

Annex 1

**Review of national educational activities
After EURACT Council meeting
in Gävle, October 2008**

**EURACT Council meeting
May 7-11, 2008
Mosta, Malta**

COMPILATION REVIEW OF ACTIVITIES Malta, May 7 - 11, 2008

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.

Postgraduate Training (PT)

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

Continuous Medical Education (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 in four pilot centers in Albania through the Partners for Health Reform plus (PHR plus) project funded by USAID. Based on this training that seems to be very successful we have designed and proposed a training schedule for use across the country. The training was replicated in all the Prefecture where the pilot centers are.

After that the proposed training was planned to be applied in four more Prefectures through the Pro Shendetit project also funded by USAID. At the beginning in 2 of these Prefectures 7 trainers for each Prefecture were selected and trained.

We organized the Leonardo-EURACT Course with the 21 trainers already selected.

After that we selected and trained 14 trainers from the third Prefecture. We organized for the second time in Albania the Leonardo-EURACT Course with these trainers.

Latter on we selected 7 trainers from the fourth Prefecture and applied again the same model. We organized with these trainers and with 14 trainers from Tirana the Leonardo-EURACT Course on November 2006.

We also did the training of 14 trainers in a sixth prefecture added to the project. Leonardo-EURACT course was organized last September.

The selection of trainers in all cases was performed according to EURACT criteria. The trainers from all Prefectures 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 the Family Medicine.

It was also recommended that an ongoing programme of Continuous Medical Education is needed subsequent to this course leading to an accreditation system. So we are working now to design the second phase of the training.

AUSTRIA

Wolfgang Spiegel

Basic Medical Education

At the *Medical University of Vienna (MUW)* (Prof. M. Maier, EURACT member) the clinical attachment programme in general practice in the 5th and 6th year was well received and evaluated. We reported in an earlier country report in detail about the multifarious lectures the department of general practice in Vienna is involved in.

The newly "Student's Platform for General Practice" introduced at MUW by Manfred Maier met with students interests and seems to develop into an important initiative for other medical schools.

At the *Medical University Graz (MUG)* general practice educators are currently contributing (lectures, seminars) to the following subjects ("modules" of teaching/integrated curriculum): "Medicine & Society", "Growth and biological maturation", "Tension field Personality", "Communication". // At the MUG there is a special study module "general practice". In the sixth study year there is a 5 week compulsory attachment programme for students in surgeries of GPs (programme is coordinated in the name of Styrian Academy of Family Medicine by Dr. I. Hellemann).

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

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

Vocational Training in General Practice

For many years the Austrian Society for General Practice/Family Medicine has strived to facilitate a specialty training in GP/FM. The discipline currently has a 3year VT period and is not acknowledged as a specialty, However, changing ministers of health and their different views on the matter keep postponing this important innovation for GP/FM. But there are still hopes to implement a 6 years specialty training curriculum for GP/FM in Austria. As national equivalent to the Vasco da Gama Movement Austrian GP-trainees formed a new body for professional and social exchange called Young General Practitioners Austria (JAMÖ).

Continuing Medical Education

There is a strong focus on CME specially designed fit the educational needs of GPs in Austria. The CME programme of the Center for General Practice of the Viennese Medical Chamber can be downloaded at:

<http://www.aekwien.or.at/276.html>. A great story of success is the Austrian Congress for GP which is a huge event and will take place for the 39th time in November 08.

<http://www.allgemeinmedizinkongress.at/cms/pages/startseite.php>

EURACT Austria

We have one new member by late 2007. Wolfgang prepared a proposal for a possible EURACT paper "Directory of Tasks/Procedures and Specific Problem Solving Skills".

BELGIUM

BOSNIA AND HERZEGOVINA

Natasa Pilipovic Broceta

Health Care System in B&H

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

Basic Medical Education

Students book has been updated.

Vocational Training

Final specialist exam was held in November 2007.

In Tuzla revision of curriculum has been done in accordance with residential education needs.

"Workshops on Clinical Skills in FM" for members of Family Medicine Departments was going on last autumn. Core Curriculum in Clinical Skills for FM and resource material on clinical skills (book, CDs) has been completed until the end of the year 2007.

In Banja Luka, new Educational Centre will be opened in May, so in addition, 6 doctors are involved as mentors in Vocational Training and practical part of the training with residents. They will work as members of Family Medicine Department in Banja Luka.

CPD/CME

The sixth generation of general practitioners and nurses started the Program of Additional Training (PAT) in October, 2007. PAT book has been updated and more topics have been included. The final exam will be done in June this year.

What have I done in my country as EURACT representative?

I prepared and distributed report on meeting in Gavle to all EURACT members in B&H. One doctor, who completed The Assessment Course in Poland, prepared a report and I sent it as a part of report on meeting in Gavle.

I distributed information on EURACT organization to new 6 mentors in Banja Luka, so they want to become members. There are 3 educators in Doboje (two hours by car far from Banja Luka) as a part of Family Medicine Department in Banja Luka, who want to become EURACT member as well. I sent in total 9 Personal Information Forms to Barbara. In the same time I collected membership fees for all members in B&H.

I have got in touch with doctors who finished Leonardo Course in Kusadasi and in Serbia – Novi Sad in order to organize Leonardo Course in local setting. One doctor, who participated in Kusadasi, and another one, who finished the same course in Serbia, accepted to be teachers. The Course will be held within umbrella of Family Medicine Department in Banja Luka in June 2008. Serbian representative in EURACT, Smiljka Radic, has also been invited to take part as a teacher.

BULGARIA

CROATIA

Mladenka Vrcic-Keglevic

News from the country

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

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

Basic Medical Education

Five years ago, Medical study in English was started and we are in preparation for Family Medicine subject to be introduced. Department of FM has developed elective subjects at each study year: Characteristics of PH physician, Communication skills training, Clinical skills, Family and Health, Balint Groups, Human sexuality.

Vocational Training

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

CME

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

What have I done for EURACT

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

CYPRUS

Dr Phil Phylaktou

Health Care System

The current system is divided into 2 sectors. The Governmental/State sector and the Private sector. All people under a certain income level (usually low) plus retired people are seen at the local state hospitals for free. Medication is also given to all these people there for free. The new National Health Care system which is designed to employ possibly both sectors has been placed for Parliament voting. No details have been given out in written form as to the final outcome yet.

Basic Medical Education

Cyprus has no Medical School (even though there is a National University and other Higher Education Colleges etc.), thus no medical faculties exist. Most doctors have received their degrees from other

countries such as Greece, England, USA, Russia and other European Universities. Nursing faculty exists for more than 3 decades.

Vocational training

Non-applicable (No MF – see above)

Workshops, seminars or courses are only sponsored for doctors employed by the Government. The doctors working in the Private sector have to find their own way to all these venues of training.

CME

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

My activities in my country as EURACT representative

This is my first 3year service as a council member. I was elected to serve for the last 6 months of last year when our previous NR had to resign for personal reasons. The compilation of our members comes from 2 societies and has a total of 50 members. This is the first time I will start meeting with the 2 societies and start organizing further activities. My personal goal is to see further Euract Activities taking place in Cyprus. This year's fall council meeting will be taking place in Cyprus and the works to establish the success of this meeting have been initiated since last October 2007.

NOTE:

During the Euract Council meeting in Cyprus in October 2008, at the Special Conference day, the Cyprus Association for Gen/Family Medicine to which I serve as the President (2nd term) is planning to introduce the serious issue of "Furthering Academic development in Family Medicine in Cyprus in the absence of a local Medical school facilities". The work is being organized currently to include speakers from our local authorities of the Ministry of Health, Deans from the local Universities, distinguished Professors, representatives from the National Health System etc. It is strongly believed that this will be a perfect opportunity for our society to receive positive input from experienced individual Euract Council members and from the body of the Council as a whole.

CZECH REPUBLIC

DENMARK

Roar Maagaard

Basic Medical Education

No changes since last meeting: 3 medical Faculties in DK (Copenhagen, Odense and Aarhus). But there is a constant threat to the length of the GP-period for students due do economical reasons! A conference in April tried to put focus on the quality of the early clinical training of students – in particular in hospital setting.

Vocational training

Since 1990 we have had great success with the 6 month GP-period in the compulsory postgraduate “internship” for all doctors. Government has now reduced this 18 months basic training to 12 months – and the new system starts 1st of August 2008. And GP in Denmark lost part of this battle – from 2008 GP-training is no longer compulsory for all young doctors. We struggled for “as many as possible must go to GP” – and the result was that 80 % of all new graduates still have 6 months of basic training in GP. This will facilitate the coordinated and collaborating health care system of the future, we think. And it also gives us a decent recruitment platform.

Another part of this reform for basic training for all doctors have created big discussion: young doctors have to decide choice of specialty at least 4 year after graduation! Some of the young doctors are now going to Sweden to be trained in protest of this.

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 are going on right now – but I think it will be accepted by the paying authorities.

Health care

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

In certain areas of Denmark many patients will lack a personal doctor in the near future. Something must be done... - but what? To solve this and other challenges our Government made a Government Commission a few weeks ago: 10 members including just 3 GP’s (as president of the Danish College I am member of the commission). The commission is chaired by the director of our National Health Board – and by October this year we have to give our views in a report. Exciting work as many think it will bring big changes to our primary health care system.

My role as a Danish EURACT Council member:

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

ESTONIA

Ruth Kalda

Basic medical education

Family medicine has its position in undergraduate curriculum. Teaching of family medicine is provided in 2nd and 6th years of undergraduate studies. Mostly the active methods (interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.

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

The newest one is that since autumn of 2008 our department has special curriculum for teaching pharmacists in undergraduate level. The topic of course is “Primary care medicine” and work amount is altogether 160 hours.

Vocational training

The same, as it was.

Continuing Medical Education

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

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

Health care organisation

Family medicine has a strong position in the health care system. In the plans of the Ministry of Social Affairs the primary health care should take even more responsibility in health care, but problems exist with personnel. Today we talk about new definition and tasks of family nurses and also clarify the responsibilities of family doctors.

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

Personally I am responsible in organizing of Leonardo EURACT Courses in Estonia. 3 courses have been provided. I am responsible for vocational training courses in Estonia and also I am coordinator of practical work of undergraduate students in family practices.

In 2007 spring I organised first CPD courses for Estonian family doctors and just a week ago a second one.

I am one of main organizers of research courses for our vocational trainees and also teaching of research in family medicine in undergraduate level.

FRANCE

FINLAND

Paula Vainiomäki

HEALTH CARE

Our public health care is in problems, especially when primary health care is concerned. Secondary care has been able to establish 1500 new posts for doctors during the last 15 years, when primary health care has been able to establish only 300 posts. During the same time secondary care has moved many of its original tasks to be performed in primary health care, some officials estimate one third of the tasks: meaning follow-up checking earlier than before, using short term operation times etc. PHC doctors have lost their confidence in being able to master their own work. Requirements for statistical procedures and patient records have increased terribly. Right side government is enthusiastic with privatization. No one seems to master the current situation.

BASIC MEDICAL EDUCATION

The main challenge has been the option of medical students to work as substitute doctors during the vacation times. According to a long tradition medical students have worked as nearly “fully” licensed supply doctors in hospitals and GP offices. As there have been problems with supervision and guidance, and some mistakes have happened, the Medico-legal board has changed the rules in

this issue and demands longer training before being able to work as a substitute doctor. Medical students have been worried when their earnings have diminished, but also some health care centres especially in remote areas have been worried about recruitment of substitute doctors.

SPECIALIST TRAINING

We have double stepped general practice training: After two years training it is possible to get a public post as a GP, but most GPs take four years more to get a specialist degree in GP. Young Doctors' Union has taken a lead to work with this two years training to guarantee its educational goals to be fulfilled. Leadership and management issues will be added as well.

CPD-CME

No obligatory CME is demanded. One good development is that a National Accreditation system for CME/CPD has been established some years ago under patronage of medical professional organisations, and it has been pushed to a good development.

A national special competence degree on medical education and training has been established within the Finnish Medical Association. It is possible to get this degree when you have practical experience in teaching and training, when you have performed several educational courses, you have studied medical education etc. This special competence has been developed by an initiative of the Association of Finnish Medical Education, which was re-born some years ago. The first degrees will be accepted in June.

GEORGIA

Givi Javashvili

Health Care System

We (our health care system and health care professionals) are in a constant reforming process. Primary health care remains to be priority. However, during the last year it was somehow forgotten on the background of ambitious project on 100 new hospitals.

Now we have new administration within the Ministry of Health and there are a lot of promises to make faster steps towards improving primary health care system. The major problems are:

low salaries (a bit more than 100 Euros);

still not enough number of trained FDs/GPs (less than 50% of target number);

trained FPs/GPs not allowed to deliver all services within their capacities;

insufficient resources allocated for PHC – low coverage of services and no drug reimbursement schemes;

involvement of private insurance companies which are not oriented on long-term health goals, prevention and management of chronic diseases (most contracts are concluded for one year and there is intensive movement of population from one insurance company to another).

GP/FD re-training process will be recommenced in June after about 5 months break. This time re-training will be financed by EU and World Bank.

There are also other important activities planned for PHC development, which are mostly related to quality issues and clinical practice guidelines' implementation.

Basic medical education

Teaching family medicine on undergraduate level first started at Tbilisi State Medical University (TSMU) in September 2006. First curriculum has been developed at TSMU Family Medicine Department for VI year students. The programme lasts for two weeks, which includes 40 contact

hours in total (3 ECTs). Aforementioned curriculum is being delivered until now by our department. The programme modules cover the following topics: (a) introduction to family medicine: role of primary health care system, characteristics and core competencies of family medicine, (b) communication skills and consultation methods, (c) prevention and health promotion, (d) community orientation, (e) management of chronic diseases, (f) professional values and ethics in family medicine, (g) family and community orientation.

In 2007 new module in family medicine for 2nd year students was introduced. As a matter of fact it is an early clinical exposure module (ECE) in primary health care environment. Module includes 14 contact hours (two hours per 1 weekly visit). So, there are 7 visits in total. The first visit is devoted to introduction and orientation and the last one for feedback and assessment. So, students have to spend 5 days (10 hours) in primary care clinics, where they observe work of family doctors and functioning of primary care clinics.

At the end of the module it is expected that students will: (a) understand the interaction between patients and different elements of the health care system; (b) understand the impact of the illness on the patient and family; (c) be able to write a reflective log of their contacts and the conclusions that they have drawn; (d) be able to place in context their studies at the university.

Unfortunately, at this stage we were not able to place students in practice for the time originally planned. The reason for this was extremely large number of students – about 600 on the 6th year and about 550 on the 2nd year. We are not able to contract larger number of family doctor trainers, because of non-motivation of FDs and complicated financial schemes, according which teachers/trainers are paid per group of students (12-14 students per official group) and this scheme does not imply teaching smaller groups (2-3 students).

Both curricula (for 2nd as well as 6th year students) have been revised recently with the help of invited experts (Dr. Egle Zebiene, Dr. Igor Swab and Dr. Justin Allen). Experts advise to make modules more practice based and let students spend more time with patients and families. There are also suggestions to extend existing modules in family medicine on 2nd and 6th years and to try to contribute to other subjects within the existing curriculum, e.g. propedeutics (physical diagnosis), clinical skills, therapy (internal diseases), evidence-based medicine.

Vocational training

Government is aiming at training critical number of family doctors to move to the new primary health care system, which will be based on family medicine.

According to the master-plan of the primary health care system of the country, the country needs about 2100 Family Physicians. It is planned to train 2200 family doctors by 2010. According to the latest data (April, 2008), 896 doctors have been trained already. There are two types of vocational (post-graduate) training of family doctors:

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

After completing either, (a) a full-term residency training or (b) short-term (re-training) programme resident should pass certification examination. In case of success the individual is granted the right of independent doctor's activity in the specialty "Family Medicine". Certificate is valid for 5 years, after which it has to be "renewed" through re-validation process (up to recently this was done through proving that doctor was part of continuing medical education system).

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

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

Currently we are trying to implement new curriculum step by step as far as full implementation needs a lot of organizational changes and additional resources.

Continuing professional development

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

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

My role as an EURACT Council member:

Since my last report I with my colleagues have organized 4 Training-of-trainers (ToT) programme in family medicine (from second half of 2007 till May 2008). The training course is based on Leonardo ToT course developed by EURACT. In total we have organized 7 such courses and trained 125 teachers/trainers for Family Medicine teaching.

Still we are in the process of updating our curricula for undergraduate as well as post-graduate training/education at Tbilisi State Medical University and fortunately, with the help of our foreign experts (Justin, Egle, Igor, and Adam) we were able to make EURACT Educational Agenda the basis for them. Currently, residency training curriculum in Family Medicine is mostly based on EEA.

I was trying to make popular EURACT activities among my colleagues (involved in GP/FM training). This time we have 14 new members and the total number of Georgian members reached 47.

However, I was not able to be useful for my colleagues within our BME committee, for which I regret very much. I missed an opportunity to do something for the committee. If I still stay within BME committee, I will try to devote more time enough to it.

GERMANY

GREECE

HUNGARY

Peter Vajer

Health Care System:

Recently a referendum has been completed in Hungary which has decided not pay co-payment any more. Since this amount of money as an extra income for genera practitioners is missing almost all

general practitioners face serious economical problems. The situation in general influences the decisions of the young generation of doctors, who prefer to work abroad and don't want face economical difficulties.

Basic medical education:

A debate has been started in curricula changes these days. At the Medical Faculties in Hungary also English and German Speaking Programs are running, from this academic year a new course has been implemented in their 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 currently running academic year Family Medicine will be taught in a much higher number of lessons, which gives us a great opportunity to involve students in the ongoing research programs of our department.

Vocational training:

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

CME:

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

In April 2008. We have organized the 9th Conference of Teaching General Practitioners, which is an obligatory meeting for every doctor who is a teacher and is open for all GPs in Hungary, this year we have had 400 participants.

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

Since I had the chance to participate in Leonardo course in Zakopane. With some other 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 has been recently completed. The structure is very similar to the one of the tutor training. Since October 2007 trainings have been hold in the whole country, and almost 200 GPs were trained so far.

ICELAND:

Alma Eir Svavarsdóttir

BME:

No changes

Speciality training:

Aiming for more positions and more funding. Just published three books one on the curriculum, one on how an office should be supplied, and one on ideology of FP.

CME:

No big changes. 15 days abroad per year + cost. Also increased support from the Icelandic college of FP and decreased support from the drug industry by our choice.

Health Care:

Big concern is that in the next 10 years about 40% of FP will retire because of age. Although a huge increase in interest in FP in Iceland the numbers we are producing as family physicians just about covers the increase of the number of people in the country. We have not as of now been able to fill up the gap before 2001 when all the young doctors decided to specialize in another field. Because of change in politics now is an increased interest in privately run practice, has not been implemented.

My role as a Icelandic EURACT Council member:

I have presented EURACT and the work done by EURACT on a meeting with all the chair of health in the Reykjavik area. Personally I am responsible in organizing the Leonardo EURACT Course in Iceland in May 2008.

IRELAND

Dr Owen Clarke

BME

The main developments are;

- (a) UCD (University College Dublin) has commenced a modular approach to teaching in the pre-clinical years. For example there is a module in vascular medicine, which integrates the anatomy, physiology and pathology of the vascular system.
- (b) TCD (Trinity College Dublin) has used two GP practices in the recent final medical examinations. It is planned to use more practices in the future.
- (c) The recently started graduate medical schools, one in Dublin (RCSI) and the other in Limerick University are progressing satisfactorily.

Specialist Training**Quantity**

The manpower situation in general practice is gradually getting worse and is expected to peak in about five years time. A plan to increase the number recruited to GP training by 30 for this year (from 120 to 150) did not materialize due to lack of funding. This has been the subject of much concern and protest by the profession.

Structure and Content of Training

Many doctors commencing training for general practice have previous post registration hospital experience in relevant sub-specialties. They still have to complete the entire four-year programme usually rotating through posts in disciplines in which they have previous (sometimes extensive)

experience. There is currently a proposal under consideration to commence a pilot project which would allow a few of these doctors each year to complete their GP training with one month of a taught GP module followed by two years of practice based experience. The implementation of this is not agreed to date.

ISRAEL

Yonah Yaphe

BME

Tel Aviv University continues to use the EURACT educational agenda as a basis for the undergraduate teaching program. The curriculum is based on a series of knowledge and competence objectives defined by the core components of the agenda. Assessment of students includes a family presentation at the end of the senior year clerkship. Preparations are also underway for a standardized national summative examination for all medical students including a section on family medicine.

VT

The Petach Tikvah department reports that it is using videotaped consultations to teach communication skills to trainees. National examinations in family medicine were held recently with 40 candidates applying. A high failure rate at the second sitting of the exam in April caused some soul searching among examiners (as well as candidates) but it appears that the trend for a lower pass rate among foreign medical graduates is continuing.

CME

The academic (university) departments of family medicine continue to lead the way with innovative CME programs in all regions. The Haifa department ran another national work on medicine and the Holocaust and the Rehovot department has organized its successful annual workshop on cancer prevention.

Research

The national annual scientific meeting of the Israel Association Family Physicians was hosted by the Tel Aviv department this year. Over 80 original scientific papers were presented in several parallel sessions. There has been rapid growth in research with departmental research forums established in all academic departments of general practice.

Personal

This year began with the start of my sabbatical year in the Department of Community Health at the University of Minho in Braga, Portugal but it has evolved into something else. As a result I will probably be taking a full-time post in Family Medicine for teaching and research and will be remaining in Portugal. I will be stepping down as Council member for Israel with many good memories and long-lasting friendships. I wish my successor and all my friends on Council the best of luck and many more years of creative endeavour.

ITALY

Francesco Carelli

Basic Medical Education

More steps for basic medical education are now organised in Italy. Now we have various kind of experiences in Bari, Genova, Pavia, Udine, Bologna, Rome, Milan, with courses and lessons (even if usually not in a really structured module) for students on fifth and sixth year. The real news is in Milan where EURACT National Representative was successful in presenting good results from tutorship managed previous academic year scheduled on EEA system and philosophy: now he is in charge for two growing and requested Elective Courses of Family Medicine.

A course is organised for Tutors specifically for an unique aim: the post-graduating national exams to get professional license. These ones are really Tutors for the University, working in every town where an University of Medicine is seated, and in charge on deeply examining the new doctors giving a structured scheme of scores, in this way judging what these students learned during six years in University, usually not been prepared at all on Primary Care specific competences, because lacking of family medicine teaching in the curriculum.

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

Postgraduate specialist training

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

The National Task Force on Undergraduate and VT met four times in Treviso and in Rome and two big mail- lists work now strongly all the time, exchanging and developing ideas in progress, also on EURACT Educational Agenda and core competences...and assessment and performance. On the other side, big Scientific Societies and Trust Organisation see VT as a CME dependance for their lessons to friends of friends, nothing else, not a specialty at all.

Continuing medical education

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

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

Health Care

The National Health System is getting one of the worst period in its life with cuttings, inquiries (also in Courts !), conflicts, problems and finally an economic recession. So, GPs are on the highest level of frustration and burn out since years and many, as soon as possible are looking at retirement. As example, also with WONCA Europe Congress for the first time in Italy, sponsorships were not and are not still allowed for Family Medicine, companies involvement is disincentived and everything for Family Medicine is considered of second level, but at first level as control for

finances guards and magistrates (Paris got the consequence, Istanbul will be strongly worse with nobody from EURACT able to go).

Life as Council Member

The National Representative translated the EURACT Statement on Selection for Teachers and Tutors, Now i consulted and used for VT in four Regions, for national exams in some Universities and in Milan for BME and by WONCA Italy , the aggregation of networks refused by the national societies.

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

In these months, being so big the duties, and so upsetting and boring and time consuming the administrative side for membership and at the same time for coordinate and spread activities a EURACT Secretariat was created, and a mail list and an Operative Board. The four biggest blog discussions in list were about ECE, about pediatricians, about Alma Ata Declaration, about VT entrance texts.

The Nat. Rep. got other papers of him published on the European Journal of General Practice (also as Editorial), on British Journal General Practice (as paper, as letters, as backpages), on Family Practice, on Slovenian Journal of Family Medicine, on North West London Journal of General Practice and on weekly Italian magazines (just every time with themes concerning EURACT, five expressly only on EURACT , on BJGP and on NWLJGP more pages on EURACT in the European Context).

So EURACT persists to be known, as it was in all these long years of work in Council.

The National Representative was appointed also for this year as Professor for Family Medicine at University of Milan for students at 5th and 6th year (winning two chairs) with enlargement of duties as the Deanery asked him, as first example, to chair two elective courses in Family Medicine with thesis developments. Being successful, the Courses are been to be repeated for all the next academic year with continuous weekly heavy calendars.

New members for EURACT continue to stay, all from different geographic areas and from just all different GPs Societies (Csermeg, Snamid, SIMG, SNAMI, FIMMG, local P.C. schools, and now also ASSIMEFAC, society in WONCA and from GP Health Educational Authorities, the same to say for AIMEF) . So EURACT – Italy is absolutely the biggest and unique as working international society in Italy and the most visible on journals and on internet. We have lost some members really convinced not to receive enough feedback or pressed by their national societies to leave ...and this would be a matter of reflection in the Council.

Also, EURACT got a prestigious room of representance in Rome in Piazza Navona for extra-VIP meetings.

The old founder of Italian College of General Practitioners managed with EURACT Nat. Rep. so he is now Honorary Member in charge for EURACT for all contacts with Ministry of Health and

Ministry of University and Research, this also with agreement by Presidency of the main national GP association.

Many of EURACT Italy members are directly or indirectly, more or less involved (I thank so many doctors: Valle, Di Marco, Rieve, Nati, Bruschelli, Stimamiglio, Petrazzuoli, Buono, Carosino, Valcanover, Colorio, Sartori, Gorini, Coronelli, Rivolta, Bagnoli, Cacici, Migliavacca, Sorghi, Alice, Forfori, Noberasco).

Now an EURACT Italy Operative Board is working since the national meeting in Modena on 21 September 2007. each one of the seven members is in charge for specific duties: coordination for Northern – Central – Southern Italy, relationship with Universities, relationship with Ministries of University and of Health, BME, VT Schools, relationship with trust associations, relationship with VdG and Giotto, translations in both directions.

Florence style and time had been to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters unfortunately are not really going for the best because of new internal conflicts and refusing ageing WONCA and EURACT concept on Definition, Competences, Selection, Quality Assessment and we see consequent weakness as a whole and worsening low level working conditions for Gps.

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

The invited GPs are pushed to accept discussion and put together information concerning news and working in progress for activities in their positions.

The network will overlook as an umbrella and will operate a link with the existing mail-lists on VT and on undergraduate and teaching at national level.

The network will work on documents so to present them at political tables where trust associations and government discuss.

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

BME and VT elements according to EEA are works presented in London (by Francesco Carelli) and in Paris (by Stefano Alice) , the Nat. Rep. is appointed in November by University to manage a Meeting on Communication skills and problems in GP (EEA vignettes in use) . The same was for an invitation in Hungary during EURIPA Meeting.

One EURACT member (Alice) is now in the Ministry Commission for VT, hoping this time to get the specialist style. Another one (Sartori) is inside Giotto, the VdG Junior Doctors National team.

Another one (Baruchello) is Nat. Rep. For Quality, another one (Petrazzuoli) is Nat. Rep. For EGPRN, another one (Carosino) is Nat. Rep. For EURIPA, another one is for EUROPREV...more than a poker.

LATVIA

LITHUANIA

MALTA

MOLDOVA

Natalia Zarbailov

zarbailovnatalia@gmail.com

The Republic of Moldova lies in the central part of Europe in the northwestern Balkans. On the North, East and South Moldova is surrounded by Ukraine, and on the West it is separated from Romania by the Prut River. The capital of Moldova is Chisinau. Population - 3424.4 thousands persons on Jan/01/08. Approx. number of physicians 12577, family physicians – 2031.

The healthcare system was reformed in Moldova one step at a time.

1988 - The beginning of preparation and stage-by-stage transition to PHC organization by a principle of the general practice / the family doctor through the 6 month vocational training.

1993 - The Family medicine has been legalized as a medical speciality

1993 - Preparation of family doctors through the introduced Intership

1995 - The Law on Public health services in Republic Moldova

1997 - Governmental orders:

«About the statement of the concept of reform of public health services in Republic Moldova for the period with 1997 – till 2003”

«About Progress of Primary Medical aid in Republic Moldova “

„About continuation of reforms in PHC by principle GP / the family doctor „

Actually it is a multilevel system with primary care - Family Medicine, secondary - consultant-specialists working outside the hospitals (decentralization and financial autonomy of PHC started on 1st January 2008) and municipal hospitals, tertiary – specialised national level hospitals and clinics.

There are more than 2000 Family physicians, working in public medical centers, at present private practice is encouraged also.

The system is financed by National Health Insurance Company through compulsory health insurance and is more or less characterized by the gate-keeper role of family physicians who paid per capita for the patients enlisted with them (usually from various age groups), there are also some fee-for-service payments and awarding (bonification).

There is only one Medical University in the country. Every year more than 400 persons graduate General Medicine faculty, residency training is compulsory, 42 physicians graduated family medicine residency training in 2007.

Basic Medical Education

Family Medicine was introduced in University curriculum due to Bologna process reforms. Curriculum development started in 2007 and rotation began in February 2008 at the Family Medicine Department. At the Medical University in Moldova also Russian, English and French Speaking Programs are running. Family medicine rotation is incorporated at 6th form, 3 weeks/ total 105 hours/ 24 hours theoretical lectures/20hours interactive training/54hours patient care/7 hours exam. Lectures and interactive training focused on next topics: Family medicine as a specialty; Family physician practice and compulsory medical insurance system; Diagnostic of health; Health promotion and disease prevention; Patient in the family context; Communication patient-family-physician; Medical ethics; Patient oriented care; Comprehensive approach; Holistic approach; Particularity of diagnostic and treatment process in family medicine; Continuity of health services; Home care. Approx. 426 students were trained by Family Medicine Department staff and family doctors from Public Medical Centers during the period from February to May 2008.

Vocational Training

Education started in 1998 with 6th month course called Family Medicine retraining courses for doctors who had another specialty than family medicine (mostly internal medicine and district paediatricians, also gynaecologists etc) and finished in 2007.

Since 1993 to 2002 we had internship in General Practice during 1 year for doctors who have graduated from the medical faculty.

Since 1997 started vocational training (residency training) which is 3 years - unique opportunity to get specialisation in Family Medicine for the moment. The curriculum includes 1 year training at the Medical University and university hospitals \ modules in the basic medical specialties: internal medicine, pediatric care, emergency care, basic family medicine. Second year is spent on different rotations such as Ob-Gyn, Surgery, Oncology, Psychiatry, Dermatology, Hematology and Ophthalmology and so on, plus 1 month rural area rotation. Third year is completed with some narrow rotations such as Management, Epidemiology etc., and 6 months in Family Medicine clinics, last 2 month in rural area. The final state exam for getting specialty is done by practical exam, by testing of theoretical knowledge and oral discussion.

CME/CPD

There is a system of compulsory CPD requiring that every physician gets a certain number of credit hours \ 400 for a period of 5 years\ from accredited programs and events. There is a CME faculty at Medical University that organize accrediting CME program. Family Physicians Association also organizes CME courses and conferences, and every four years a Congress of Family Medicine. At present at Family Medicine Department three 2 weeks CME courses are spent.

What I have done as EURACT national representative

Informing EURACT members in Moldova and colleagues from Family Medicine Department about activities connected with EURACT;

Initiate the research about Family Medicine Practice development in Moldova with a goal to organise CME not in empirical way, based on research concerning family doctors opinion and needs, also to propose new forms of CME organisation in Moldova, e-learning for ex.;

Developed with colleagues from Family Medicine Department university curriculum based on EURACT agenda, with a purpose to encourage ECE in undergraduate education in future perspectives;

Has considered the student's expectation concerning the Family Medicine Rotation in order to make it useful and interesting for students add maximum;

I am involved in FM Residency training program assessment. At present the program needs approach to European educational standards and changes according to public health care system.

We would like to host one of the next EURACT Council meetings. It will help to focus more on the role of Family Physicians in Moldova and family doctors here will get a great benefit for having such a meeting in their country.

THE NETHERLANDS

NORWAY

POLAND

Adam Windak

Undergraduate education:

No major changes in this field. Family medicine is taught on the undergraduate level at all medical university schools in Poland. Nearly all of them provide minimum of 100 teaching hours to all students.

Postgraduate education:

Shortage of candidates is visible in whole country. This applies to all specialities, not only to family medicine. Many young graduates chose further professional career abroad immediately after basic medical education. Vocational training in family medicine is still 4 year long with 50 : 50 division between family practice and hospital settings. There were no major changes in the curriculum during last years. Recently discussion is raised on the issue how to stop the training in extreme cases e.g. mental disorders, alcoholism or chronic negligence of educational duties. Precise regulations are missing what cause sporadic, however severe problems.

Continuous Professional Development:

Rapid and rather uncontrolled development of CME activities is observed in Poland. The College of Family Physicians in Poland organizes systematic training in 16 major cities 4 – 5 times a year. Several thematic schools and national conferences are run regularly. The distance-learning programme developed within the Leonardo project is used by over 4000 users. The educational journal is published monthly. On the top of these activities there is a lot of others organized by pharmaceutical companies and other scientific societies. Such a big pressure is created mainly by the credit system, introduced few years ago. The Chamber of Physicians tries to dominate in this system what affect the quality of the training provided.

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

I was organizing the first Assessment course in Zakopane, which was very positively judged by the participants. I also continue Leonardo EURACT courses. The number of graduates is slowly reaching 500. The next course is planned for autumn.

PORTUGAL

Luís Filipe Gomes

1. In general

“Primary Care Reform” is still going - slower. Next step will be to create “conglomerates” of Health Units. Lots of discussion on that matter, many GPs don’t like it – fear of bureaucratisation and depreciation of small units autonomy under newly installed nomenklatura.

Previous minister of health fell down mainly on account of the population protests against new emergency policy. New minister is a paediatrician, and she is doing thinks more carefully.

2. Basic Medical Education

Nothing new.

3. Vocational Training

Still waiting for the new 4 years Program to become official.

4. CME / CPD

News, but only at regional level: I accepted the invitation to create and run a CME project in Algarve. I designed a EMC Plan – based upon the dynamics of small groups – much according to the Irish model – and started selecting and training the future Tutors. Yonah is helping me designing a Course for group leaders (28 – 29 April). Next May we'll run a new EURACT course for our tutors and trainers. We will have our first Tutors Meeting in June and start with CME groups in September (hopefully). If we succeed in Algarve, there could be a change of spreading it to the all Country. We'll see.

5. Work done as a EURACT Council member

Four new Portuguese members joined.

Portuguese edition of EEA is being distributed. A lot of interest on it. I presented the Agenda in meetings and workshops (next will be on May 31 in Oporto).

I prepared the leaflet for the EURACT Assessment Course in Rome – and I am willing to develop the ongoing presentation for the WONCA Conference in Istanbul.

I presented EURACT and the EURACT Educational Agenda to our colleagues in Bahrain, where I went as a guest to assist final GP exams.

ROMANIA

Dr. Razvan Miftode

Postgraduate Specialist training

Starting with 2008, The Ministry of Health in collaboration with Ministry of Education will apply a new method for acceptance in post-graduate Family Medicine training (to become specialist in Family Medicine). It is a matter of three kind of post-graduate training: 1. Without working place; 2. With working place offered by local communities and 3. Part-time post-graduate training intended to the Family doctors who have practice office, they are practitioners and they wishes to obtain the specialty in Family Medicine. The duration – minimum 3 years.

Continuing Medical Education

The Romanian College of Physicians (RCP) demands each physician to fulfill minimum 40 credits every year by participating in work-shops, scientific conferences and other training activities. These educational activities must be certified by RCP and needs to be accomplished under the supervision of National Center for Medical Training or other CME organization society (exp. National Center for Research in Family Medicine, CNSMF www.cnsmf.ro, CPSS - The Center for Politics and Health Services, and regional organization for CME located in Iasi, Timisoara, Cluj and Bucharest). It could be notified some projects developed during 2007 that will be fulfilled in 2008 :

- the EPA Project (by CNSMF) – the evaluation of the GP office quality;
- “The Management of Patient with Depression in FM office”, coordinated by Iuliana Popa (the former national representative in EURACT Council);
- “The Management of Asthma in FM office”, coordinated by dr. Alexandra Cara (member of EURACT);

- “Improving the Romanian Vocational Training” Project, under the supervision of Prof. Viorica Enachescu from Family Medicine Department, University of Medicine, Craiova - Romania in collaboration with another EURACT members (dr. Cristian Sandulescu, dr. Madalina Manea , dr. Madalina Dumitrescu).

During 2007, National Society of Family Physicians (SNMF) - in collaboration with local FM associations - organized several national conferences with a relevant participation. From the January 1st so far it was 3 national conferences for Family Physicians, located in Bucharest and, until December 1st it will be another 2 national scientific conferences: Sibiu – The National Forum of Family Doctors, and Bucharest – The 2nd Edition of Health Market, under the organization of CNSMF.

General practice

During 2007 some events concerning the medical activity in FM office were occurred:

- the law concerning the put up for sale the medical offices to Family Medicine practitioners it was declared out-of-law by the Constitutional Court, therefore a lot of GPs are having difficulties on account of this situation. Many medical offices were demanded (by revendication lawsuit) by another entities, situation which became a very serious problem in relating with their practice in the future, and also, their development.
- The National Program co-ordinated and financed by Ministry of Health concerning the **population health evaluation** it was a good opportunity to show the importance of Family Medicine as primary health care network, and also to increase the office financial income.

As well, during the 1st half of the year 2008 it will be starting the IT National Health Care Program; until the end of April 2008 almost 11,000 Family Medicine practitioners have received IT devices (printer, software and notebooks) for each medical office.

In 2008 it is estimated that the General Practitioner's financial incomes will be double than 2007.

RUSSIA

Elena Frolova

Health care system

On the 7th May the inauguration of new elected President of Russia will proceed. After that day the new Prime minister will order the new Ministers as well as Minister of Health Care. We are waiting for this and do not know what changes in the whole system may happen.

Basic Medical Education (BME)

There are no any new events in this area.

Vocational training (VT)

The partnership with the Leuven Catholic University was started after Zagreb Council Meeting in 2007. The colleagues from Belgium organized the Course on research methodology for residents, the workshops on “Train the trainers” for physicians, “Consultation's skills “ for physicians and residents and “Electronic environment for education and teaching”. All materials were perfectly prepared and transferred to St-Petersburg, including CD and manuals. Some of collaborative research projects with the young researchers were started also.

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

Continuous Professional Development (CPD/CME)

The CME is an important part of personal and organizational certification and licensing system. In the frame of CME the big entire Russian scientific conference of GP will take place in October in St-Petersburg.

The professional association of GPs plays important role in CME. The Department of Family Medicine of MAPS organized under the EURACT umbrella workshop “Make your personal learning plan”.

Personal information

I would like to stress that Russian-Belgium collaboration was initiated with EURACT members-professor Jan Degryse and Elena Frolova.

The workshop “Make your personal learning plan” is available in Russian language now.

SERBIA

Smiljka Radic

Basic Medical Education

Workshop with topic: “Doctor-patient communication” and home visits to cross-cultural communities are organized by general practitioner for first-year students within subject “Medicine and Society”. For second-year students home visits and visits to Primary Health Care Centers were held during 2007/2008 school year. General practice as subject does not exist at undergraduate level, yet.

Vocational Training

Specific topics for general practice and new topics are incorporated in curriculum of specialization of general practice and were presented at the very beginning of 2007/2008 school year by general practitioners involved in teaching at School of Medicine, University of Belgrade.

At School of Medicine, University of Novi Sad one general practitioner become assistant in general practice.

CME

Leonardo EURACT course was held in November 2007 in Policlinic of Clinical Centre of Serbia. At School of Medicine, University of Novi Sad was organized Leonardo EURACT course in March 2008.

Course for mentors in General Practice following Bled course was organized in April 2008, under the patronage of EURACT.

Different types of courses for general practitioners are conducting.

There is obligatory recertification for all doctors in Serbia, which is novelty and it was set up by law. The recertification cycle is every seventh year, meaning that every year doctors must collect 24 credit points in order to have 168 points at the end of seventh year.

What I have done as EURACT national representative

- Report about EURACT Council meeting in Gavle, Sweden, sent to all EURACT members in Serbia

- Report about Leonardo EURACT courses at web-site of School of Medicine, University of Belgrade
- Report about EURACT and EURACT activities:
 - at web-site of Serbian Medical Society, General Practice Section
 - in Serbian journal "General Practice"
- Presentation about EURACT and EURACT activities to:
 - trainees in General Practice at School of Medicine, University of Belgrade
 - first year students at School of Medicine, University of Belgrade
 - members of Scientific Board in Serbian Medical Society, General Practice Section
 - general practitioners in Primary Health Care Centre "Zemun" where I am employed
- During WONCA Europe Conference in Paris 2007 oral presentation of EURACT free standing paper: "Implementation and dissemination of Leonardo EURACT courses in local settings"
- As one of teachers and authors participated in the First EURACT Assessment course in Zakopane, Poland in November 2007
- Director and member of organizational Board of Leonardo EURACT course held in November 2007 in Belgrade

SLOVAKIA

Eva Jurgova

General information

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

Primary health care is provided by two types of doctors:

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

Undergraduate education

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

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

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

Vocational training

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

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

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

CME

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

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

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

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

SLOVENIA

Janko Kersnik

Undergraduate education

Teachers’ manual for the students’ attachment programme was published. A textbook Principles of family medicine for the 4th grade students of Maribor Medical School was published and well accepted. At Medical School in Ljubljana there is a curricular reform under the leadership of professor Igor Švab going on, bringing early exposure in the 1st grade. The first class of students at Medical School in Maribor successfully finished their curricula producing nearly 400 pages written assignments on primary care aspects of clinical care. The abstracts are available from page

http://med.over.net/javne_datoteke/novice/datoteke/13671-Zbornik_IZZIVI_DRUZINSKE_MEDICINE_2007-08.pdf

Medical School collaborates with School of linguistics and the texts are being translated to English and German as part of University project.

Vocational training

The Vocational training for family medicine trainees continued. 8th generation of trainees started in April. A working-group is continuing development of a new VT curriculum for FP training.

CME

We hold 4 national courses after 16th EURACT Bled course with total 150 participants. We kept 4 CME meetings in October, November, March and April with an average of 250 participants. We organised a course after rolling course with 55 participants in April and May. We published a manual on 100 diagnostic procedures used or referred to in family medicine. The chapters are split in two parts – instructions for doctors and instructions for patients. There is a CD with printer friendly versions of instructions for patients, which can be easily printed out during the consultation.

WHAT HAVE I DONE FOR EURACT

I was representing EURACT Bled Course in Zlatibor Serbia. I attended EB meeting in Kranjska Gora. I was monitoring the developments in EURACT Italy. I prepared sponsorship forms for EURACT Assessment Course in Rome and EURACT Bled course and some bullet points for the discussion regarding non-attendance and non-payment issues, which will be discussed in EURACT.

I was working on the organisation of EURACT Assessment Course in Rome November 2008 and 17th EURACT Bled course, September 16-20, 2008, **LEARNING AND TEACHING ABOUT SELF-MEDICATION IN GENERAL/FAMILY PRACTICE**. Web site <http://www.euract.org/> or <http://www.drmed.org/novica.php?id=13081>. Faculty; Justin Allen, UK, Manfred Maier, Austria, Yonah Yaphe, Israel, Coreia de Sousa, Portugal, Janko Kersnik, Igor Svab, Marija Petek-Ster, Nena Kopcavar-Gucek. A limited number of sponsored places are available through the EURACT sponsorship programme. EURACT members from lower income countries are eligible to apply for sponsorship, using the application form. During the course keynote presentations (Introduction to Self medication, Regulation, Concordance and Compliance, Social Aspects, Complementary Medicine, Unforeseen consequences), group work, role-play, fieldwork and discussions will be held. Country reports concerning patient self-medication are welcome. A selected number of presentations will be allocated to be presented to the audience during Saturday morning plenary session. Abstracts should be sent to the address below by July 15, 2008. Course directors will evaluate the contributions and will notify you on the acceptance of the presentation by the August 31. Presentations will be assigned as oral or poster displays. After the course the participants should

- Know different options for self-medication
- Understand the reasons for self – medication and social aspects of self care
- Know, that unforeseen reactions to OTC medication are possible
- Accept, different statements of physicians and patients toward complementary medicine
- Appreciate complementary medicine as valuable alternative to official medicine
- Value of patients compliance/concordance
- Recognize, that medical students and trainees should learn about self medication

OTHER

I enjoyed climbing mountains, skiing, working on research projects and working in EQuIP.

SPAIN

SWEDEN

Monica Lindh

Basic Medical Education

BME still consists of 5½ Years of theoretical and clinical training, done at a Medical University/ Hospital, or at another hospital as well as in GP/Primary care.

Early exposure to general practice and professional development are important and expanding parts of the curricula at all Medical Universities. Eg students meet patients in GP as from the 1st Year. The revised curriculum (2007) at Stockholm University includes a total of 13 weeks of family medicine/GP. The Professional Development courses usually run for years, starting from the 1st Year. At Lund's University the final Year includes a new course titled "the Individual and Society" about the different roles of a doctor etc.

After 5½ years the *Internship* starts. It remains the same (6 months surgery, 6 months internal medicine, 3 months psychiatry and 6 months GP) followed by a summative national exam.

Specialty training (ST)

The Swedish National Board of Health and Welfare recently referred the new Bill on Specialty Training. The Directors of Training, Medical Associations, employers/Provincial Governments etc submitted their comments by the end of March. Positive comments relate to: the same framework for all medical specialties, qualitative aspects being emphasized, etc. Negative comments by employers include fears of increasing costs. The Swedish Association of Family Medicine (SFAM) would like the role of the Directors of Training to become far stronger. We are now waiting for a final decision.

Another Bill by the Government/National Department of Education is dealing with the complementary training of doctors, initially trained in a “non-EU” country, in order to get Swedish authorisation. Some will probably have to do a complementary training at a Swedish Medical University before carrying on with Internship, and thereafter Specialty training.

Continuing Professional Development

CPD-activities are done in many different ways, eg small-group learning, seminars, courses etc (see previous report). There is no compulsory re-certification, although it is being discussed. However more and more GPs are concerned about financial constraints and pressure by the employer to “produce” more health care. Will there be time/money available to take part in CPD in future?

Health Care

The present conservative government is increasing privatisation in society. Several Provincial Authorities (responsible for Health and Welfare) have introduced new models of organizing Health Care. These models are all different. Eg in Stockholm, a health centre gets money according to the number of patients listed, taking into account the age of patients (more money for very young children and for old patients). However it does not pay attention to socio-economic factors. The result is that health centres in socially deprived areas (eg many immigrants being young/middle-aged), get less income and have to dismiss doctors and nurses.

Other future changes (eventually from 2009) are: eg that doctors not being specialized in family practice might be allowed to work as GPs (the present law states that you will have to be a specialist in family medicine). This is under investigation and we are awaiting a decision.

“What have I done for EURACT?”

Reports to funders etc regarding the EURACT Council meeting in Sweden in October 2007.

Took part as a course-faculty member in the new EURACT Assessment Course in Poland in Nov 2007.

In collaboration with Mario Sammut and Bernhard Rindlisbacher finalized the article about the EURACT VT & funding survey (2006). It has been accepted for publication in the European Journal of General Practice.

Informing about EURACT via e-mail and at meetings.

SWITZERLAND

Bernhard Rindlisbacher

For the second time after the big demonstration in Berne two years ago the 1st April was celebrated as the day of GP/FM in Switzerland. GP-practices were open to the public and on national television there was a documentary film on the work of a GP.

Basic Medical Education

In Zurich the new professor for General Practice, Thomas Rosemann from Heidelberg, Germany, has started his work as head of the institute of GP/FM. In 3 out of 5 faculties there are now professors for General Practice, one of them, in Geneva, was however a subspecialist before. 4 faculties have their institute. Berne until now has neither a professor nor an institute. In Berne on the 1st April there was a public lecture on family medicine in a tent in front of the university building as a symbol that General Practice is still “outside of university” and waiting for its own institute. The press was here and also the Bernese minister of health.

Vocational Training

Programmes for at least 6 months in GP/FM out of the 5 years of postgraduate training are being put up in several cantons but there are still not enough posts for every future GP.

Switzerland seems to be (apart from Croatia) the only country in Europe which has on one hand “practicing physicians” with only minimal postgraduate training of 3 years and on the other hand “GP-specialists” with 5 years of training like other specialists. Now the EU has said that it is not possible to have 2 different titles. So there is political pressure that the specialist title of GP should be abandoned and only the “practicing physician” with minimal training should be kept. (It is cheaper to train the GPs only during 3 years!) The problem behind it is that we have quite a few GPs trained abroad coming to Switzerland. If we only keep the specialist title with 5 years of training, the foreign GPs with less training will be accepted as equal which seems not to be fair to the GP-specialists trained in Switzerland. So possibly the specialists will call themselves “Specialists for General and Internal Medicine”.

Continuing Professional Development

There has been put up a new regulation for CME-credits recently. Out of 80 hours of CME/CPD per year as before 30 hours do not have to be proved (personal lecture time).

Out of the 50 hours to be proved only 25 hours have to be “core-CPD” of the speciality (this was 40 hours before), 25 hours (only 10 hours before) can be CME/CPD in a larger sense, including special interests, practice management etc. So the regulation is a bit more liberal.

What have I done for EURACT

Not very much in the last half year, I am afraid, still due to work-overload. But this is finally getting better and I am looking forward to be able to give more input in the future.

TURKEY

UKRAINE

UNITED KINGDOM

Roger Price

Introduction

This is a short report and more information is available in the discussion at Council or from references.

Basic Medical Education

The UK graduate output is now around 7,000 per annum and this is raising some concerns about the future workforce as below under MMC report. The Medical Schools are working with Postgraduate deaneries now to consider how the move to professional training is best managed. The Immigration regulations have been modified to support the possibility of ALL UK graduates gaining training placements in their early professional careers.

Foundation and Specialty Training

The 2 year Foundation Programme has been heralded as a success by the Tooke report, but there has been little other published evidence to support this enthusiasm. The recruitment process for the Foundation Programme has developed and is now a robust national process which allows doctor to start their careers in a broad-based programme. Recruitment to Specialty Training Programmes beyond that apart are diverse and will become more of a national process next year. There are significant discussions ongoing at the present time about Specialty training in the light of the Tooke report to government. The relevance for GP is that we may be looking at a 5 year training programme from 2001, but that more of it will be based in secondary care in a core training programme initially to allow trainees to consider a variety of specialties for their eventual careers. For example, GP, Paediatrics and general medicine share some common working habits and competencies, particularly in the early years, and a core programme for the first 2 years might have advantages.

GP Specialty Training

There are some developments in GP Specialty training. One of these is that we now have programmes where the trainees will spend more time in the community rather than hospital; in my area we have 4 months with a GP trainer in each of the first two years of the programme before spending the whole of the last year in a different training practice. The hospital posts are going to be 4 x 4 months rather than 4 x 6 months in the first 2 years. This will be evaluated to ascertain trainees' feedback, to determine if there is a more successful outcome to training and what it adds in terms of diversity to work in two different GP environments. We insist on a mix of rural and urban experience for example. The assessment process is changing to the nMRCGP. (Please see www.rcgp.org.uk for details). The major difference from previously is that workplace-based assessment will take place throughout the 3 years of the Programme, with Trainers' reports each year and 2 external assessments during the last 12 months of the Programme. This has started well and allows us to more easily identify when and where there are problems for trainees or training during the programme rather than wait until a final summative assessment failure.

CME/CPD

This continues to be variable throughout the UK with some areas of excellence and some struggling to demonstrate significant work. The implementation of revalidation and recertification of GPs is becoming clearer. We will require a more transparent demonstration that we are keeping up to date and that we are aware of our deficiencies, are addressing them and working as teams to make this development meaningful for our patients. The details are still far from exact. One development is to establish a formal project to examine what is possible for each GP and the organisation to sustain an up to date workforce. A Postgraduate school is being established in our deanery to work specifically on re-certification and CME.

National issues

We have seen the Tooke report www.mmcinquiry.org.uk/draft.htm and now have the government response. This will influence the next developments of Specialty training. One of the significant recommendations was that General Practice has been doing extremely commendable work in this area and that we shall carry on as we are. There is an expectation that many other Specialties will

adopt our Selection framework; it is already being used in the Foundation Programme where Competencies are identified and assessed for recruitment.

Personal work for me since last summer has included going to WONCA Conference in Paris. We worked with the Vasco da Gama group and I hope that support from Smiljka, Egle and me will be helpful for them. I have attended my first executive meeting and I have to report that a lot more work was done there than I imagined. I have submitted an abstract for WONCA Europe conference 2008 on training for GP in the environment of General practice.