

Title	The development of academic family medicine in central and eastern Europe since 1990
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Publication date	2013-03-07
Original Citation	Krztoń-Królewiecka, A., Švab, I., Oleszczyk, M., Seifert, B., Smithson, W. H. and Windak, A. (2013) 'The development of academic family medicine in central and eastern Europe since 1990', BMC Family Practice, 14, 37 (10pp). doi:10.1186/1471-2296-14-37
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1186/1471-2296-14-37
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Download date	2024-04-25 09:09:41
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## The Family Medicine in Middle and Eastern Europe (FATMEE) Study instrument.

No.	Indicator		Comments
<b>Area I. Role in Health Care System</b>			
1.1	Is there an official policy document presenting current role of family medicine in your country? If yes, what kind of document is it?	[parliamentary law/ministerial decree/ scientific paper/other]	
1.2	Is there an official policy document presenting future development of family medicine in your country? If yes, what kind of document is it?	[parliamentary law/ministerial decree/ scientific paper/other]	
1.3	Are the competences of family physicians clearly described? If so, on which level?	[Government/insurance company/college/local authorities/other]	
1.4	Who is responsible for organization of family medicine/general practice services?	[government/local authorities/insurance companies/other - name]	
1.5	Is specialty in family medicine/general practice formally recognized?	[Yes/No]	
1.6	If so, has it the same formal status as other specialties (e.g. neurology or cardiology)	[Yes/No]	
1.7	Do formal requirements exist for physicians (such as GPs/Family doctors) to work in PC?	[Yes/No]	
1.8	What kind of physicians can provide PC services?	[family physicians/ internists/ pediatricians/ gynecologists/ other specialists/ physicians without any specialization]	
1.9	What percent of all PC physicians have specialization in family medicine?		
1.10	What is the formal status of family physicians	[only state employee/mostly state employee/both state employee and independent contractor/mostly independent contractor/only independent contractor]	

1.11	Total expenditure on PC as % of total expenditure on health																									
1.12	Number of GP consultations per capita per year																									
1.13	1.13.1	Do PC physicians have their personal patient lists?	[yes/no]																							
	1.13.2	If [yes], what is an average list size?	[ <i>n</i> ]																							
	1.13.3	Is there a minimum and maximum limit?	[yes: ( <i>n</i> <sub>min</sub> ); ( <i>n</i> <sub>max</sub> )/ no]																							
	1.13.4	Are there any measures (e.g. in payment) employed to influence the maximum or minimum size of the list?	[yes/no]																							
	1.13.5	If [yes] describe briefly																								
1.14	1.14.1	How PC services are paid?	[fixed budget/pure capitation/capitation with wages/fee for service/mixed system]																							
	1.14.2	If mixed system, what are the components?																								
1.15	1.15.1	How family physicians are paid?	[salary/ income from the contract/ by patients out of pocket/ mixed system]																							
	1.15.2	If mixed system, what are the components?	[ <i>please describe briefly</i> ]																							
1.16	Are family physicians gate-keepers to specialist services?		[total/partial/ not at all]																							
1.17	Which of the following specialties are accessible without referral from family physicians?		<table border="1"> <tr><td>Gynaecologist /obstetrician</td><td></td></tr> <tr><td>Paediatrician</td><td></td></tr> <tr><td>Internist</td><td></td></tr> <tr><td>Ophthalmologist</td><td></td></tr> <tr><td>ENT specialist</td><td></td></tr> <tr><td>Oncologist</td><td></td></tr> <tr><td>Dermatologist</td><td></td></tr> <tr><td>Surgeon</td><td></td></tr> <tr><td>Dentist</td><td></td></tr> <tr><td>Psychiatrist</td><td></td></tr> <tr><td>Other (name)</td><td></td></tr> </table>	Gynaecologist /obstetrician		Paediatrician		Internist		Ophthalmologist		ENT specialist		Oncologist		Dermatologist		Surgeon		Dentist		Psychiatrist		Other (name)		
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Dentist																										
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Other (name)																										

1.18	1.18.1 Is there a number weekly of working hours/doctor's availability in practice regulated?	[yes/no]	
	1.18.2 If [yes], how much is it?	[n]	
	1.18.3. If [yes] are doctors obliged to spend number of hours in office, how many?	[yes/no] 1.18.4 [n]	
1.19	Is out- of- hour care (nights, weekends, holidays & festivals) part of PC contract?	[obligatory/voluntary/ not at all]	
1.20	How is out-of-hour care organized:	<ol style="list-style-type: none"> <li>1. Rota of duties shared by several practices (physician)</li> <li>2. Deputizing service hired</li> <li>3. Emergency service</li> <li>4. Hospital-based centres</li> <li>5. Other <i>(please describe briefly)</i></li> </ol>	
1.21	What kind of services are normally provided by family practices?		
	1.21.1 Curative care for children	[always/ sometimes/ never]	
	1.21.2 Curative care for adults	[always/ sometimes/ never]	
	1.21.3 Minor surgery	[always/ sometimes/ never]	
	1.21.4 Prenatal and pregnancy care	[always/ sometimes/ never]	
	1.21.5 Children surveillance and preventive care	[always/ sometimes/ never]	
	1.21.6 Adults screening and preventive programs	[always/ sometimes/ never]	
	1.21.7 Assessment/medical certification for social services/social insurance purposes	[always/ sometimes/ never]	
1.22	What are the forms of services provided by family physician:		

	1.22.1	Office consultation	[yes/no]	
	1.22.2	Home visits	[yes/no]	
	1.22.3	Telephone consultations	[yes/no]	
	1.22.4	Group sessions	[yes/no]	
	1.22.5.	Assessment for social services	[yes/no]	
	1.22.6	Other	[ <i>please name it</i> ]	
1.23	What are the forms of patients records		[EMR only/ both paper and EMR/ paper only]	
1.24	What is the level of computerization of family practices in the country:			
	1.24.1	For administrative purposes	[nearly all practices computerized/ more than half/ some/ none]	
	1.24.2	For clinical care (EMR)	[nearly all practices computerized/ more than half/ some/ none]	
	1.24.3	Other reasons	[nearly all practices computerized/ more than half/ some/ none]	
1.25	Rank the following organizational forms of family practices:		1. [predominant] 2. [less frequent] 3. [rare] 4. [not existing]	
	1.25.1	Single handed (solo)		
	1.25.2	Group practice of 2 or 3 family physicians		
	1.25.3	Health centers with many family physicians		
	1.25.4	Health centers with family physicians and other specialists		
1.26	Total nr. of specialists in family medicine and total number		[n1][n2]	

	of all physicians in the country.			
1.27	Average age of working family doctors in the country		[n]	
1.28	Is there a shortage of family physicians in the country?		[severe/moderate/not at all]	
1.29	What is yearly number of qualified GPs/FDs emigrating/immigrating		[n] (please enter the year) [not available]	
1.30	Is WONCA definition of family medicine recognized and implemented by health authorities and policy makers?		[yes/no]	
Area II: Quality of care				
2.1	Please name important voluntary mechanisms in your country to maintain and improve the quality of care (e.g. clinical guidelines, voluntary peer-review mechanisms).		[voluntary quality improvement mechanism]	
2.2	Have evidence-based clinical guidelines been produced for specific use by family physicians?		[yes/no]	
2.3	Is there any system of registration and reporting medical errors in PHC in function?		[yes/no]	
2.4	2.41	Is there an accreditation system of family practices in the country?	[obligatory/ voluntary/ do not exist]	
	2.42	If one exists, who is responsible for it?	[governmental body/ GP association/ other NGO/other (please, name it)]	
2.5	Which part of family practices is accredited?		[nearly all/ majority/ minority/ very few]	
2.6	Are there any incentives to undergo accreditation process?		[financial (e.g. higher fee)/better chance to get the contract/internal motivation only/ other (please describe briefly)]	
2.7	2.7.1	Do family practices undergo any other common accreditation (e.g. ISO)?	[nearly all/majority/minority/very few/any]	
	2.7.2	If they undergo – please name the most popular accreditation systems	[....]	
2.8	2.8.1	Do peer-review groups exist in your country?	[yes/no]	
	2.8.2	If [yes], what part of family physicians is involved?	[nearly all/ majority/ minority/ very few]	
2.9	Are there any incentives to participate in the peer-review process?		[financial (e.g. higher fee)/better chance to get the contract/internal motivation only/ other (please	

		<i>describe briefly</i> )	
2.10	Is your country represented in EQUIP?	[yes/no]	
<b>Area III: Teaching</b>			
3.1	How many medical faculties at the university level are there in your country? (some of universities may have more than one faculty)	[n]	
3.2	How many medical faculties have departments of family medicine?	[n]	
3.3	How many departments are chaired by family physicians with professor title?	[n]	
3.4	How many departments are chaired by professors of other disciplines?	[n]	
3.5	% of medical faculties at university level with a postgraduate program in family medicine	[n]	
3.6	3.61 Is family medicine subject in the undergraduate medical curriculum?	[yes/no]	
	3.62 If [yes], how many universities teaches it?		
3.7	3.71 Is there within medical undergraduate curriculum minimum number of teaching hours in family medicine?	[yes/no]	
	3.72 If [yes] – how many?		
3.8	Are there any quality measures or requirements for teaching practices?	[none/ yes, but not applied /yes, applied / accreditation necessary]	
3.9	Who organize specialist training in family medicine?	[special postgraduate centre/ universities/ hospitals/ GP association/ other/ not applicable – there is no specialty in family medicine/	
3.10	What is the duration of specialist training in family medicine in your country (in months)?	[n]	
3.11	What is the duration of specialist training in family medicine in primary care setting (in months)?	[n]	
3.12	Are the residents (trainees) in family practice paid?	[ not paid/paid by trainers/paid by state or local	

			government/paid by insurance/paid by hospital]	
3.13	3.13.1	Is there any formal exam at the end of specialist training?	[yes/no]	
	3.13.2	If [yes]	[MCQ/ written/ oral/ practical/ other (please, describe briefly)]	
3.14	3.14.1	Are there in your country any courses for family medicine teachers available (e.g. Leonardo EURACT)?	[yes/no]	
	3.14.2	If [yes], how many family medicine teachers completed them?	[n]	
3.15	What are the incentives to undertake specialty training in family medicine?		[better professional perspectives/ higher salary as a trainee/ higher future salary/ easy access to specialization/ other (please describe briefly)/ no special incentives]	
3.16	What is the number of trainees starting (yearly) the postgraduate program in GP ?		[n]	
3.17	Is there any formal recertification of family physicians in your country?		[voluntary/ obligatory/ not at all]	
3.18	Is your country represented in EURACT?		[yes/no]	
3.19	Has EURACT Educational Agenda been translated and/or implemented in the country?		[translated and implemented/translated but not implemented/ not translated but implemented/ not translated and not implemented]	
Area IV: Research				
4.1	Are there postgraduate programs (Ph.D.) in GP/FM available and functioning		[ no/ yes, less than 5GPs in program/yes, more than 5GPs in the program]	
4.2	Do scientific organization of family physicians exist in your country?		[yes/no]	
4.3	Is this organization full member of WONCA?		[yes/no]	
4.4	Is your country represented in EGPRN?		[yes/no]	
4.5	4.5.1	Is there a scientific peer-reviewed journal on family medicine published in this country?	[yes/no]	



	4.5.2	If [yes], how many issues a year are published?	[n]	
4.6	4.6.1	Are there scientific conferences on national level regularly being organized?	[yes/no]	
	4.6.2	If [yes], how often?	[twice a year or more often/annually/biannually/other <i>(please describe briefly)</i> ]	
4.7	How many GPs do usually attend WONCA Europe conference		[less than 5/ 5-15/15-30/more than 30]	
4.8	How many abstracts are presented at WONCA conferences		[n]	
4.9	Are there special funds to carry on research in family medicine available?		[yes/no]	
4.10	4.10.1	Is there in the country a research network of family physicians/family practices?	[yes/no]	
	4.10.1	If [yes] how many doctors/practices are involved?	[n]	