Annex 1

Review of national educational activities
EURACT Council meeting
in Leuven, Belgium, November 2010

EURACT Council meeting
November 4-7, 2010
Leuven, Belgium

COMPILATION REVIEW OF ACTIVITIES
Leuven, 4-7 November 2010

ALBANIA

AUSTRIA

BELGIUM

BOSNIA AND HERZEGOVINA

Edita Cerni Obrdalj

Health care system in B&H

Primary health care system has been going through reform.
Registration of patients by family doctors is not completed yet.
Accreditation process is ongoing, but finished in 7 Health care centers. Implementation of electronic medical chart in FM offices is not finished like as electronically connection between primary and secondary level of health care.

Basic Medical Education

Students do practice in FM centers with FM mentors and in villages with FM specialists. In Foca students do half of practice in their home towns. FM Department in Banja Luka has been involved in education of nurses within Faculty of Health Care for nurses. Primary Health Care and Family Care is the name of the subject that will be held during the third year of faculty for nurses.

Vocational Training

New generation of FM residents have started their program since autumn 2010 (altogether 40 residents). Curriculum of specialization in Federation of B&H will be changed in this academic year. Public Health and Accreditation in FM will be involved as the subject.

CPD/CME

Almost all centers organize CME for family medicine specialists and family physicians. Postgraduate additional training (PAT) is not organized in Federation of B&H this year, but still organised in Republic of Serbian. PAT has been organised every academic year from 2000 now in all FM centers and included GPs of whole country.

What have I done in my country as EURACT representative?

After my introduction by previous representative dr. Nataša Pilipovic Broceta and the president of Association of FP's dr. Melida Hasanagic, I started with my activities.
At first, I participated in Assessment course organized 19th -18th March in Banja Luka and plan to reproduce Assessment in Mostar. Second, I sent call for Assessment Course in Turkey. Three of our members are ready to go to Adana.

BULGARIA

Ass. Prof. Nevena Ivanova

Undergraduate Medical Education
There are changes in the education in General practice for this period- new Medical Faculty has been established in Sofia.

There are 6 medical universities in Bulgaria (2 in Sofia, Plovdiv, Varna, Stara Zagora and Pleven) and general medicine is included as a discipline in the curriculum of medical students in 4th and 5th year with a total of 90 hours \30h lectures and 60 hours of training sessions in teaching general practices\. There is also elective internship in the 6th year \20 days\.

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

Specialist Training
There were major changes in the specialty training. The Ministry of Health in cooperation with the Bulgarian Scientific Society in General Practice and the National Association of General Practitioners in Bulgaria adopted 4 very important acts for harmonization of Bulgarian legislation for specialization with the EU directive:

- New National standards in general practice-2010
- Change of the act for the specialization in General Practice – regulating the duration, structure, place of training, examination etc.
- Use of a new Program for the specialization in General Practice – including 12 modules form the basic medical disciplines – internal medicine, pediatrics, surgery, obstetrics and gynecology, neurology, ophthalmology, ENT, physiotherapy and rehabilitation, dermatology, infectious diseases, psychiatry and theoretical foundations of general practice
- Change of the system for accreditation of teaching general practices

Currently out of 5000(4949) general practitioners 1738 already have a specialty in general practice, 2347 are specializing and the rest will have to be specialist by 2015. After 2015 only specialists in general practice will be allowed to work as general practitioners. At the present moment as General Practitioners work doctors with specialty in Internal desease(1010) and Pediatrics(705).

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

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

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

Forthcoming is the 3-rd Congress in general practice in Plovdiv, Bulgaria 11-14 November 2010. Many doctors from South-East Europe will take part in the congress- Macedonia, Serbia, Turkey and others. Leading scientist from USA, France and Austria will take part as well. More than 200

scientific reports will be presented. 10 years anniversary of The Bulgarian Association of General Practitioners will be celebrated at the congress.

Bulgarian Scientific Society in General Practice and the National Association of General Practitioners in Bulgaria developed and published 2 guidelines in General Practice-Benignant prostatic gland hyperplasia and Gastro-oesophageal reflux, 1 textbook in General Medicine- authors prof.G.Ivanov and D.Dimitova, phD-both members of EURACT.

Prof.G.Ivanov has been appointed as National Consultant of General Medicine at the Ministry of Health.

CROATIA

Mladenka Vrcic-Keglevic

News from the country

New reforms, as many times ago are going on. PHC and Family Medicine are again "lips exercise", too many words and too little impact. Three congresis were held this year (three FM organizations), with more than 1500 family doctors, many oral presentations, posters and workshops. The WHO Project in Armenia "Quality development of Armenia PHC" done by the "A. Stampar Scool of public health-WHO Collaborative Centre" was finished in 2010.

Basic Medical Education

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

Vocational Training

Is in continuation. 150 trainees are at different stages of training. More than 600 trainees undertook specialist's exam until now. New VT curriculum was (4 years) proposed, but not yet accepted.

CME

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

What have I done for EURACT

The Croatians members were informed about EURACT activities and whole profession was informed as a report in Croatian Journal of Family Physicians and during annual conferences. During WONCA-Malaga two workshops and one oral presentation were done by EURACT Council members.

CYPRUS

CZECH REPUBLIC

DENMARK

Roar Maagaard

Basic Medical Education

3 medical Faculties in DK (Copenhagen, Odense and Aarhus). There is a political pressure to start a 4'th Faculty (in Aalborg – considered to be a outskirt location – and this should promote more specialized doctors to migrate to this area). Doctors union and Universities struggle against it: there is not the needed academic power in that area to make this a success – but the decision was finally to start from 1.9.2010. The number of student-intake has been raised by 200 till around 1200 per year from 2009 – prognoses tell we will have too many doctors in some years – and today: all too few!

Vocational training

No changes yet – but right now we are changing our list of competencies ("The 119") and perhaps we will also change the content a bit of the 2½ year training period based in hospital wards. Our system consists of 1 year basic training and 5 years specialist training. Time and experience with our system has shown that minor corrections must be done.
This spring the news media had several stories about badly qualified doctors from abroad – and it appeared that there is a hole in the EU directives on "free movement of workforces" – this hole is in Sweden, and we will try to "fix it" by contact to our health authorities. The Nordic Colleges of GP's and Medical Associations are trying to help, too – until now without success.
Different selection methods for choosing trainee doctors for GP-training are tried out.

Continuing medical education

Repetition from last time: No compulsory CME/CPD – but our national bodies (Danish Medical Association and GP's Union) propose that every GP should be able to document 200 hours CME over a 4 year period. A personal web-system for registration of your CME is provided by the Danish Medical Association.
The College and the trade union for GP's have made a new CME-initiative ("Systematic CME") ensuring all GP's are offered relevant CME in a 5 year scheme – this initiative is also meant to hinder a compulsory CME-plan that could be enforced on us by government. Negotiations about this plan have just now failed (reason to financial crisis).

Health Care

Lack of specialized doctors (including GP's) is becoming a major problem in Denmark.
In certain areas of Denmark many patients will lack a personal doctor in the near future. Something must be done… - but what? Right now GP's trade union is negotiating a new contract with our health authorities and this is a big issue in these negotiations.

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
Teaching of family medicine is provided in 2nd and 6th years of undergraduate studies. Mostly the active methods (interactive learning, video-consultation, skill-lab, case-analysis, workshops) are used.
Since autumn of 2007 year we provide special seminars in clinical pharmacology for 6-th year students, also we have special courses of prevention and evidence based primary care for all medical students.
Since autumn of 2008 our department has special curriculum for teaching pharmacists in undergraduate level. The topic of course is "Primary care medicine" and work amount is altogether 160 hours.
We provide also several elective courses for undergraduate students: "Evidence based diagnosis and treatment of common infections in outpatients clinics", "Research in primary health care", "Evidence based prevention of common chronic diseases".

Vocational training
Mainly the same, as it was.
Duration of residency training in family medicine is 3 years and includes more than half time in family practice where the trainees work under the guidance of tutor (senior FD). All family doctors who would like to be a tutor should pass the re-certification with specific requirements.
We have regular training courses not only for the trainees, but also for the trainers- in each year in May in different topics.

Continuing Medical Education/ CPD
Amongst the priorities of the Estonian Society of Family Doctors' during last years, have been stimulation of both, the professional development and quality of work as well as assessment of professional competency.
To facilitate family doctors' professional development, Estonian Society of the Family Doctors created special web-based self-training environment „Svoog". This environment allows all registered family doctors to watch by the internet all the conferences and lectures organised by the society of family doctors, ask the questions and respond them and create own personal account for CME points.
At the moment SVOOG includes about 180 different topics and lectures of which family physicians can listen and read without living their everyday practice.

CPD includes also elements of practice quality. In 2009 Estonian Society of Family Doctors worked out collection of standards describing acceptable level of family medicine practice organisation and clinical work. The document consists of written text, tables of the indicators, the example of patients questionnaire for the feedback and digitable tabel in our society intranet for voluntary comparing the practices and doctors. The quality guide has 4 parts: access to practice, organisation of the practice, quality of clinical care and practice as the base of teaching and research. Quality management system is linked to the practice contracts and certain incentive system.

Health care organisation
Family medicine has quite stable position in the health care system. During last year primary health care took even more responsibility in health care through making gate-keeping position more efficient. Some problems exist with health care personnel and especially in rural areas. Young

family doctors do not like to go work in rural areas and there is no good incentive system to support this. The task profile for family nurses is described and officially recognised, and this places more responsibility on the well-educated nurses. Now family nurse is the first point of the contact with the patient and she makes the first decision.

One very important development is related to nationwide the e-health system (please find more information in the last report).
From the September 1st of 2008 the health care service providers are obligated to forward medical data to the health information system. The rules for for data usage state that only the health care employee (the attending physician) currently associated with patient's treatment has the right to make enquiries about patient's data, i.e. the patient's attending physician or a medical assistant.
Today the e-health system is functioning quite well and more than half of the health care providers sent regularly medical information to the e-health system called "Digilugu". FDs are the health care providers who most need the development of the e-links with school-health, local social system, social insurance board, home nursing system, first-aid station- and all those projects are foreseen to implement at the beginning of next year.

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

What I have done in my country as a EURACT Council member
I am responsible in organizing of Leonardo EURACT Courses in Estonia. 3 courses have been provided, 70 FDs trained. I am responsible for vocational training courses in Estonia and also I am coordinator of practical work of undergraduate students in family practices.
In 2007 spring I organised first CPD courses for Estonian family doctors and in 2008 a second one.
I am one of main organizers of research courses for our vocational trainees and also teaching of research in family medicine in undergraduate level.
After council meetings I usually inform EURACT members in Estonia and colleagues from Family Medicine Department about activities connected with EURACT.
Usually I also try to share the ideas of EURACT concerning life-long learning, selecting of trainers and training posts for vocational training, educational agenda etc. during the courses for our trainers but also among vocational trainees.
Together with my colleagues I organised special workshop on life-long learning in Baltic Conference of Family Medicine in 2009
Since 1 Sept 2009 I work as a Head of the Department of Family Medicine and also I was elected for a professorship.

FRANCE

FINLAND

FINLAND, COUNTRY NEWS, Markku Timonen
Nov 2010

HEALTH CARE

At the moment (due to economical situation), municipal health centres have found it quite easy to recruit doctors within the last year months.

BASIC MEDICAL EDUCATION

No official decisions have made regarding the "rumours" (as explained by PV in later country news letter) that the Ministry of Education would raise the annual student intake with regard to basic medical education.
The Ministry of Social and Welfare is exploring the current situation of the curriculum of general practice / family medicine in all five medical faculties of Finland. Our discipline is now of interest in the Ministry of Social and Welfare

SPECIALIST TRAINING

Some progress has been made regarding harmonisation the content and level of the theoretical training in specialist training in Finland. At the moment we have a task force, which is writing a handbook for trainers in "GP-training programmes".

I would like to remind also that in Oulu, we had a pilot project, so called "GP-training programme" together with the Unit of General Practice of the Oulu University Hospital and the discipline of General Practice in the faculty of Medicine in the University of Oulu. In "GP-training programme" we were teaching the core competencies of the EURACT Educational Agenda to those who are specialising in GP at the University of Oulu. The first 16 trainees finished their 2-year programme in spring 2010. On this autumn, we started the second "GP-training programme", and 24 trainees are attending the programme.

CPD-CME

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

GEORGIA

GERMANY

GREECE

Health System

The one year elected Socialist Goverment has not presented any plans for the future of the Primary Health Care (PHC) sector and the Health System in Greece, although in the general program -presented just before the elections- is marked that a Private PHC system should be developped. The difference with the plan presented by the previous Right Wing Goverment is that it does not allow the introduction of big trusts, high capital commercial companies but opts for the creation of conglomerates of private doctors.

The reasons for this delay are the financial crisis, a vhage of the Ministers and, I think, unclear orientation and competing interests.

The main interest of the Ministry is to take measures in order to cut down Hospital spending which is the black hole of the Healt System and one major determiant of corruption and public misspending and debt in Greece. The Troika persons of the EU and the IMF are putting a lot of pressure on this point. Very recently they were publications on local journals that they questionned the Greek Goverment about the reasons of non implementation, after 27 years from its foundation in the countryside, of a comprehensive PHC system in the big cities of the country.

Basic Medical Education

No major change. Present in only 2 (Crete for all students and Thessaloniki as an elective course) of the 7 medical faculties. Athens no longer teaches because of "lack of interest" from the part of medical students (instructors of the elective course were not GP/FDs but University specialists). In a third Faculty (Patras) a module on "Community Medicine" was introduced. Part of the Faculty is specialized in GP/FM.

Specific (Vocational) training

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

1 year ago the Specific \Comittee on PHC of the Central Health Council has no yet formed and functionned.

CME / CPD

No major change whatsoever with the exception of the creation of a 5th nd 6th Schools that for the "COPD-Chronic Obstuctive Pulmonary Disease-" and "Metabolic Syndrome" respectively (the other four being: Methodology of Research in PHC, Leonardo 1-Training the Trainers, Geriatric, Strategic Deveopment and Management in PHC). These so-called "Schools" folow the W.H.O. Methodology, that is: Closed Groups with 24 Participants based in Remote Areas/Hotels with a Duration of 3 ½ - 4 days, Interactive using Work with group dynamics.

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

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

George C. SPATHARAKIS
03 / 11 / 2010

HUNGARY

IRELAND

Dr. Brendan O' Shea

Update regarding GP Training in Ireland

General Comments

The general economic situation in Ireland is characterised by high uncertainty, significant deficit in the public finances and a pervasive feeling of emergency informs the public dialogue on all matters

including General Practice Training. Against this background therefore, the following points are relevant.

There is a political consensus that all costs, including Training Costs, must reduce. In addition, national policy informs that care (especially in the area of Chronic Disease Management) will continue to be shifted from the secondary to the (apparently less expensive) primary care sector. Therefore we need to reduce training costs for GPs, and at the same time markedly increase the number of GPs being Trained.

This year, for example, the national intake of Trainees has increased from c 120 per annum nationally, to 160, on a smaller cost base. the cost base has been reduced through reining in pre existing costs for Training Schemes, and greatly reducing the Training Grants paid to Registrars, which had been previously, (quite properly) very generous.

Control of General Practice Training

Nationally the Health Service Executive (HSE), which is the executive wing of the Department of Health, has been in close discussions with the Irish College of General Practitioners, and appears to be formally interested in a closer control of the Training process than hithertofore. In particular it is moving towards the agreement (whether we like it or or not) of a detailed Service Level Agreement (SLA) between the HSE and The Irish College of General Practitioners (ICGP). This has been agreed in principle, and while the content is not yet evident, it is likely to be extensive, detailed and highly administrative in nature. It is expected to impact significantly on the activities of individual Training Schemes

Day to day Training activities

The impact of these developments on day to day training are significant. Our Trainees are themselves anxious and uncertain regarding their future, and there is a feeling that a higher percentage of them are considering moving abroad post training. Certainly they are being courted intensively by recruitment agencies posting lovely photos of Australia for example (and less lovely photos of Canada, and no photos of the UK !).

Our small group work is strained through the establishment of larger groups (eg 15 per Group, which impacts on the educational process, is not unusual in many Training Schemes, and especially in 1st and 2nd year). Some Training Schemes are responding to the cry of doing more with less by running Joint Training Days or Immersion Days, where 2-3 Schemes pool resources and deliver a day long Seminar on a Particular Topic (eg Integrated Multidisciplinary Training with the Extended primary Care team, Smoking Cessation, Rheumatology Review day).

Increased requirements in terms of increasing numbers of Trained GPs are also being met by reducing the extent to which Training Practices are being left fallow. For example, previously, it was usual for a Training Practice to take a year off Training every 4th year. These fallow years are now being more spaced out, and are likely to vanish altogether, as we all collective strive to do more with less and keep everyone happy !

ICELAND
Alma Eir Svavarsdóttir

BME:
No changes from last rapport.

Specialist Training:
We have been allotted new training posts for residents in Family Practice in Iceland. The new Minister of Health has announced that he will prioritize Family Practice and that savings will be made in secondary care private practice. The minister has appointed a committee to suggest how better to support and strengthen Family Medicine. The committee will work on suggestions how to implement a referral system.
We therefore need to double the intake into the Family Medicine programme and in addition put together a formal structural re-training programme for colleagues in other specialities who want to convert into family medicine.

CPD
No change from last rapport

ISRAEL

ITALY
Francesco Carelli

Basic Medical Education
The previous steps for basic medical education with some experiences are now in good development in some places as Milan, Rome and Bologna where a compulsory Family Medicine Course was finally created.
In Milan the EURACT National Representative, following a tutorship managed in the previous academic years, scheduled on EEA system and philosophy, now he is in charge for two full Elective Courses of Family Medicine and also coordinator for the FM Course.
A national meeting in BME was organised in Modena in March 2010. They refused persistemtly to invite EURACT anyway, also if some EURACT members were there, and the total result was no more than words and standby (also not considering EURACT's selection and curriculum etc. criteria).
All European WONCA Networks (also if woncaitaly was created since years..) continue to be out of the national political decisions. Probably this had been more contrasted having a strong EURACT's position as a legal institutional body and if WONCA Journal would had been able to understand priorities and political issues how important are.

Postgraduate specialist training
Unfortunately, and because of political regional reasons, VT is not yet changed into a real specialist certificate. This three years schedule (not as specialty) is managed only in some Regions, more able to use money; others did not created at all…..creating strong national disparities.
In Rome, Nat Rep EURACT is involved as Scientific Organising Committee to create and manage the First Italian Master 2nd Level in FM , Campus Biomedico University

and we presented it at a press conference inside the Parlament in Rome, being there the National Health Minister.

Continuing medical education
Confusion and debate. Nothing changed as numbers but all really changed because of the bad financial situation, nobody been able to pay for and to sponsor events and meetings about courses anymore, just near only Health Authority's Courses concentrated on controls, cutting and administrative bureacratic workload from them.

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

As denunced to EURACT and to UEMO, the Government and the Health Authorities in Italy strongly push a weak Family Medicine body to a new contract, considering deeper involvement and duties
on " patient records total summary " to be sent...daily..to Health Authority , already a Big Brother and a political guardian.. The same for online sickness certifications to be obligatory sent from GPs also for one day absence.
Reasons officialy consider epidemiology etc. but where do core values of FM . and its unique patient doctor relationship go and with what level of danger on privacy etc ? Efficiency is the cover, really the points are greater and greater control and important political and market interests.
Can we " contract " on core values ? can we " sell " core values as in the European Definition, and spread data treated by us FOR patients with confidentiality and voices flow about what happens in the uppper floors etc etc .?
The European Health Authorities and WONCA in particular and the networks, EURACT in particular as the most active and productive, should give at least indications so that a general national referendum could be supported instead of political "agreements" between politicians , health admistrative authorities (with a growing crazy power) and some politically oriented specific leaders of some in a series of trust doctors' associations.

Life as Council Member
The translated EURACT Statement on Selection for Teachers and Tutors and the EURACT Educational Agenda are consulted and used for VT in five Regions (in Friuli, Trentino, Lazio, Emilia Romagna, Liguria), for national exams in some Universities and by WONCA Italy, the aggregation of networks refused by the national societies.
The Nat. Rep. got other papers of him published on the European Journal of General Practice (also as Editorial), on British Journal General Practice (as paper, as letters, as backpages), on Family Practice, , on London Journal of Primary Care, on Synapse Magazine, on Romanian and Turkish Journals, and on weekly Italian magazines (mainly with themes concerning EURACT, five expressly only on EURACT, on BJGP, on LJP and on Synapse more pages were on EURACT in the Europan Context).
The National Representative was appointed again for this year as Professor for Family Medicine at University of Milan for students at 5th and 6th year , with big enlargement

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

EURACT – Italy is absolutely the biggest and unique as working international society in Italy and the most visible on journals and on internet also with debates. Now this situation is relative, because we are reducing very much and progressively in numbers ...
More members are leaving or desappearing really convinced not to receive enough national feedback from abroad during the years or pressed by their national societies to leave ...and this would be a matter of reflection in the Council ^^^.
WONCA Florence style and time would had been to be utilized to push finally Italian GP to the European level as specialist academic teaching and research discipline, but matters unfortunately and logically did not go for the best because of new internal conflicts and refusing again WONCA and EURACT concepts on Definition, Competences, Selection, Quality Assessment and we see the consequent weakness as a whole of the profession and a worsening low level for working conditions in General Practice. This does not change with the change of national government because it is a no-style and General Practice is at basement level and now the financial situation is creating the worst final.

LATVIA

LITHUANIA

Health care system

The health care system continues facing the shortage of physicians; however, no significant measures have been taken to improve the situation. Still highly qualified specialists are leaving the country for working abroad, especially young physicians.
The financing of health care sector has also been reduced – by about 17% for secondary care, 11% for PHC. This has been viewed as a consequence of overall financial situation in Europe and behind.

BME

No positive changes so far. Actually, this period of training still remains under most influence of specialized university departments and appears most conservative for introduction of FM. Family medicine is only introduced into the undergraduate curriculum during the fifth year of studies, and the course is still too short to make proper presentation of the specialty (about 2 weeks). Additional pressure should be used for increase of training hours in family medicine, but right now the situation is stable without positive changes.

Vocational training

Still 3 years of specialty training programmes, about half of the time spent in Primary care level. New approach introduced to the system is that trainees during the VT are employed by the Health

care institutions which increases responsibility of both employers and trainees.

CME/CPD stable licensing and re-licensing based on the number of learning ours received for educational activities.
Egle Zebiene

MALTA
Mario R Sammut

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

Vocational Training
The first-ever Specialist Training Programme in Family Medicine was launched in Malta during 2007 with 11 GP trainees, each attached to a GP trainer. Twelve more trainees were accepted into the programme during 2008, another seven in 2009, and eleven more in 2010.
NEW: After undergoing a pilot examination on February 2010, the first 11 trainees completed their training in July 2010 by passing their formative Workplace Based Assessment and their summative Applied Knowledge Test and Clinical Skills Assessment organised under the supervision of the RCGP. In August 2010 the RCGP granted formal accreditation to the MMCFD postgraduate licensing examination for the MRCGP[INT] (http://www.rcgp.org.uk/rcgp_international/mrcgp_int/mrcgpint_accredited_sites/malta.aspx).

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

Malta Health System
In 2004, with Malta's accession to the European Union, Family Medicine was granted Specialist Status, at par with other specialties. Over 300 family doctors were nominated to the specialist list by the Specialist Accreditation Committee (Malta) on the advice of the Malta College of Family Doctors. In 2006, the inaugural full Membership of Malta College of Family Doctors (MMCFD) was awarded by acquired rights to family doctors accepted on the Specialist Register of Family Doctors.
NEW: In December 2009, the Ministry of Health published a Consultation Document entitled 'Strengthening Primary Care Services. Implementation of a Personal Primary Health Care System in Malta' intended to introduce the concept of doctor-patient registration in Malta. Structured dialogue sessions with all stakeholders were held and feedback and comments requested from all those interested. The document (https://opm.gov.mt/file.aspx?f=2121) is being reviewed according to feedback received.

Council Member Activities

Collected 2010 membership fees of the current EURACT members from Malta, and kept them and MCFD members informed of EURACT events.
NEW:
Co-organised / spoke at meetings in Malta:

- Malta College of Family Doctors Winter CPD Meeting 'Primary Care Reform – the reaction of College members to the discussion document' (16 January 2010, Attard, Malta)
- University of Malta Department of Family Medicine 'Seminar for Tutors in Family Medicine' (23 January 2010, St Julian's, Malta)
- Primary Health Department Introductory Seminars for Foundation Programme Trainees (25 & 26 February 2010, St Julian's, Malta)

International meetings:

- EUROPREV Meeting (19-20 March 2010, Barcelona, Spain)
- European Forum for Primary Care Conference 'Future of Primary Health Care in Europe III – From Patient-Centred Innovation to Organisational Change' (30-31 August 2010, Pisa, Italy) where gave 2 oral presentations (one on a solo basis and another prepared jointly with 2 other authors)
- 16th WONCA Europe Conference 'Family Medicine into the Future - Blending Health & Cultures' (6-9 October 2010, Malaga, Spain) where chaired 2 sessions, gave one oral presentation, presented a poster prepared jointly with 2 other authors and participated in a EUROPREV Meeting.

Published paper: Malta's specialist training programme in family medicine: a pre-implementation evaluation. Malta Medical Journal 21 (2009); 3:20-25 (http://www.um.edu.mt/umms/mmj/showpdf.php?article=253)
And on a personal basis: For the first time participated (with wife Carmen) in the Malta Walkathon on the 28th February 2010, completing the half-marathon distance of 21.1 km in just under 3 hours 18 minutes! (http://www.maltamarathon.com)

MOLDOVA

Natalia Zarbailov

Basic Medical Education

The university Family Medicine rotation moved from VI year grade to the V before summer practical training.

Vocational/Specific Training

The Family Medicine vocational training is approved. FM Department working to finalize "The Resident Agenda", which is expected to be fill in by residents during 3 year education period with goal of evaluation and auto-evaluation.

Continuous Medical Education / Continuous Professional Development

The new curricula of family medicine specialists training started. New course "The knowledge, skills and abilities essential to the practice of the family doctor", whose purpose is to improve the ongoing quality of services provided under health insurance by family doctors, is implemented. Evaluation of participants was done – general opinion positive.

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

- Kept informed country members and Family Medicine Department staff about Council meeting and EURACT events (courses)
- Effort to make publicity about EURACT in any occasion, in order to get new member candidates
- Collecting membership fees

CME/PDP
Tailor made CME is now the adagium. What do groups of GPs need? Can we provide that? What is the role of the university? How can we avoid farmaceutical imbursed courses?

What I do for EURACT
I keep in touch with Vasco da Gama, trying to find out what they need.
I will hold a keynote lecture in their name at WONCA-Malaga. The subject will be younsters policy of GP-organisations.
My newsletters are read by some, but I would wish much more input from members. I will think hard how to.
I planned a meeting between the directors of vocational training to talk about EURACT-impact and input.

NORWAY
Mette Brekke

Basic Medical Education
No changes lately. Four medical Faculties (Oslo, Bergen Trondheim, Tromsø). Except in Bergen, general practice is one of the three main clinical topics beside surgery and internal medicine.

Vocational training
We have a formal vocational training program which is structured into every detail and which is administered by the Medical Association. After completing this program, you become a specialist in general medicine and your fee increases slightly. The training implies 4 years full time GP (or up to 8 years part time) and one year hospital employment after authorization. In addition: 2 years group supervision, four mandatory courses as well as a number of other courses (you may choose from a certain pool). Candidates must also document a comprehensive list of clinical skills.
Although most young doctors in GP now start vocational training, it has not been compulsory, and around 60 % of GPs are now specialists. Now the decision has been made to start the process to make specialization mandatory for doctors who want to work in GP.
From 2012 the authorization of specialist GPs will be done by the government. Changes of rules are planned, but the planning is done in top secret.

Continuing medical education
After specialization, you have to participate in a structured CME program. Every five years you must show documentation for your CME and renew your specialization, otherwise you will loose it. In Norway, GP is the only branch of medicine having this

system for renewal of specialization, and the program is rather demanding with practical as well as theoretical components.
Health care
A list system was introduced I Norway in 2001 so that each GP has a defined patient list and every citizen knows who is their personal GP. The system has been greatly successful. But since its introduction, the government has delegated new obligations to the GPs and at the same time neglected to increase resources. The result is that many GPs feel exhausted and frustrated. There is a major problem regarding recruitment, as it is difficult for a young doctor to get established in GP.

My role as a Norwegian EURACT Council member:
I have informed about EURACT in the societies of general practitioners. And I have informed about EURACT courses among the people responsible for vocational training and CME. Most academic GPs as well as those employed to supervise the vocational training, are now EURACT members.

POLAND

Adam Windak

Undergraduate education:
No major changes in this field yet. Family medicine is taught in all medical university schools in Poland with minimum number of 105 teaching hours. The government plan to cancel an internship after the sixth year of education including 2 months of training in family practice. In such a case the sixth year will contain only practical training with the increased number of teaching hours in general practice. The details are unknown yet. The Chamber of Physicians and other professional bodies strongly protest against the planned changes what can cause a real threat for their implementation.

Postgraduate education:
Recently the increasing interest in specialisation in family medicine between medical graduates is observed. Most of the training places are occupied. The training lasts 4 years with 2 of them spent in family practice. Family medicine trainees are higher paid than others. Some specialists, especially internists and paediatricians protest against it. Those two groups want to re-introduce specialists to primary care service and conduct an aggressive campaign for it.

Continuous Professional Development:
The credit system of voluntary re-certification is almost abandoned. The regulations and especially bureaucratic of some branches of the Chamber of Physicians almost killed the initiative. The College of Family Physicians in Poland seeks for an alternative. It seems that the new programme of activation of peer-review groups can be an attractive option.

What I have done in my country as a EURACT Council member
I have built an international consortium including EURACT, which submitted a project proposal to Leonardo da Vinci agency – an EU foundation responsible for the development

of education. The application was successful and the project is granted by the agency. Within its framework new Leonardo courses will be developed and implemented. The project will last two years and will start on 1November 2010.

PORTUGAL

ROMANIA

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

POSTGRADUATE VOCATIONAL TRAINING

The residentship in Family Medicine is for three years and 15 months at least in general practice. The vocational training is mandatory to become specialist in FM/GP. The Ministry of Health modified the accepting procedure in FM residentship, allowing also a lot of candidates who flunked the National Vocational Training Tryout but got a certain score (a minimum score to be admitted in FM vocational training).

National Society of Family Medicine has in project to update the vocational curriculum according with the EURACT Definition of Family Medicine and Educational Agenda and in cooperation with academic departments. To this end, The National Society made a collaboration agreement with Royal College of General Practitioners from UK.

CONTINUING MEDICAL EDUCATION

The CME activities for Romanian Family doctors are including work-shops and medical conferences organized by several non-guvernamental organizations and by Romanian College of Physicians. During year 2010 National Society of Family Medicine achieved two national conferences for family doctors (Bucharest and Ploiesti); a lot of regional and local conferences have been organized by local GP societies (Arad, Braila, Bacau, Oradea).
As well, The National Society organized the 2nd edition of URGEMED course whereon have participated also lecturers in Family Medicine, and the 2nd UEMS European Clinical Medicine Conference for Family Doctors, General Practitioners and Internists (1-3 october 2010, Bucharest), participating also internist and GP speakers.
Last but not least, in the field of medical practice, I have to emphasize the PAL Project, coordinated by National Centre for Studies/Research in Family Medicine (CNSMF) in which are involving several trainers in FM and trained hundreds of GP so far.

GUIDELINES AND PRACTICE PROTOCOLS

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

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

FAMILY MEDICINE PRACTICE

The economic crisis hits also the Family Medicine resources. However, some new stipulations included in The National Framework Agreement have facilitated in a sense some earning increases for a lot of family doctors. Nevertheless there is lack of possibilities to invest and to develop the medical practice.
The emigration of Romanian GPs it's a fact and tends to become a national emergency. There are a lot of young GP doctors who have difficulties to start their own practice because the lack of financial resources and administrative facilities. The local communities are not involving in order to encourage the doctor to take one's residence in the core of that locality, moreover the financial earnings are still not sufficient and stimulating.

MY ACTIVITIES AS EURACT NATIONAL REPRESENTATIVE

- collection of membership fees (some delays from 2009 and for year 2010)
- report sent to local members concerning the main activities of EURACT Council
- organizing the election for national representative
- inform about EURACT activities in Malaga WONCA Conference (published in the 2nd issue of the National Society newspaper).

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

RUSSIA

Elena Frolova

Health care system

Nothing new for the moment. Medical-economy standards implemented on the national and regional levels for most specialties and for most conditions and diseases. Good sign is that GP from professional associations participate in this process.

Basic Medical Education (BME)

Unfortunately, The Departments of Family medicine for undergraduate study mostly works on the postgraduate level and organizes courses for physicians, not for undergraduate students.

Vocational training (VT)

The National Project "Health" is completed. The number of retrained physicians increased. The number of resertificated physicians increased also.

Continuous Professional Development (CPD/CME)

Regional and local organizations and universities organizes courses, conferences and seminars, devoted to CPD. Unfortunately, the information is very poor, and many of them acts on the local level, without communication with others Universities.

Personal information

As EURACT expert I prepared and conducted the Conference on geriatrics in September 2010 with participation of teachers and representatives from 11 regions of Russia and international experts. EURACT representatives were invited: prof. Degryse J. and D

SERBIA

SLOVAKIA

SLOVENIA
Janko Kersnik

Undergraduate education
In Ljubljana University early clinical exposure started in the past year with broad involvement of Family practice department and practice staff. Students work on communication skills development. Their practical assignment is a visit to a nursery home, where they engage in conversation with a patient. They have to write a report on it.

Specialist training
Specialist training for family medicine trainees continues. 11th generation of trainees started in May 2010. New curriculum has been developed and is currently discussed among family doctors.

CME
We kept 6 CME meetings with a total of 500 participants. We organised a course for tutors and trainers after rolling Leonardo courses with 80 participants in October. We published a publication of doctor-patient advices for approx. 200 different diagnoses and symptoms.

WHAT HAVE I DONE FOR EURACT
I was involved in preparation of EURACT Bled course on LEARNING AND TEACHING ABOUT THE IMPACT OF NEW INFORMATION TECHNOLOGIES IN MEDICAL EDUCATION IN GENERAL PRACTICE/FAMILY MEDICINE, September 7th – 11th, 2010. Web site http://www.drmed.org/index.php?k=10&n=702, where you can also find the links to materials from previous courses and the detailed programme of the course. We did not have any sponsored places because there was not any spring Council meeting this year. Next EURACT Bled course will take place September 7th – 11th, 2010 on LEARNING AND TEACHING ABOUT THE PROFESSIONALISM IN MEDICAL EDUCATION IN GENERAL PRACTICE / FAMILY MEDICINE. I took part in one EURACT workshop during Malaga Wonca Europe conference. I took part in EURACT Assessment course in Faro end of 2009.

OTHER
I worked hard part of the summer and enjoyed two weeks travelling USA and our coast. I devoted some time also to physical exercise.

SPAIN

SWEDEN

Monica Lindh

Basic Medical Education

The new Medical Faculty at the University of Örebro will open in 2011. More than 2700 students have applied. This new faculty have agreed on international collaboration with Maastricht University in Netherlands and Glasgow University in UK. Hence Sweden has 7 medical universities.

Early exposure to general practice is strongly emphasized in our BME-curricula. Teaching and learning take place at University hospitals as well as at smaller hospitals and at health centres/primary health care facilities supervised by GPs.

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

Specialty training (ST)

Mainly repeated from previous reports. Requirements: 1) at least 5 years of *supervised clinical training* mainly at a Health Centre and partly in secondary care, 2) a personal and *trained supervisor* specialized in family medicine for each trainee and 3) *all goals* of the specialty-description to be achieved. Compulsory "course-work" includes 6 *courses* in specific topics, *to do* a *project using research methodology* (corresponding to at least 10 weeks of full-time work) and to participate *in quality improvement* work. It is hoped that this will stimulate increased research.

Continuing Professional Development

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

Health Care

All Provinces have now implemented new models of organizing primary health care, many different models. But it is still a bit too early to analyze the outcome. Health care providers have the right to establish themselves wherever they want as long as they meet the basic requirements. Patients are able to list themselves wherever they want and to change as often as they want. There is a lot of discussion around these issues.

Many doctors, not only GPs also psychiatrists and other specialists, prefer to work for companies like "Rent a doctor" instead of having a permanent post. Short locums are disastrous for continuity of care.

"What have I done for EURACT?"

Gave a *presentation about EURACT* at the WONCA Africa Regional Conf, in South Africa 2009.

Informing about EURACT via e-mail and Newsletters.

A *meeting for Swedish EURACT members* and others took place during the Swedish National Conference in GP/FM (SFAM) in October 2010.

SWITZERLAND

Bernhard Rindlisbacher

Health Care System

In autumn last year I wrote that the political parts of the Swiss organisations of GPs, general internists and paediatricians merged into one political force to strengthen their political influence (to speak with "one voice"). As one of its first efforts this new organisation on the 1st of October 2009 started a people's initiative "Yes to General Practice Medicine" asking for support of GP/FM. For this initiative 100'000 supporting signatures from Swiss voters would have been necessary to be collected within 18 months but already after 6 months, on the 1st April 2010 this initiative was handed in with more than 200'000 signatures, so it was a big success and will help as to improve our political position within the coming years. The national parliament either has to prepare a concrete law fulfilling most of the requests of the initiative (and it can be withdrawn) or there will be a people's referendum on the initiative and if this is accepted the text of the initiative in favour of the support for GP/FM will be written into the Swiss constitution. Recently the Federal Government has decided to work out a concrete proposal to take up at least part of the requests of the initiative and thus has accepted that there are in fact important points raised by it.

Basic Medical Education

I have informed you about our new "Swiss Catalogue of Learning Objectives for Undergraduate Medical Training" (see http://sclo.smifk.ch/sclo2008/) that was finished in 2008. I will bring 10 further printed copies of it to Leuven. So, if you are interested, take one with you!
Based on this catalogue several working groups are now working on the task to prepare the new federal exam of doctors that will be held for the first time in autumn 2011. New and interesting for us GPs is the fact that there will no more be different exams in each subject/discipline of medicine, but there will be an "integrated" exam, consisting of twice 150 MC-Questions and of a Clinical-Skills-Exam in form of an OSCE with 12 stations. The blueprint (definition of content) for the exam is based on the "general objectives" and the "problems as starting points of training" of the Catalogue, so the questions and tasks of the exam shall really be inter-disciplinary. I was glad to be able to contribute to the formulation of the cases for this OSCE.

Vocational Training

The merging of the two specialist training programs of GP/FM and of "General Internal Medicine" into one program for "General Internal Medicine" comprising two branches, one for the primary care doctor and the other for the general internist in the hospital is taking shape. There are still discussions going on concerning the exact content and the goals and objectives. Two quite different cultures have to be merged. There are however people on both sides that think in fact there should not be important differences. It is even claimed that in fact the work of a hospital internist and a primary care doctor would be very much the same in the future. Those who argue against this view are said to be outdated if they do not believe that the future of General Practice (at least in the towns) will be just Internal Medicine.
The reason for this merging of programs of vocational training is said to be the situation in the EU that GP/FM as such is not yet accepted as specialty on its own right. So Switzerland says the "Eurodoc"-GP needs only 3 years of training and if GPs with minimal training come from France, Italy, Austria, Germany or more from the east, they will only get this title of "Eurodoc"-GP, whereas the primary-care doctors trained in Switzerland will have a real specialist title which because of these problems in the EU has to be the title of "General Internal Medicine".

Continuing Professional Development

For the time being, nothing new.
There will come up discussions about the adequate CME/CPD for the new "General Internist", as the regulations in force now for GP/FM on one hand and for Internal Medicine on the other hand are differing quite a bit.

What I have done for EURACT
I wrote my report for our Swiss members on what is going on in EURACT and published an annual report on the work of EURACT for the members of the Swiss Association of GP/FM.
I took part in our meeting in Bled and we worked hard there and prepared several reports which we handed in to the EB at the beginning of June 2010. Unfortunately they (or an excerpt of them) were not sent on to the other council members.
In the CME/CPD-group we were preparing an abstract for Malaga on the study on the accreditation of CME/CPD events and programs and on the re-certification of GPs in Europe. There was a presentation of the people of our group taking part in this conference.

THE NETHERLANDS

Health Care
The financial crisis undeniably affects the healthcare system. The next government may even introduce a fee for service for every doctors visit. Alternatives are discussed, in the light of new elections the 9th of June. In words, primary care is still rewarded as the treasurer of financially sound healthcare.
GPs tend to collaborate in rather big corporations, which facilitaties their daily work and delegate discussion-partners for government and insurance. We tend to mirror the UK-system. There is no real shortage of GPs for now. However, youngsters do not tend to fill in jobs in education and governance.

Undergraduate curriculum
No fundamental changes at the moment. Althougd patient-contacts are organized more and more in the earlier (1-4) years, There is a severe shortage of practices for the vast amount of students each year. In Maastricht we send 2 students per practice during rotations, and to our surprise it is a blessing in many cases, for the mutual exchange between the students is quite intense.

I think it may be a nice thing to have a set of GP learning goals for the undergraduate curriculum. EURACT (Howard Tanteter) is doing a rewarding job, in this sense.
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Vocational training
So far, so good. Not many changes in VT. Medical issues are still the most popular, management is not. Chronic diseases and care for the elderly get a lot of attention, lately. Trainers get mentors who guide them in their early years of training. Paramedical personal is involved more in the teaching of trainees.

TURKEY

UKRAINE

UNITED KINGDOM