DEVELOPMENT OF FAMILY MEDICINE EDUCATION IN EASTERN EUROPE

Janko Kersnik memorial lecture

Medical education conference,
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CONTENT

- Clarifying definitions
- Overview of healthcare systems and FM education
- Some personal experiences
- Conclusion
EASTERN EUROPE
THE GOOD OLD TIMES

„Back in the good old cold war days, defining Eastern Europe was easy: it was made up of all those losers who were on the wrong side of the iron curtain. Eastern Europe had those backward, communist countries which were frozen in the stone age.“

POLITICAL DEFINITION

- „Formerly communist European states“.
- This definitions is outdated, but is still heard in everyday speech and used for statistical purposes.
WHAT DOES IT INCLUDE?

- Former USSR (Russia, Baltic states, Moldova, Ukraine, Belarus, Kazakhstan, Uzbekistan, Kyrgyzstan, Turkmenistan, Tajikistan, Georgia, Armenia, Azerbaijan)
- Former Czechoslovakia (Czech Republic, Slovakia)
- Former Yugoslavia (Slovenia, Croatia, Serbia, Bosnia and Herzegovina, FYR Macedonia, Montenegro, Kosovo)
- Poland
- Hungary
- Romania
- Bulgaria
- Albania

- 29 countries!
- 20 EURACT members
COMMONWEALTH OF INDEPENDENT STATES
Eastern Europe is the eastern part of the European continent. There is no consensus as to the precise area it refers to, partly because the term has a wide range of geographical, cultural, political, and socioeconomic connotations.
THE FORMERLY PREVAILING HEALTHCARE SYSTEMS
THE SEMASKO MODEL

- Based on policlinics
- Salaried GPs with low esteem (therapists)
- No academic recognition of primary care
Based on community based primary health centres
- Salaried physicians
- Family medicine officially recognised as a speciality, not always academic
The Semasko system is considered outdated and countries want to change it. Some (Baltic states, Czech republic, Slovakia, Hungary etc.) have done it. In some it persists even if countries want to change it.

The Yugoslav model has been replaced by different systems *.

Aspirations to implement EU standards, but:

- Not always recognised as a speciality
- Not always vocational training
- Poor research output (articles in SCI journals)
- Legacy of past systems
- Insufficient funds
- Insufficient infrastructure
EU request for adequate training has pushed the policies towards higher standards of training for family medicine. This has in many countries improved the situation.

Family medicine in Eastern Europe as an ugly duckling of Europe.

There are many difficulties,

But there are also some success stories and promising initiatives.
SOME ACHIEVEMENTS IN EU MEMBERS
POLAND
Handbook for applicants

Document describing the process of appraising the level of expertise in General Practice/Family Medicine teachers

SLOVENIA
NON-EU COUNTRIES
MONTENEGRO AND MACEDONIA
SUCCESS STORIES: REASONS AND CONSEQUENCES
SOLUTIONS, NOT EXCUSES!

- **Excuses:**
  - Money
  - Politicians
  - Academia
  - Corruption
  - Bureaucracy

- **Solutions:**
  - Not giving up
  - International cooperation
Academic tourism is not a way forward
Accepting the necessity to develop academic dimension is the key factor of success.
PLAYING THE GAME

- Accepting academic standards
- Publishing articles
- Following the rules of the new environment
BEING DIFFERENT

- Maintaining close contact with practice
- Insisting on specific contribution to education
CONCLUSIONS
EASTERN EUROPE CAN BE QUITE SUCCESSFUL

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Family medicine has a relatively strong position in medical education in central and eastern Europe. Most of the CEE countries can even serve as an example of successful academic development for countries southern Europe, where family medicine is still not fully recognised*. As in the rest of Europe, some countries have been very successful and some are struggling.

Differences between Eastern Europe and the rest are mainly due to economy.
The rest of the problems are largely the same and solutions are universal.
There are too many divisions in Europe, let us not contribute to another.