Smyrna Tıp Dergisi ***Araştırma Makalesi***

Güneydoğu Avrupa'da Mezuniyet Sonrası Aile Hekimliği Eğitiminin Değerlendirilmesi
General Evaluation of Postgraduate Education of Family Medicine in Southeastern Europe

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Abstract
Objective: In this paper, basic concepts of the training in family practice and the activities that have been carried out till now in Southeastern Europe have been shared with the readers.
Material and Methods: The questionnaire related to the aim, with fourteen questions, had been prepared and then filled by the contact persons of the study in member countries of the association of general practice/family medicine of southeast Europe. Main data about training in family medicine were investigated in the questionnare.
Results: Among these countries; post graduate education for family medicine was firstly initiated in Serbia and Slovenia in 1960s. Duration of the education was changing between 2 and 4 years. Turkey had the highest family medicine specialist number, compatible with it's higher population. The most commonly encountered problem of the family medicine in the field is financial income/support in the region.
Conclusion: There are many common problems in post graduate education of family medicine in the region and we can solve them with developing collaboration and sharing the experiences.
Key words: Demographic data, health indicator.

Özet
Amaç: Bu makalede, Güneydoğu Avrupa'da Aile Hekimliği eğitimlerindeki temel konseptler ve şimdiye kadar yapılmış olan aktiviteler okuyucular ile paylaşılmaya çalışılmıştır.
Gereç ve Yöntem: Amaca yönelik hazırlanmış 14 soruluk bir anket formu, Güneydoğu Avrupa Genel Pratisyen/Aile Hekimleri Birliği'ne üye ülkelerinin sorumlu kişileri tarafından doldurulmuştur. Ankette, Aile Hekimliği eğitimleri ile ilişkili ana veriler araştırılmıştır.
Bulgular: Bu ülkeler arasında, Aile Hekimliği mezuniyet sonrası eğitimleri ilk olarak 1960'lı yıllarda Sırbistan ve Slovenya'da başlamıştı. Eğitimin süresi 2 ile 4 yıl arasında değişmekteydi. Yüksek nüfus sayısı ile orantılı olarak, Türkiye en yüksek Aile Hekimliği uzmanı sayısına sahipti. Bölgedeki aile hekimlerinin en sık karşılaştıkları ortak sorun, maddi gelir/destek konusuydu.
Tartışma: Bölgede Aile Hekimliği mezuniyet sonrası eğitimi ile ilişkili olarak, çok fazla ortak sorun vardır ve bu sorunlar gelişen ilişkiler çerçevesinde deneyimlerin paylaşılması yolu ile çözülebilecektir.
Anahtar kelimeler: Demografik veriler, sağlık belirleyicileri.

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Introduction

The Balkans (often referred to as the Balkan Peninsula, although the two are not coterminous; Albanian, Bosnian, Croatian, Serbian, Bulgarian, Macedonian, Greek, Italian, Romanian, Slovene, Turkish) is a geopolitical and cultural region of southeastern Europe (1). Use of the term "Southeastern Europe" (SEE) instead of the term "Balkan" has become increasingly popular even though it refers to a much larger area and thus isn't as precise (2). The people of Balkan countries have common culture because they had been living together for centuries.

Family medicine (FM) is the medical specialty which provides continuing, comprehensive health care for the individual and family. There are both similarities and differences in FM applications between countries (3,4). Postgraduate education (PGE) is also very important in FM and is still continues to develop. This region has an PGE system that can be called as the best in some respects, but also characterized by inequity and discrimination.

Medical schools and governments with a vision for this new population-oriented specialty often work collegially with civil society. It is, at the same time, usually one of the popular topics of the activities of Association of General Practice/Family Medicine of South-East Europe (AGPFMSEE). The AGP/FMSEE is organized on the grounds of peace, friendship and cooperation in terms of exchanging good practice, improving quality and defending interests of the society in all member countries (5).

Among others, the medical education is one of the most difficult decisions to be made (6,7). Again; there had been studies about the development of family medicine PGE in the SEE region for nearly 50 years; but, it is difficult to define a real date of acquintance with FM, because of terminological problems, of general medicine and family medicine.

The purpose of this research is to explain the descriptive data from Balkan countries about training in family medicine; basic concepts of the training in family practice and the activities that have been carried out till now in this issue in SEE have been shared.

Material and Methods

In the meeting of the AGPFMSEE in Skopje on 11.12.2011; it was decided to make this study. The authors used the key informants strategy. Results were based on an enquiry that contact persons of the countries have distributed on an ad-hoc basis during the mentioned meeting. No representive person from Albania, Greece, and Romania were participated to the mentioned meeting; so these countries were excluded from the study. The questionnaire related to the aim, had been prepared and then filled by the contact persons in every member countries of the AGPFMSEE in the next two months. Fourteen questions, related with the PGE in FM in member countries, were asked to the participants. Informations were taken from contact persons of the study from internet. The results of the study and general evaluation about the postgraduate education of General Practice/Family Medicine in SEE was discussed in a panel in IInd Conference of AGPFMSEE in november 2012 in Bulgaria.

Results

All data, received from the questionnare was summarized in table I.

When we look at the 3 main significant problems in PGE of the countries; most of them (at least 4 countries have) were about insufficient number of residents, lack of motivation to enter speciality; insufficient education, inadequate regulation, unadjusted education program, lack of elaborated program; financial problems and support during speciality education.

Most common proposals to be done to improve PGE were as; development of training program according to needs, re-organization of clinical rotations, e-learning, better financial support, regulation of program for creating education time for mentors and continuing education of educators and mentors, enough FM residents and supporting of them, collaboration between ministries (health and education), associations, decision makers.

Discussion

Dominant trend in the world is to give more emphasis to the preventive and primary care services (8). Early begining of the the PGE for FM in Serbia and Slovenia compared to the other SEE countries, may reflect that these two countries gives more importance on the primary healthcare services rather than secondary or tertiary healthcare services. Montenegro, still, doesn't have PGE for FM and giving primary healthcare services with general practitioners but this country will begin PGE in 2012. Related with this situation; duration of PGE for FM is 4 years in Serbia and Slovenia.

Besides hospital rotations, field rotations have crucial importance for PGE in FM. The ratio of field ratations / hospital rotations is more than 50% except Macedonia. Situation in Turkey is a little different. In Turkey, legally there is 18 months field rotation theoretically but in practice residents spend this time in family medicine policlinics in hospitals and practitioners are not integrated into primary health care services. For Turkey, lack of social esteem, lack of continuous medical education concerning knowledge and skills in general practice and limited opportunities for post-graduate education are the reasons why practitioners are not integrated into primary health care services (9).

Turkey has the highest FM specialist number among the other countries. Moreover; total physician (practitioner and specialist) number is high in Turkey which is compatible with the Turkey's higher population number (10).

The most commonly encountered problem of the FM in the field is financial income/support in the region. It is followed by insuffient number of trained

mentors/academical staff, insuffiency in education, insuffient time for education and problems with Health Insurance System (at least 2 countries).

Certainly, it should be emphasised that often these problems result from the country's policy, habits, lifestyle, organization of the health system, and age structure of the population.

Table 1. *Status of FM/GP PGE in SEE*

Country	**Turkey**	**Slovenia**	**Serbia**	**Montenegro**	**Macedonia**	**Bulgaria**	**Bosnia Herzegovina**
Begining of the FM training	1983	1961	1961	2012	2009	2000	1999
Begining of the PGE in FM	1985	1966	1963	not yet	2009	1998	2002
Duration of PGE in FM	3 years	4 years	4 years	not yet	3 years	3 years	2 or 3 years depend on previous training
Duration of hospital clinics	18 months	2 years	2 years	not yet	21 months	1 year	1 or 2 years depend on previous training
family medicine	18 months	2 months				4 weeks	1 or 2 months depend on previous training
İnternal medicine	4 months	In all clinic departments	6 months		In all clinic departments	10 weeks	
Pediatrics	5 months		3 months			10 weeks	
obstetric and gyneacology	4 months		3 months			6 weeks	
Psychiatrics	2 months		1 month			4 weeks	
Pulmology	1 month						
Cardiology	1 month						
Oncology			1 month				
Orthopedics			1 month				
Ophtalmology			1 month			2 weeks	
Dermatology			1 month			2 weeks	
Neurology			1 month			4 weeks	
İnfectious disease			2 months			2 weeks	
Surgery/emergency	1 month	2 months	3 months			6 weeks	
oto-rhino-laryngology			1 month			2 weeks	
physical therapy and rehabilitat.						1 week	
Active work in field	18 months	2 years	2 years	not yet	15 months	24 months (6 months in a training practice 18 months in a GP practice)	12 months
Number of FM specialists	~2500	~600	1516	80 GP	30	1739	533 (335+198)
Adequacy of the PGE	Almost	Yes	almost		yes	Almost	definitly yes
Number of the universities	71	2	4	1	3	5	17
Number of FM departments in the university hospitals	45	2	0	0	1	5	7
Number of FM departments in MoH Education hospitals	20	0	0	0	0	0	0

Conclusion

We can see there are many common problems in PGE of FM in the region and we can solve them with developing collaboration and sharing the experiences. In this cooperation regarding the policy of the country and it's laws, mutual programs of education after graduating from medical faculty should be made for the SEE region. In this way differences would be overcome and also the expertise of the physicians of the SEE region provide equal and appropriate health service according to the guidelines of the Europe and evidence based medicine.

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