Family Medicine in Latvia

Latvia is one of the three Baltic countries. With an area of 64,559 square kilometres, Latvia has a population of 1.96 million. Around 650,000 of the people live in Riga, the capital of Latvia.

The health care system in Latvia before 1991 was mainly hospital based like in other Soviet countries. Primary health care was provided in polyclinics, separately for adults and children. In cities and towns it was provided by district internists and district paediatricians and in rural area mostly by feldsher (physicians’ assistant).

The origins of family medicine can be traced back to 1990-1991, which is the period when Latvia regained its independence. The period from 1991 to 1993 saw the formation of the first residency programme in family medicine at the Medical Academy of Latvia. The need to form the Latvian Association of Family Physicians arose in 1992.

Between 1995 and 1996, the Latvian Association of Family Physicians set up 2-month retraining courses that allowed doctors specialising in other fields to acquire the speciality of a family physician.

Starting from 1999, postgraduate training in family medicine was strengthened as part of the PHARE project.

In the period from 2000 to 2001, a programme to help paediatricians and internists acquire the speciality of a family physician was formed with the support of the Bank of Latvia. As of 2004, the National Health Service (NHS) started concluding agreements in primary care with family physicians only.

The introduction of quality criteria and pay for performance (P4P) for family physicians began in 2009 at the moment, the family physician’s profession can be acquired at two institutions of higher education: the University of Latvia and Riga Stradiņš University.

The Department of Family Medicine at Riga Stradiņš University was established in 2010-2011.

The duration of undergraduate medical studies in Latvia is 6 years. 6th-year students have a study cycle in family medicine consisting of 11 lectures and 5 seminars. A new programme in family medicine is currently being developed for 4th-year students.

The duration of postgraduate training (residency) in family medicine is 3 years. It is one of the shortest programmes of basic specialties involving the widest and most diverse fields of medicine.

Guidelines for the acquisition of the programme include:
- a patient-centred approach;
- a focus on the preservation and promotion of health and disease prevention;
- a holistic approach to healthcare;
- the biopsychosocial model of health;
- continuity of healthcare;
- respect for the relationships between the health of the individual, family and society;
- having a grasp of the changing information on the most recent and proven methods of treatment and diagnostics;
- respect for the basic principles of the rational use of medicines.

The training in the programme includes 15 weeks of paediatrics, 6 weeks of gynaecology, 2 weeks of obstetrics, 4 weeks of psychotherapy, 2 weeks of oncology and family medicine training: 5 weeks, 7 weeks and 11 months in the third year of studies.

To complete their residency training, students must take certification exams: a theoretical (multiple choice) exam and a practical one with a real patient.

Afterwards, it is required to collect 250 points every five years by attending courses held by the Latvian Medical Association, the Latvian Association of Family Physicians, associations of other medical specialties, by attending international conferences, seminars, by participating in small-group seminars and taking lectures in the eVisit system.

There are around 1,500 family physicians in Latvia at the moment, with an average of 541 patients registered per physician. 14% of the practices have over 2,000 registered patients.

The part related to the issuing of prescriptions and sick-leave certificat es was introduced in the e-health system of Latvia on 1 January 2018. We have a lot to do in this regard in order to improve and streamline the system.

Today, family physicians cover almost 70% of patients’ needs for healthcare in Latvia by supporting 5.9 million visits a year and seeing every patient an average of 3 times a year.

Family physicians provide a variety of services, including pregnancy monitoring, care of newborns and babies, child care, small surgical operations and others.

Only 9% of the healthcare budget is spent on PHC, including payment for family physicians’ work.

Family medicine has become a cornerstone of PHC in Latvia being a very effective way of providing healthcare to patients.

The Latvian Association of Family Physicians and the Latvian Medical Association have played a significant role in designing the reform of the health sector and developing postgraduate and continuing education in family medicine.

To strengthen the latest developments, a long-term strategy should be developed and executed without frequent deviations caused by political changes.

There is always room for further development and potential for reform in the health sector, but changes that are too frequent do not yield better results.

Sources
http://eu.baltic.net/Project_Database.5308.html?contentid=286&contentaction=single
http://www.lgaa.lv

Inguna Locmele,
Euract representative of Latvia
A matter of image:

We have to work for EURACT rather than for any other GP body.

Hence, there is no need to give promises that our output will be qualitative and not twice a year, and some consider the approval by the Scientific and Educational Council as a decisive factor for some. The new generation of GPs especially express the necessity for being certified as EURACT actively. It is because EURACT has the best reputation and its + perception ↔ Member’s status/image combination creates a positive perception of our association as a whole.

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A clear strategy is necessary for recruitment.

The aim of EURACT is to recruit members quickly and member retention is important. EURACT needs to create a positive perception of itself in order to attract more members and make them feel that EURACT is a leading body.

To add chapter 8: Technology/social media

To add chapter 7: Differences of delivery of CME for GPs

To add chapter 6: CME/CPD

To add chapter 5: Decision-making based on evidence, and not twice a year, and some consider the approval by the Scientific and Educational Council as a decisive factor for some. The new generation of GPs especially express the necessity for being certified as EURACT actively.

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Artistic interventions

* Videos from ‘id’ members of EURACT on the website/through social networks

* Online course (for members)

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Short reports of Task Forces

Task Group for Appraisal of Teachers

The activity on the appraisal site has been disappointing—limited since our Council Meeting in Antwerp, where we made changes in the requirements of being appraised as well on the expert level as on the competent level. Especially it has been disappointing that there has been very little activity among the Level 3 graduates from the recent Level 3 course (Malta/Thessaloniki). These graduates have been informed about the new requirements post-Antwerp.

The most positive event since Antwerp has been the appraisal of one more Expert Teacher (from Netherlands). Congratulations to Nynke Scherpbier de Haan! In Riga we discussed different strategies to revitalize the appraisal portfolio — and after brainstorming and discussion we ended up with these proposals:

1. Regarding increase of motivation:
   - Obligatory part of Leonardo level 3 course
   - Priority access to any EURACT course other than Leonardo level 1 course
   - Priority to get sponsorship for any EURACT event (including courses and conferences)

2. Important questions to EURACT Council:
   - Why so few Council members (only 7?) completed the appraisal process?
   - Without being appraised how is it possible to serve the national members?
   - Could Council member be re-elected without demonstration of the personal competences?
   - Is there a need for a Motivational workshop for all council members during the next Council Meeting?
   - This was agreed by the EURACT EB and time will be allocated at the meeting in Sofia.

3. And we will further have to work on:
   - Promoting the use of the portfolio
   - On the website make tools to ease the process available

Roar Maagaard,
Chair of the Task Group, representative of Denmark

Tools to support an appraisal submission

We have received feedback that it would be helpful to have some standard tools to help people gather the evidence for the appraisal portfolio. We are pleased to announce that the process of developing these tools has begun. We now have available a Multi-source Feedback tool for collecting feedback from colleagues and also a tool called GP STAT which is designed to evaluate small group learning. We are grateful to Rory Stewart from Ireland for permission to use GP STAT. You can find the link to these tools here: https://euract.woncaeurope.org/appraisal-portfolio

EURACT courses and conferences

28th Janko Kersnik EURACT Bled Course 'Teaching and Learning about the Tyranny of Health in Family Medicine' 17th-21st September, Lake Bled, Slovenia

This well established course is aimed at educators in primary care who are involved in teaching at the university or practice level. It is expected that both experienced teachers and those at the beginning of their educational careers will find the course useful.

Full details can be found here: https://www.bled-course.org

EURACT Assessment course 10th-12th October 2019, Lisbon

This course will provide participants with an overview of current recommended practice in educational assessment and how to apply this in training in GP/FM for both undergraduate and postgraduate trainees.

.full details including information about the sponsorship available for EURACT members can be found here: https://euractassessment.blob.com

EURACT Third Educational Conference 25th-26th September 2020

This conference is currently in the planning stage with the Austrian Society of FM (DÖGM). It is hoped that WONCA Europe’s rural forum (EURIPA) will also be a partner at the conference. The proposed title is: ‘The Future of Education for GP/FM Meeting the Challenges of Access and Diversity in rural and urban settings’. The website for this conference will be launched in the autumn.

28th JANKO KERSNIK INTERNATIONAL EURACT BLED COURSE | Bled, Slovenia: September 17-21st, 2019

Teaching and learning about the tyranny of health in family medicine

Health is an important value in our society and medicine has an important role to play in preserving and restoring health. However, there are trends in society, like healthism, that place disproportionate emphasis on health using both lifestyle changes, such as diet and exercise, and the resources of medicine, such as medication and surgery, in order to express this. In this course, we will attempt to define a balanced view of health and disease in order to help doctors cope with the unbalanced demand for health at all costs in their practices. We will stress the importance of this topic in the education of medical students and trainees.

At the end of this course the learner will be able to design a teaching module on the tyranny of health in family medicine.

At the end of the course the learner will:
- Be able to identify and define the types of healthism encountered in the practice in family medicine.
- Be able to identify and define the role of quaternary prevention in teaching and practicing family medicine.
- Be able to list the harms of healthism.
- Be able to list the strategies used to cope with healthism.
- Be able to teach an approach to healthism to students and trainees.
- Value the need for a balanced view of health and disease in family medicine.

The course is aimed at educators in primary care who are involved in teaching at the university or practice level. We expect that both experienced teachers and those at the beginning of their educational careers will find the course useful.

Course Directors are: Yonah Yaph (Community Health, School of Medicine, University of Minho, Braga, Portugal), Alan Shirley, (Programme Director Sheffield GP Specialty Training Programme, Flowers Health Centre, Sheffield, UK), Davorina Petek, Medical Faculty, University of Ljubljana, Slovenia and Ruth Kalda, (Medical Faculty, University of Tartu, Estonia), Mateja Bulc and Vesna Homar (Medical Faculty, University of Ljubljana, Slovenia).

Organising Committee are: Vesna Pekarović Džakulin and Nena Kopčavr Guček (both Medical Faculty, University of Ljubljana, Slovenia) and Leo Roar Maagaard, Chair of the Task Group, representative of Denmark

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Organising Committee are: Vesna Pekarović Džakulin and Nena Kopčavar Guček (both Medical Faculty, University of Ljubljana, Slovenia) and Leo Polz Zonik (Executive Manager of Bled Community Health Center).

During the fieldwork session you will have the opportunity to visit the practices of local family doctors and the Community Health Center in Bled.

The course will be in Hotel Jelovica Bled, d.o.o. Cesta svobode 8, 4260 Bled, Slovenia.

The course fee is 350 EURO (V.A. T. included) and will include organisation of the course, course attendance, fieldwork, refreshments during the breaks, lunch from Tuesday to Friday and the participation in exciting social events including a farewell dinner.

EURACT members pay a reduced fee of 300 EURO (V.A. T. included) and Vasco da Gama members pay 200 EURO. A limited number of sponsored places are available through the EURACT sponsorship program. Deadline for application is June 10th, 2019. Details are available at www.euract.org.

The interested participants should send their Course application (Course application form on http://www.bled-course.org, until August 20, 2019, to NINA ŠTOJS, Zavod za razvoj družinske medicine/Institute for development of Family Medicine, Poljanski nasip 58, 1000 Ljubljana, Slovenia, 00 386 1 438 6914, e-mail: nina.stojis@erdm-idfmsi.si.

Welcome!

Mateja Bulc,
Vesna Homar, organisers of the Bled Course, Slovenia

Photo: Eva Cedilnik Gorup

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