

# THE REFORM OF SPECIALIST TRAINING FOR GENERAL PRACTICE IN THE CZECH REPUBLIC

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## SUMMARY

*Aims:* The aim of this paper is to describe the reform of General Practitioners' (GP) training in the Czech Republic (CR) and compare it with the recommendations of European institutions of General Practitioners and European Union (EU) legislation.

*Methods:* The structures of the new Czech GP training (2007) were compared with the recommendations of The European Union of General Practitioners (UEMO), European Academy of Teachers in General Practice and the requirements set by the EU legislation. The comparison with other countries was based on data from the UEMO questionnaire distributed to its members. Data from representatives of institutions responsible for specialist training in the CR and from statistical offices in the CR were also used.

*Results:* The GP specialist training in the Czech Republic does not differ significantly when compared to the other UEMO countries, however, not all the recommendations of the European GP associations have been fulfilled.

*Conclusion:* The reform of GP specialist training brought about positive changes but further developments are still needed. In our opinion, the next necessary step is the setting up of quality criteria for the assessment of GP specialist training and of the primary care as a whole.

*Key words:* primary care, postgraduate training, evaluation of curriculum structure

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## INTRODUCTION

The problem of professional mobility and the recognition of professional qualifications within the European Union (EU) has now reached a new level of urgency in connection with the accession of new members into the EU. This is an issue, which impacts the whole education system. European organizations of General Practitioners (GPs) were faced with the challenge to solve this problem and recommendations (1, 2, 3) for the future of the European general practice were set up. The organizations of GPs in the Czech Republic agreed on a reform of GP training curriculum in response to EU accession requirements and European GP organizations' recommendations and also as a reaction to the needs of the Czech system. This Curriculum has been in use since March 30, 2007. The situation before the reform, the reasons for the change and the current situation, which reflects the curriculum change, are described in the following article. The situation in the Czech Republic is further compared with recommendations of the European GP organizations and with the situation in other European countries.

In conclusion we evaluate all important areas related to GP specialist training in the Czech Republic, and outline the possible ways of future development.

## HISTORICAL EVOLUTION OF PRIMARY CARE IN THE CZECH REPUBLIC

The Czech Republic, like some other Central and Eastern European countries, bears marks of an atypical evolution, caused by the rule of a communist regime in the second half of the last century.

In most world countries and in a large part of Europe the role of the general practitioner or family practitioner (4) is to care for patients during their whole life. A different system was created in the Czech Republic. The GP's responsibilities were split into two separate departments: a general paediatrician (population up to age 19) and a GP for adults. Furthermore GP does not provide any gynecological care. For the basic data about GP see Table 1.

## Developments during Communism and after 1989

As a result of the communist reconstruction of the political system former private GPs were forced to become government employees and GP offices were brought under a complete government control. The GPs were forced to cease performing "specialized procedures" (e.g. minor surgery, gynecologic procedures etc.) and were required to send patients to specialist departments. A GP became, especially among expert public, viewed as a doctor of second category. The fact that GPs were not recognized as independent specialists until 1978 (5) contributed to their low prestige. The Department of General Practice at the Institute of Postgraduate Education in Health Care (Institut postgraduálního vzdělávání ve zdravotnictví – IPVZ) was founded in 1978 (6). This is an organization of the Ministry of Health (MH), which coordinates and provides specialist training and contributes to lifelong education of doctors. The Society of General Practice of the Czech Medical Association of Jan Evangelista Purkyně (SVL ČLS JEP) was established in 1979. (7) The establishment of these institutions (IPVZ and SVL ČLS JEP) led to a higher quality of GPs' education, contributed to GPs' better position and led to a further development of general practice.

**Table 1.** Overview of current demographics and medical system in the Czech Republic

Population	10 287 189 (to 31.12.2006)
Life expectancy at birth – males	73.45
Life expectancy at birth – females	79.67
Infant mortality rate	3.33
Followed up patients (registered by GP for adults) for hypertensive diseases per 100,000 registered patients	18,999
Incidence of TBC per 100,000 inhabitants	9.9
Physicians in total	40,802
per 10,000 inhabitants	39.8
General practitioners for adults	5,123
General practitioners for children and adolescents	2,119
Number of out – patients examinations/treatments per 1 person a year	14.97

**Note.** From Institute of health information and statistics of the Czech Republic [http://www.uzis.cz/health\\_info.php?type=8&region=100&mnu\\_id=3000&lng=en](http://www.uzis.cz/health_info.php?type=8&region=100&mnu_id=3000&lng=en) (accessed on 9th of July 2008)

After 1989, extensive discussions led to the introduction of public health insurance in the country (idea of continuity with the pre Word War II situation). Rapid privatization of primary health care began as a consequence of political and economic changes after 1989 and almost 100% of GPs in the Czech Republic are private subjects nowadays (8).

**Organizations of GPs in the Czech Republic**

The Association of GPs (Sdružení praktických lékařů) ČR SPL ČR was founded in 1990. It is a professional organization, which mainly deals with economic issues of GPs. This association includes more than 80% of all GPs amongst its membership (9). Apart from SPL ČR, general practice is represented by SVL ČLS JEP (a member of WONCA Europe – European Society of GP/FM) countrywide, which deals with expert issues and develops guidelines for GPs. However, the scopes of the two organizations are not strictly separated. For example, the preparation of a new educational program for general practitioners for adults was their shared goal.

**SPECIALIST TRAINING IN THE CZECH REPUBLIC**

**Structure of Specialist Training**

The structure of specialist training of general practitioners for adults is defined in the Educational Program set by law (10). The stipulated duration is 4 years. The duration used to be 5 years in the program valid until March 30 2007 (11) but it has been shortened. The compulsory part of the training under direct supervision of the GP is 18 months of the total 48 months as stated in the Educational

Program. The practical part under non-direct supervision of the GP includes 2 months of training at a general paediatrician practice, and 2 weeks at each of the following departments: Dermatology-and-Venereology, Ophthalmology, Otorhinolaryngology and Department of Hygiene. This is followed by 2 months of so called complementary practice (e.g. Gerontology, Occupational medicine, etc.). The GP trainer is the guarantor of the specialist training during this whole block of 24 months, including the areas outside of his professional practice (Table 2).

The second part of the specialist training is carried out in other departments. For the list of departments including the compulsory time spent at each of them see Table 3.

For other compulsory courses and seminars, not mentioned in Tables 2 and 3, see Table 4.

Most of the practical training at the departments is compulsory. Customization is only accepted in the complementary training (see Table 2), in selected complementary courses exceeding the compulsory framework of 4 years and in several other seminars and courses.

**Role of the Trainer**

As in other European countries, the role of the trainer is set in specialist training rules. The role is determined by the law (12). The law determines the function of trainer – specialist. Trainer – specialist is a responsible person in a specific department of required specialization. In fact trainee has several trainers – specialists. Another trainer is set by the Educational program as a parallel. This is a GP who guides the trainee during the whole period of the specialist training except the

**Table 2.** Specialist training in the Czech Republic – part completed in a GP practice

Working place of a GP – trainer	Months
Consulting room of a GP for adults	18
Consulting room of a general paediatrician	2
Dermatovenereology, ophthalmology, otorhinolaryngology, hygiene	2
Complementary experience	2

**Note.** From Věstník Ministerstva Zdravotnictví České Republiky. 2007 Jun;(5):2. (In Czech.)

**Table 4. Specialist training in the Czech Republic – compulsory courses and seminars**

Courses, seminars – compulsory	Days
First aid course	3
Seminar on introductory medical legislation	1
Paliative care	2
Course of hygiene and epidemiology	5
Psychotherapy	3

**Note.** From Věstník Ministerstva Zdravotnictví České Republiky. 2007 Jun;(5):3. (In Czech.)

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12-month (formerly 15-month) training at a department of internal medicine.

The GP trainer’s role is to accompany the trainee during the specialist training and assess him/her, which is done during and after the practical experience. There is not a clearer specification of the role of the trainer-expert, neither in the law nor in the Educational program. There is no data available for the trainer’s activity assessment or for the assessment of a GP-trainer/expert trainer cooperation.

In the old program, there was only a basic criterion for GP-trainer selection. The new program extends these requirements by specifying required experience for the trainer (Table 5). More detailed specification of the requirements has not been set up yet.

**Funding the Specialist Training**

The specialist training is financed from public sources – Ministry of Health of the Czech Republic. The resources had originally been calculated to cover expenses of both the trainees and the trainer. As a consequence of no growth of the resources, nowadays, these funds cover education fees of only 70% of trainees every year (13). These sources do not cover the training at a department of internal medicine; it is completely financed by the trainees. Some of the trainees are also required to finance the rest of the specialist training. The trainers are not being paid anymore as a consequence of the lack of finances. Fortunately this situation seems to be changing. Recently adopted law amendment (14) guarantees a funding both for trainees and for trainers independent of the resources of the departments in which trainee must undergo the training. This amendment could solve one of the most problematic issues in the GP specialist training.

**Selected Statistical Data about Specialist Training in the Czech Republic**

There are 5,123 registered GPs in the Czech Republic, of which 60.2 % are women. The majority of them are GP specialists – 92.5%, the others are GPs without specialization or doctors which do not have the education required by the new regulations. The age structure of GPs is not very optimistic. In 1990, 36 % of

GPs were 50 or older, whereas the same age group represented 58 % in 2005, which is the highest number among all expert groups in the Czech Republic. The average age was 51.4 years (the mean age of all the doctors in the Czech Republic is 46.1. The GPs for adult patients form the second oldest group, after general paediatrician (13). The number of newly certified doctors has a decreasing tendency: from 140 in 2000 to average number less than 100 per year in years 2003–2005. Owing to the prolongation of specialist training from 2.5 to 5 years in 2004 only 6 doctors were certified in 2006. The number of new fully qualified GPs fluctuates at around 100 per year, but many of them leave this specialization (15). Considering the productive age span of 35 years (from 30 to 65) and regular age distribution of GPs population, 150 certified doctors are needed every year to maintain the current number of GPs.

**SITUATION IN EUROPE: RELEVANT DOCUMENTS**

The following documents contain the requirements or recommendations for the specialist training of general practitioners. Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 on the recognition of professional qualifications determines the minimum requirements for the qualifications of doctors to be recognized in the EU. An example of the documents: UEMO 2003 Statement on specialist training in general practice, EURACT Statement on selection of trainers and teaching practices for specialist training in general practice, or EURACT Statement on hospital posts used for general practice training.

One condition of the European Parliament EP guidelines is a period of three years of specialist training. At least 6 months of these must be completed in a GP practice and 6 months in a hospital or in a similar medical facility. UEMO issued its statement to the length of the specialist training (1), where the recommended optimum duration is 5 years. At least 50% of the period should be completed in a GP practice.

Table 5. GP-trainer selection criteria

Practices offering healing and prevention care to registered patients in full range of competences of a general practitioner for adults	
Personal requirements	<ul style="list-style-type: none"><li>• The workplace has at least 1.0 full time job covered by a trainer - general practitioner with a specialized qualification in the specialization</li><li>• The trainer has at least 5 years of experience in the Czech Republic after being certified in the specialization</li><li>• The trainer proves his/her eligibility during application for certification with a professional curriculum vitae and a list of educational activities in last 5 years</li><li>• The trainer provides a list of certified workplaces which (will) participate on training in a specialized field of practical medicine for adults</li></ul>
Material and technical equipment	<ul style="list-style-type: none"><li>• Material and technical equipment must be appropriate to provide full services of general practice services for adults</li></ul>
Tuition preconditions	<ul style="list-style-type: none"><li>• Spatial parameters of the workplace for tuition</li><li>• Paedagogical capacity of the trainer<sup>a</sup></li><li>• Relations with methodical center of education</li><li>• Agreement with external inspection of the workplace by members of authorizing commission</li></ul>

**Note.** <sup>a</sup>includes willingness to involvement in tuition, availability of professional journals and literature at the workplace, presence at lifelong education or science-research projects, quality support projects. Pedagogical experience is appreciated. From Věstník Ministerstva Zdravotnictví České Republiky. 2007 Jun;(5):19. (In Czech.)

The institution of the trainer is considered fundamental in these documents – a GP who supervises not only the training in the GP’s office but also supervises the whole period of the specialist training, including the training outside of his/her own practice. The recommendations also speak about the trainer’s character and his/her experience. The existence of a proper and motivated trainer is considered a fundamental point (16). The introduction of training of trainers is required. Further criteria must be fulfilled by trainers (one of the criteria is the length of work as a GP and his/her activities in lifelong education), including the method of medical documentation management. For the selection of a practice location for the training it is recommended to determine the needed number of patients and the technical equipment, even a specialized library is assessed (2).

EUROPEAN COMPARISON

Specialist training in the UEMO countries (Table 6) is captured in the data in the questionnaire from their members (17). The minimum requirement of three years of specialist training stated in the EP guidelines is fulfilled in all the countries. But the training duration varies in different countries, starting at 3 years, e.g. in the Netherlands or in Spain, 4 years in Slovenia and in the Czech Republic nowadays, 5 years in Sweden, up to 6 years in Finland. The requirement of 50% of specialist training in the GP practice is fulfilled in one half of the countries, e. g. in Slovenia, Sweden, Finland, the Netherlands. The criterion is not fulfilled e. g. in Austria or in Spain.

The supervision of the specialist training by a general practitioner is provided in all the countries who answered this question, in other countries, this is provided only partially (Switzerland).

The specialist training is financed from public sources in most EU countries (18), mainly in the form of salary at a level similar to the salaries of other medical specializations. In some cases a self-governing body (regional authority) contributes partially or finances the specialist training completely (The Netherlands). Also the trainer is rewarded in many countries.

PROBLEMATIC AREAS IN THE CZECH REPUBLIC

Division of General Practice

The division of general practice into two expert categories (children and adults) is a rarity of some countries. This division makes the recognition and mobility of GPs to and from such countries difficult if not formally (fulfillment of guidelines requirements), then logically. Indeed, knowing the patient throughout his/her whole life is beneficial. On the other hand, the arguments for such a division, highlighted mainly by the pediatricians, are the significant differences between medical care for children and adults. Mainly the general paediatricians are very pessimistic about uniting these two groups. Serious research into this issue would be appropriate instead of obstinate and not evidence-based insistence on one’s convictions.

Aging of GP Population

While aging of the GP population is a pan-European problem, the situation in the Czech Republic may become critical in the near future. The reason is above all the lack of interest of young doctors. Hand in hand with a low prestige of the profession corresponding to the situation in Europe (19), there appears a question of attractiveness of presentation of the general practice to future doctors at the faculties. The most probable factor is the funding of the specialist training. Many young doctors have to finance it themselves, which is not a systematic option and an unaffordable solution for most of them due to the level of the real income of doctors (20). In our opinion, the issue of insufficient financing is the thorniest question of primary care.

Structure of Specialist Training

Before the change of the educational program, the GP specialist training did not comply with the recommendations of the European GP organizations nor does it comply after having been changed. The whole period of the GP specialist training was shortened (from original 5 years to 4 years) and the structure was changed. The trainer’s experience and requirements were augmented in compliance with the recommendations.

**Table 6.** Length and structure of specialist training in the EUMO countries

Country	Length of specialist training (months)		
	In other departments	In GP departments	Total
Belgium	6–12	24–30	42
Czech Republic – until March 29 2007	40	20	60
Denmark	36	24	60
Finland	30	42	72
Croatia	23	13	36
Ireland	24–36	12–24	48
Iceland	36	24	60
Italy	24	12	36
Luxembourg	-	-	-
Hungary	20	40	60
Germany	18–44	18–36	60
Netherlands	12	24	36
Portugal	12	22	36
Austria	30	6	36
Slovakia	32	4	36
Slovenia	24	24	48
Spain	25	11	36
Sweden	30	30	60
Switzerland	48	12	60
Great Britain	24	12	36

**Note.** From replies of UEMO members on questionnaire, <http://www.uemo.org/>, 2003, 2004 (accessed 9th July 2008)

The reason for shortening the period from original 5 years to 4 years was insufficient interest of medical school graduates to choose this specialty and lack of general practitioners. The fact of the narrower specialization of GPs, the GPs in the Czech Republic do not provide neither pediatric nor gynecological care, may be used as an argument for shortening the period of specialist training and its non-compliance with the recommendations.

After the reform the specialist training does fulfill most (but not all) of the recommendations of the European organizations of GP. The challenge presented by the reform may be illustrated by the situation in other EU countries, where almost majority of them do not fulfill all recommendations.

Although a positive move has been done with respect to the trainer requirements – GP and their experience, the existing requirements should not be called sufficient. They are not specified clearly. The tendency to enable as many GPs as possible to become trainers and thus make the entrance into this specialization easier is considered one of the reasons for the unclear definition of the trainer requirements. The role of the trainer-specialist is another important problem. No specific responsibilities towards the trainee are described in any important document and a cooperation of the GP trainers and the specialist trainers is not coordinated at all.

**Quality of the GP Specialist Training**

Whatever was said or done about the structure or requirements fulfillment in the field of specialist training, a question about sufficient provision of quality and comparable outputs should always be presented, i.e. whether there exist instruments for measurement

and comparison of the goals which had been set and an assessment of the situation before and after the change. Was something really improved? Have our steps changed only the structure and the process or did they really influence the outcomes? We think the quality of the outcomes of the specialist training and its assessment should be the main topic in following years in the Czech Republic and should follow quality based approaches in the primary care in some European countries.

**CONCLUSION**

After the historical changes in the organization, scope and approach of the primary care the situation in the Czech Republic seems to be stable and adjusted for normal future development.

Educational system of the GP specialist training is undergoing important and well intended changes and the new law amendment promises the solution of the biggest problem of specialist training – its financing. However, there is lack of quality assessment in the educational system as well as in any other part of primary care.

**Steps for the Future**

Special attention should be focused on the quality of the education and its outputs, criteria for the trainers should be specified in more detail. Especially further specification of the roles and co-operation of the trainer-GP and trainer-specialist must be completed and should include their assessment. Attention should be drawn to the primary care education in medical schools for pregraduate

students as the basis of the health care system. Above mentioned processes should go together with quality criteria setting and assessment of quality of the primary care as a whole, which should be one of the most important topics for coming years.

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