



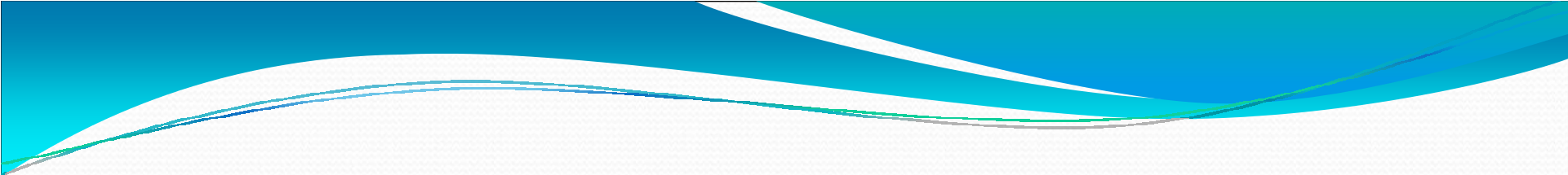
Francesco Carelli

An experience on deciding
national projects and developments

- 
- As EURACT member international expert, invited in WHO Committee
 - Aim: support to a Ministry of Health abroad in developing the post-graduate curricula in Family Medicine and real development for Family Medicine

Reality: many months (more than 3 seasons) to formalise a total change

- After home work, and skype meetings, already spent 5 days in the country meeting Health Ministry, Medical Teachers, 3 National Medical Associations, 2 Regional Health Authorities, PHCs in different cities and contexts. Experience repeated at Ministry in Athens for 2 days with Greek Starring Group, WHO team, EU Projects representative, all Greek Associations and Academicians involved, Health Ministry again

- 
- There was and there is really in development a real concrete project, strengthening FM in the Country, to be worked on it, by us, mainly creating a real new Curriculum
 - EURACT Documents as key frame.
 - . Academic Medicine and PHC relationship the chain able to open FM to cover half time attachment in a 5 years ST.

In countryside a lot of needs



From Minister - Committee WHO – EURACT interview

- Change of culture, mind, behavior, perception of FM (through media, information, leaflets ...)
- Orientation on FM competences (community orientation, prevention...) through skills and attitudes
- Integration Undergraduate and new ST (new Academic Training, assessed Departments of FM) Homogeneity with 5 years Curriculum (already completed in content and aims and steps) and homogeneous logbooks and selection of Trainers and places for Teaching for best Quality

...and Health Minister was taking notes....



Overcoming obstacles

- New body between Health and Education Ministries
- Open relationship with Regional Authorities
- (re)training of GPs in core competences , to bypass the gap and get homogeneous quality . Training of Trainers,
- To work on choosing Academic PHC and teachers (one – to- one trainee- trainer)
- Create LFHC in short time to give FDs real motivation and gatekeeper position (stopping abroad emigration)
- A great preamble explains why the Country needs new FM, new FD, based on Chronic Care Model (informed patient and prepared health care team) New space to frailty, quality of life, quality of services, immigration, vulnerability, unemployment)

In Curriculum

- Defined learning aims
- Teaching methods
- Described objectives
- Year by year
- With PHC attachment every year (ECE)
- Mixing PHC experiences (urban and countryside, islands)
- Official formative assessment twice a year (but continuous embedded assessment with Trainer)
- Final Exam managed by FDs with only one extra-specialist in the commission)

...and Health Minister was continuing on taking notes....pages by pages

