igor Svab and the Ministry of Health.

Continuing Medical Education

It is obligatory under the national contract with the NHS for doctors to follow 40 (it used to be 32) hours of CME (20 with local health authorities, 20 with scientific societies or in other places of choice). Now, we are managing a national CME system with an accreditation of events, by credits and points attributed to events; 150 credits need to be collected in five years. Many colleagues involved in teaching and research and the biggest Scientific Society (Italian College of General Practitioners) are not satisfied and they are working on a system that also accredites curricula, active participation at congresses, and distance learning systems (all difficult to organise and value). The Italian College realises this, and has changed its bylaws into a system with membership and fellowship. In general, there is contention about 'who' should accreditate 'whom': government, the general medical council, local medical councils, scientific societies, a national college or academy and trust doctors' organisations.
After fierce discussions, the scientific societies have been included again in the talks but, really, CME by Internet accreditation is not working well. Points are attributed automatically without real verification, with problems in getting real control over providers. Different credits are sometimes just attributed to the same event in different cities with no real consideration about professional quality. Debate is spreading and CME is in difficulties: the Italian College of GPs is trying get its point of view, which very similar to that of EURACT, on the negotiating table. Now, e-learning and distance education systems are being debated and developed and they could be a good option for the future.

Healthcare

New input in this field is coming from agreements between local health authorities and GPs' organisations with health programmes finalised on breast cancer screening, a smoking cessation campaign (we presented two works on this topic at WONCA Europe Congress in Tampere). Also, scientific societies of GPs have produced a common political and scientific document stopping a specialist initiative of non-proven efficacy on prostate screening. General practice is now in great danger of political changes toward an 'American' approach to primary care'. Regional devolution is

going on profile, and the GP's role also as gatekeeper and mainly as specific professional (still lacking in Italy) is being debated strongly!

Life as a council member

Several different medical associations and societies, and medical schools have published a translation of the New Definition, using formats of different length. WONCA was usually believed to be the real author. The EURACT Council National Representative had to underline the role of EURACT with seasons spent on drafting and on getting consensus at the Barcelona Conference. The National Representative has had seven other papers published recently in the European Journal of General Practice, British Journal General Practice, British Medical Journal, and Family Practice. All were signed also as EURACT Council Member, and many were based on EURACT's concepts and documents. So EURACT is known to a large population of GPs, as it is in Italy due to the translations and presentations. Some members of EURACT-Italy asked to be involved with the University of Maastricht in palliative care, one member is responsible for the Hippocrates Programme for Italy in collaboration with EURACT. Another two colleagues are managing regional courses and they would also like to receive patronage from EURACT Italy. One EURACT member is involved in educational and research activities linked with German GPs to work together in connection with EURACT in Austria and Germany. The National Representative has been nominated as Associated Editor for the International Journal of Medicine in London, and on the Editorial Board for the Primary Health Care Journal in London and was directly involved in the congress in Edinburgh, UK in July. Two national meetings (in Bologna and in Treviso) invited EURACT to speak about activities and the importance of the new definition, core competencies and educational agenda.

EURACT continues to acquire new members, from all the different geographic areas and from different GP Societies (Csermeg, Snamid, SIMG, local PC schools), so now EURACT-Italy is the biggest international society in Italy and the most visible on journals and on the internet. This could create the danger that members are lost due to the feeling that they are not receiving enough feedback or that membership applications are only to 'create internal problems'. The National Representative will ask the EURACT Council how these possibilities should be dealt with.

A colleague (Luisa Valle) has joined EURACT as secretary and will manage internal relationships and feedback. A national meeting could be an idea for the next year.

About WONCA organisation in Florence in 2006, as EURACT Executive, EURACT members and the WONCA Europe President were initially informed that they were excluded but the situation seems to be changing now, and people from EURACT and from EQuiP are to be invited after all. EURACT Council National Representative was informally asked by the President of Organising Committee to be involved in really organising the International Scientific Advisory Board. Also, this case indicates that at the political level, the scientific societies (not the single and responsible GPs inside the different networks, of course) basically do not recognise WONCA validity and consequently WONCA Networks. The invitation is underlined as personal, because of personal background and know-how.

LITHUANIA

Health care system

Changes in Health Care system seem to include steps to protect health care system from loss of manpower, but the process in general is developing - more and more young and middle-aged physicians are leaving the country to start working abroad. Some increase in salaries of physicians during the year does not affect overall unsatisfactory situation in medicine. Requirements for the quality of health care services are increasing, and that fact together with negative contribution of mass media looking for scandals, does not contribute to the doctor-patient cooperation and overall atmosphere in medicine. The technical base of health care system generally increases with support from EU structural funds.

BME
No positive changes so far. Family medicine is only introduced into the undergraduate curriculum during the fifth year of studies, and situation in spite of attempts from academic GPs does not improve mainly due to financial reasons, and the situation comes back to policy level decisions..

Vocational Training
Vocational training programmes in the Universities are improving gradually in terms that it is recognized that training hours in family medicine are increased, and now specialty training is 3 years. Vilnius University is presenting the new Family Medicine vocational training curriculum; unfortunately, it is still based on rotation in specialized clinics, although now more on ambulatory level. For this reason Lithuanian Society of GP teachers is organizing the joint seminar with Vilnius University GP training centre to try to improve the training programme according to the EA and other European requirements.

CME/CPD
Although the CME/CPD activities now can only be approved by Universities or professional societies, pharmaceutical industry still has the high influence to the process, especially as lately majority of the CME activities in Universities should be financed by physicians themselves, and no special financing is allocated to that by health care institution.

What have I done as EURACT member.
Presented in the President's report separately.

NETHERLANDS
Health Care
After many years and a big debates the new health care system for all citizens will go into effect on January 1st 2006. Every citizen will have the same health insurance. The insurance provides everyone with the basic health care package, to which the care of the GP and normal hospital care belongs. Additional packages will cover special provisions such as homeopathy, laser therapy, and more. This scheme more or less resembles the current situation.
The difference for the citizen is the premium he has to pay. Most people had a percentage of their income deducted from their income which was paid to a health insurance by the employer. So people didn't actually know how much they were paying. From now on, everybody will have to pay the same premium (approximately € 1100 per person per year) directly to a personally chosen health insurance company. Persons with a low income will receive a care adjustment (approximately € 560 per person per year maximum). To obtain that care adjustment there are forms, and a bunch of new civil servants to handle this crazy scheme.
For the GP's the changes is enormous. Now we have a full capitation for 70% of our patients and fee for service in the remaining 30 %. In January we will have a small capitation (€ 52) for all patients and fee for service for all patients. So we have to start making bills for every patient for every activity. (Consultation fee € 9; not a joke !!!)
There is a lot of anxiety amongst the GP's. Several fear that their income will drop maybe by 30%. Others are getting ready to charge any activity they can charge. We expect the number of EKG to rise, like the number of spirometries because they provide money.
In this time of uncertainty GP's are becoming reluctant to participate in education. Spending time with the student means not seeing a patient. That is the same of not making income. We have to come up with good money to keep them participating in education.

Basic Medical Education
The BaMa structure will come into effect probably next year but nobody knows what the effects will be. Year 6 is shaping up in several medical faculties. We will be able to compare these programmes next year.

Vocational Training
The shortage of GP's will be less then predicted. This means that the number of new trainees will stay around 570-590 a year. Given the current number of students entering medical school we will face a problem of limited post graduation training posts in all specialties in a few years.
Other specialties are getting ready for educational changes in their specialty training programmes like introducing portfolio, clinical observation, video consultation, communication skills. All vocational training schemes have expertise to offer.
The heads of the Vocational training in the Netherlands would like to exchange experiences with other countries.

CME/HPT
No new developments

EURACT
I have worked on the Euract Guidelines. Furthermore I have worked on Educational Research by attending the EGPRN EB meeting in Göttingen, and contacting several other people.

NORWAY
No report received.

POLAND
Undergraduate Education
New curriculum with minimum of 100 teaching hours in the field of family medicine has been already implemented in all university medical schools in Poland. In some schools it still take place mostly in hospitals or its specialist ambulatory settings. However in vast majority practical part of undergraduate education take place in regular family practices, accredited by the university departments.

Postgraduate Education
More stable policy about curriculum content has been introduced. There is still a lot of applicants for retraining programme, which last at least 3 years. Regular training for young graduates without any previous specialisation last 4 years. We observe relative shortage of applicants from this last group, what could be dangerous for future.

Continuous Professional Development
Numerous activities in this field are observed. This is mainly due to new regulation about compulsory re-certification. Each educational event is related to the certain number of credits, collected by physicians during four years. The College of Family Physicians in Poland has established its own educational programme with different educational activities (including Leonardo EURACT course). Implementation of Polish version of Leonardo EURACT courses will start at the end of November. For this year 3 courses for all together 96 participants will be organized. There is a big interest among trainers about this course.

What I have done in my country as a EURACT Council member
The Leonardo EURACT course has been widely promoted during the National Congress of Family Medicine. The name of the organization is now much better recognized in Poland. In March 31 – April 1, 2006 III National Conference of Teachers and Tutors of Family Medicine will be held in Cracow. The main topic will be EURACT Educational Agenda and its Polish context.

PORTUGAL
In general
Under the Government directives, a group of GP/FM Specialists working as counsellors to the Minister elaborated a document on "Primary Health Care Reform". The document is to be applied

(hopefully) under supervision of a "Mission Team". Dr. Luís Pisco, (former) President of GP Association is leading the team.
Changes in retirement rules and other sindical matters are worrying much of the Doctors.

Basic Medical Education
New Medical School in Algarve is to go on, and modern curricula, allowing very early exposure to GP/FM, is being designed. To start, hopefully, in 2 years. It will be our 7th Medical School.

Vocational Training
No news, yet.

Continuing Medical Education
No news.

Work done as a EURACT Council member
Four new Portuguese members joined EURACT, one of them was the Coordinator for VT in Central Portugal.
Preparation for the "Rolling Course" is going well. Support from Medical Association, Teachers Association, local Mayor and Algarve Health Administration. Already several candidates, initiating selection.
Present at Kos, as tutor for the Vasco da Gama pre-conference.
Educational Agenda almost translated, money for publishing is secured.
English version distributed to Universities, VT Coordinators, Health Decision Makers. Electronic version distributed to EURACT members.
Short version Definition 2005 translated (by myself), distributed (electronically), waiting for publication and wide distribution (soon, hopefully).

ROMANIA
Basic Medical Education
All Romanian medical schools have departments of general practice. General practice is taught in the 6th year of BME. There are between one and six weeks of training in general practice (varying upon universities) which most of the time is organized in practices under supervision of a trainer.

Postgraduate specialist training
The national examination for entering VT will be organized on the 20th of November. There are 270 places for general practice. Finally the number will be greater because any doctor who finished the BME in 2005 and will fail to obtain a post for VT in surgical, medical or laboratory specialties but who will obtain a certain mark (not established yet) to this exam can become resident in general practice if s/he agree .
No changes in the curriculum for VT.

Continuing Medical Education
No changes within the recertification procedure: a doctor needs in order to get the license practice, 200 hours of CME in the last 5 years or 40 hours in the last year.

General practice
The first guidelines for general practitioners were finished. These are:" Prevention, diagnose and treatment of essential high blood pressure at the adult", "Uncomplicated urinary tract infections at women", " Unspecific low back pain", " Management of type 2 diabetes " and " Routine prenatal care". The guidelines where made by general practitioners from the National Centre for Studies in General Practice in collaboration with Dutch general practitioners from IQHCR. The guidelines were published and presented in a conference with 1400 participants who took place in Bucharest in May.

The government elaborated a law concerning the selling of the practices. Most of them are still own by local authorities. There are lots of disputes about how the process will go on as the prices asked are quite high for the general practitioners.

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

- Report of the Lillafured meeting for the Romanian members, information about Kranjska Gora course and conference, Kos conference eg
- Presentation about EURACT at a national conference (Bucharest, July)
- Paper presenting EURACT published in the Informative Bulletin for GPs
- Selecting JDP participants for Kos conference
- Presentation about EURACT activities, documents - mainly about Educational Agenda to the National Conference in Timisoara (November)
- Paper about Educational Agenda published in the Informative Bulletin for GPs
- Working group for translation of Educational Agenda
- Providing Educational Agenda booklets to departments, Ministry of health and trainers

SERBIA & MONTENEGRO

Basic Medical Education

General practice is not a subject at undergraduate level at the Schools of Medicine in Serbia and Montenegro. For some subjects practical part is accomplished through general practice.

Vocational Training

During the summer semester in May and June 2005 four workshops were performed as a way of international collaboration of Departments of General Practice/Family Medicine at the School of Medicine, University of Belgrade.

CME

Participation at the Conference of General Practice at national and international level. GPs also took participation in international courses.
CPD/CME credit points are not mandatory yet.

What have I done in my country as A EURACT Council Member?

Report on Lillafured meeting submitted to EURACT members.
Presentation and report on Lillafured meeting submitted to the members of the Department of General Practice of the School of Medicine, University of Belgrade.
Providing information on EURACT to prospective members.
Establishing contacts with all Schools of Medicine in my country as well as institutions responsible for statistics and other relevant data for the purpose of making a report on GP/FM specialist training schemes in Europe.
Organizing a joint meeting for all EURACT members and participants of Leonardo Course in Kusadasi
Making preparations for a course for our mentors

SLOVAKIA

No report received.

SLOVENIA

Undergraduate education

We developed revised version of student's learner's manual. The tasks, which they have to fulfill during their stay in family practices, are described more thoroughly. The assessment process in OSCE stations is described more precise.

Vocational Training
We continue Vocational training for family medicine trainees. In October we started a new task force on development of new VT curricula for hospital part of the training. Young doctors were adopted in the task force.

CME
The 15th Bled course and for the 2nd annual meeting of teachers in F/GP in Europe were successful. There were 45 participants from Austria (course director), BiH, Italy, Israel, Portugal, Romania, Serbia & Montenegro, Slovenia and UK. We missed participants from traditional countries seen in the course like Hungary and Austria and from many other SE countries. The Bled course is well-established event also due to EURACT patronage and sponsorship of attendees from disadvantaged countries. On the basis of small number of new appearances to the conference besides the course participants the faculty of the course does not support the idea of further coexistence of these two events. The conference of teachers if found a necessary event for the EURACT should be organised separately from the Bled course. After a discussion regarding the question how Bled course can serve in promoting Educational Agenda unanimously Community orientation was accepted for the theme of the next Bled course.

There were 3 other CME activities organised on the national level from the last meeting.

What have i done for EURACT
I organised the 15th Bled course and 2nd annual meeting of teachers in F/GP in Europe.

SWEDEN
Basic Medical Education
The role of Family Medicine is becoming more prominent at all Medical Universities, revision of medical curriculum:
- At Uppsala University a ***new medical curriculum***, similar to those at other universities, will be introduced in 2006. It will be student-centred, PBL and interaction between theory and clinical practice. Professional development will be a theme as from term 1 and onwards. Increasing exposure to clinical practice in GP/FM.
- At Linköping University students are ***exposed to general practice*** for long periods during 1st and 2nd Years and towards the end of BME (instead of 3rd Year). The last GP-period will focus on communication and consultation.
- Please also see Hungary report (April 2005).

Vocational Training
Ongoing revision of framework and training objectives; assessment; quality assurance etc:
- ***"Mitt-i-ST***": assessment halfway of VT by an external person ("examiner") is becoming more common. Aim: *to reflect, to revise, to react* and hence to stimulate professional development.
- ***Directors of VT****:* Ongoing revision of their *roles, duties, and responsibilities* aiming at developing a national regulation. Presently their duties are not clearly defined.
- ***Revision*** of the official description of ***training objectives (VT)*** will take time.
- Discussions initiated about ***quality assurance*** of medical education, content and process, from start to end. How to do it?

Continuing Professional Development
The Swedish Association of GP/FM (SFAM) is drafting a document, national guidelines for CPD. Ideas include:
- ***Time***: at least 10% of working hours.
- ***Methods:*** self studies, small group, courses**.**
- ***Financing of CPD***
- ***National support structure***

Health Care
0-7-90-90 is a National guarantee on accessibility to health care starting on the 1st of November 2005. Patients are promised:
- **0** = a contact with primary health care (PHC), not necessarily a doctor, the *very same day*.
- **7** = to be seen by a doctor (anyone) in PHC *within 7 days after the first contact, if needed*.
- **90** = if referred to other specialist/hospital, to be seen *within 90 days*.
- **90** = treatment/operation to be done/started within another *90 days.*

Health centres lacking GPs expect problems. How/will it effect continuity of care?

"What have I done for EURACT?"
- ***Informing*** about EURACT ***and distribution*** of Educational Agenda booklets and general pamphlets at the Swedish National Conference of Family Medicine, Oct 2005.
- ***Article*** about EURACT, published in the Swedish Journal of Family Medicine "AllmänMedicin", No 2/2005.
- ***Informing*** and communication with members and others eg directors of vocational training.

SWITZERLAND
Basic Medical Education
Switzerland is going ahead with the "Bologna Process", also in Medicine. There are important people with political influence who propose that the basic medical education should be more "scientific", which means to them that it should contain more "superspecialist biomedicine" because they think this is where Switzerland might be ahead of other countries in a international competition of researchers. So patient orientation and general practice, which have a rather weak position in BME anyway, are in danger to loose even more ground in this "Bologna-Process".

On the other hand there is a growing number of politicians who realise that the position of general practice in the universities should be strengthened. At the University of Zurich a few months ago there has been established a new "Unity of Family Medicine", however with only one 100%-post which can be divided among several Family Physicians / GPs.

Specific training
In the field of vocational training there have been meetings on a high political level and there have been announcements that the problems in vocational training for GPs will be tackled with priority. At the moment it is not yet clear whether this will lead to any improvements.

Continuing professional development
The working party for CPD of the Swiss Association of GPs is discussing to design and implement some system to support "underperforming" GPs by mentoring or in some other helpful way. If you have such a programme in operation in your country I would appreciate your information.

"What have I done for EURACT?"
We have presented our Educational Agenda in Kos and have given a workshop on trainee selection.
I have informed my Swiss colleagues about the Educational Agenda. My annual report on EURACT will be published in our Swiss Journal "Primary Care" (circulation 11'000 copies).

TURKEY
I explained the 'Transition in Health' reforms in Turkey in my previous reports. There is an uncertainty concerning the reforms. Reorganisation of primary care with the principles of family practice began in a small city as pilot application last September. It is too early to say something on its outcomes.

Basic Medical Education
There is nothing new about BME and family medicine teaching.

Vocational Training
Our vocational training is still all hospital based. The regulations concerning the specialty training in medicine, which covers training in general practice for family medicine VT have not been acted yet.

CME
Retraining program for practitioner physicians in primary care, the most important CME activity in primary care, is continuing but very slow. The training activities are implemented by Turkish Association of Family Physicians (TAHUD).

What I have done as EURACT representative in Turkey?
Third Family Medicine Days (a national conference) held in Kuşadası in May was organised by my department in collaboration with TAHUD. Before the conference we organised a teaching activity, the Leonardo EURACT course. Thirty-four general practice teachers from eight Balkan countries participated in the course. There were five participants from Turkey. We have translated the course material into Turkish and will run a course (Leonardo EURACT course in Turkish) in Antalya in December 2005.

UNITED KINGDOM

Basic Medical Education

Latest developments include: Graduation of students from two of the new Medical Schools in the England. (2 more will follow in next 2 years) They all encourage applications from Science Graduates who can take a shorter Medical degree course.

Discussion this year about the benefits of Undergraduates to be registered with the General Medical Council. (Standard practice when the GMC was founded in 1848 until 1940) It could engage potential doctors with issues relating to Clinical Governance, Professional Integrity and Ethics, which at present are not core subjects of UK Undergraduate curriculum.

Vocational Training for General Practice

The focus for discussion this year relates to the changes for 2007-2009. There is considerable discussion about the training programmes which start in 2007. We will no longer be constrained by a programme dominated by hospital placements. We may be able to base most of the training in General practice with secondment to hospital placements dependant on Learning Plans of each Trainee. There will be scope for different models of VTS programmes to be developed and evaluated throughout the UK and I will report as these are known to me.

The Royal College of General Practitioners is currently in consultation about the “New Curriculum” which is closely related to the EURACT Educational Agenda. This should support the changes planned for 2007 on the “Professional Assessment” of doctors completing their GP training. At present there is a mix of the RCGP examination &/or a Summative Assessment process; either of these has been the requirement for the body which Certifies a doctor’s fitness to practice as a GP. Formal Assessment is also developing in the portfolio of all junior doctors, something which has not been a robust process in the past.

Many GP Trainers are becoming involved in the Foundation Programme; please see later with “Other Issues”

Continuing Professional Development

Unfortunately this aspect of education for GPs is variable in quality and quantity; it is difficult to assess what is happening other than to discuss with individual doctors or to read the Strategic plans of

Primary Care Trusts. These are the organisations currently charged with ensuring that the workforce they employ is “Fit for Purpose” which includes their Professional Development through appraisal. It has not been a resounding success! Many, if not most, General Practitioners take their continuing development seriously and there are many opportunities to follow this up with distance learning packages, Practice-based learning with time protected using Locum cover, multi-disciplinary events and the traditional lectures; Many of these are now resourced from Primary care, instead of invited hospital specialists telling us now to do our job properly!

Modernising Medical Careers

This is the most significant change in medical education that I can remember in 35 years as a student or doctor. All UK doctors who graduated this summer have started a compulsory 2 year Foundation Programme. They will complete 6 x 4 month placements, including an expected 55% doing a placement in General Practice in the second year. This will rise to an expected 90% in 2008. The basis of the Programme is to ensure broad experience, with formal assessment of competencies against a National core curriculum. There is also formal Career planning with Educational support to develop Learning Plans. It is anticipated that there will be less drifting of young doctors between specialities or even out of medicine.