

Croatian primary care: features of family doctors' training and work. Ukrainian movement of young general practitioners' activity in exchange programs

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The article represents the results of the activities of the Ukrainian movement of young general practitioners, participation in Croatian exchange program, which provided an opportunity to get acquainted with the features of training and work of Croatian family doctors. The achievements and challenges of Croatian primary care and education of family doctors as steps for improvement in Ukraine are described.

Key words: family medicine, primary care, health system, exchange program, Croatia, Ukrainian movement of young general practitioners.

Ukrainian Movement of Young General Practitioners (UMYGP) was established in 2009 with the support of the founder of family medicine in Ukraine professor G.I. Lysenko, the president of the Ukrainian Association of Family Medicine (1999 to 2013). At that time, the young general practitioner V.I. Tkachenko was elected the head of the movement and became its founder. Today, the governing body of UMYGP is the executive group of young family doctors inspired by family medicine and there are about 200 participants from different regions of Ukraine, but every year the organization is gaining in popularity, new people show interest and desire to join it.

Ukrainian Movement of Young General Practitioners is a part of the International Movement of Young family doctors – Vasco da Gamma Movement (VdGM). VdGM was created in September 2005 at the WONCA Conference in Lisbon and was named after the famous Portuguese navigator Vasco da Gamma. The purpose of the movement is to provide young general practitioners participation in the further development of family medicine and to influence this process. As in Ukraine, there are local organizations of young and future family doctors in different European countries, which are the participants of VdGM.

The activities of young family doctors movements include participation in the development of family medicine in the country and Europe, providing the exchanges programs for family doctors from different countries (Hippokrates Exchange, Conference Exchange, Family Medicine 360), organization of local events and conferences. Since 2006 VdGM has been organizing successful annual pre-conferences for young family doctors on the eve of the annual WONCA Conference, and since 2014 VdGM has started its own annual forums. Representatives and members of UMYGP during 2010-2018, despite the difficult political and economic situation in Ukraine, annually participated in pre-conferences, forums and international VdGM experience exchange programs. They visited the next countries in exchange: Great Britain (2009), the Netherlands (2010, 2012, 2013, 2015, 2017, 2018), Spain (2012, 2018), Portugal (2014), Israel (2014, 2016), Romania (2017), Croatia (2012, 2017, 2018).

The experience gained during the exchange programs was implemented in Ukraine during the development of legislative documents for primary care, clinical guidelines and manuals, training programs for general practitioners; the results were annually presented by reports on the activities of UMYGP and participation in the exchange programs on national congresses

and conferences in family medicine, were published in articles in national journal in family medicine. Since 2013 UMYGP holds its own section during annual conferences in the field of family medicine: Kyiv (2013-2018), Lviv (2015), Poltava (2015), where problematic issues, the results of participation in the exchange VdGM programs and the results of research work of young general practitioners are discussed.

The collaboration of UMYGP with the Croatian organization of young general practitioners provides the opportunity for many young Ukrainian family doctors to take participation in the exchange programs that include visiting Croatian family doctors offices to see the organization of their work, training for 2 days and participation in the conference. Typically, around 15–20 representatives from different European countries usually participate in the exchange program. The participants of such programs were allowed to see and learn all aspects of Croatian healthcare system in details.

The aim of the article is to analyze and describe the features of Croatian primary care and education of family doctors.

Materials and methods the analysis of data received through the observation and survey during participation in Croatian exchange program was done.

RESULTS

Croatia is a unitary democratic parliamentary republic at the crossroads of Central Europe, Southern Europe, and the Mediterranean. Its capital and the largest city is Zagreb. The country covers 56,594 square kilometres and has diverse, mostly continental and Mediterranean climates. Croatia's Adriatic Sea coast contains more than a thousand islands. The country's population is 4.28 million people; the most of them are Croatians, with the most common religious denomination being Roman Catholicism. Croatia is the newest, 28th member state of the European Union having joined on 1 July 2013.

The medical education in Croatia lasts six years (at all four medical universities). A curriculum is traditional, consisting of basic, pre-clinical and clinical subjects, including public health and primary care disciplines. Unfortunately, the educational principles remain the same as during the whole educational circle. They are mostly concentrated on the collection of the information and facts, and less on critical thinking, creativity, independent work and acquiring the skills and competencies.

In Croatia the specialty of Family Medicine was introduced in the beginning of the 1950-th as one month summer practical course in chosen practices all around the country, followed by two weeks of practical course within the Department of Public Health. In 1980, the Department of Family Medicine was established and became responsible for the specialty of Family Medicine. In the beginning students spent two weeks in chosen family medicine practices (two students per one tutor – general practitioner) then the duration of studying was continued to four weeks, and nowadays to six weeks. Besides, Department of Family Medicine is responsible for the different elective courses: competencies and characteristics of primary care doctors, basic com-



municational skills, basic clinical skills, family health, prescribing in family medicine, and human sexuality.

After graduation medical university young doctors pass 1 year of internship in general medicine. The graduated medical doctor after internship can join specialisation in various clinical specialities or can start to work as family physicians without specialization.

In Croatia, vocational training or specialisation in Family Medicine started in 1960 (first in the world), and lasted 3 years. In the beginning, it was organised as in-service training (3 month in family practice and 3 month at the educational department), which was followed in few years by the 3-years vocational training. It was almost stopped during the 12-years period of Croatian War of Independence and transitional period. In 2003 it was a new beginning, with three different programs. One was aimed to young doctors, lasting 3-years, the second one was for «medium-age» doctors – in-service program lasting 3-years, and the third one was for «older» doctors – in-service program lasting 20 months. The main parts of all three programs are: postgraduate educational course, hospital practical course and work in family medicine practices by supervision of trainer. But, the final exam is the same for all candidates, and includes two parts: preparatory (portfolio, essays and trainee's report) and final part (120 Multiple choice questionnaire and Extended Matching Questions test, Objective Structured Clinical Examination and Oral examination in front of three-member jury). Passing the final exam, they obtain a title of Specialist in Family Medicine.

The health is recognized as basic human right by the Croatian Constitution. Therefore, health care is available to all citizens through the universal health insurance. It is mainly based on obligatory state health insurance (Bismarck model, 13% of monthly brutto wages), but some groups of population (unemployed, social etc.) are subsidized from the state budget. Health care service is organized on three levels: primary, secondary and tertiary. Primary care is mostly based on family medicine and includes health care for children and women, as well as dental health and emergency medicine.

After the Second World War, the Family Medicine was recognized as the basis of the health care. The Health Centres (in Croatian «Homes for people health») were organized where family doctors were employed together with the other primary care providers (paediatricians, gynaecologists, school medicine and occupational medicine). Family doctors were responsible for the local population and provided the patient-oriented approach and community involvement. The strong notion of the development of the Family Medicine as the specific speciality and academic discipline were the main characteristics of primary care in that times.

Since 1997, the family medicine is mostly organized through the network of solo practices. Family doctors became private and independent contractor with Health insurance and responsible for the patients on their lists, mostly adults (free choice of doctors). Around 20% of Croatian family doctors have children as patients on their lists and do a lot of women's care. Family doctors provide continuing and comprehensive (curative and preventive) health care, function of gate keepers in referrals to specialist-consultative and hospital care. The mixture method of reimbursement is applied nowadays; around 85% of family doctor's income comes from age-related fees per capita (number of patients on the list), and the rest - from fees for service, preventive program, and recently by quality improvements activities.

In 2013, it was 2350 family doctors in Croatia, of whom 47% were vocationally trained and are specialists in family medicine, but the rest are basic medical doctors and specialist in other fields. It is still possible to work in Croatian family medicine without specialization. Around 70% of family doctors are private and 30% remain working within the state Health Centres. The average number of patients in one family doctor's list is 1 857.

The main strengths of family medicine in Croatia are the feelings of strong responsibility for the patient's health (and partly community health) remaining from the «old times», as well as the provision of the curative and preventive health care. But, the self-esteem of family doctors still remains rather low and should be incurred and supported. The other challenge faced within the profession is the emerging since of «consumerist» approach to the patients and to the profession as itself and trends of being sub-specialists, for example «mini-cardiologists».

CONCLUSION

Analyzing the Croatian Health Care System, its steps of development, experience and challenges, the following steps for improvement of the Ukrainian health care system have to be taken: strengthening the family doctors education, postgraduate training and continuing professional development, improving clinical protocols and standards of medical care, implementation of state medical insurance and electronic documentation, providing better equipment for family doctors' workplace with decent wages and motivation, promotion of the specialty among young people, the creation of a state funding and support of international exchange programs.

The gained experience and the active work of the UMYGP representatives allows young family doctors to participate in international programs, promote the status and prestige of the profession of family doctor in the country and abroad, especially among young people, helps to improve the development of family medicine in Ukraine, the medical and scientific specialty «General practice-family medicine».

Первичная медицинская помощь в Хорватии: особенности обучения и работы семейных врачей. Участие Украинского движения молодых семейных врачей в программах обмена опытом В.И. Ткаченко, А.И. Алексейченко

В статье представлены результаты деятельности Украинского движения молодых врачей общей практики, участие в хорватской программе обмена опытом, которая предоставила возможность познакомиться с особенностями обучения и работы хорватских семейных врачей. Описаны достижения и проблемы хорватской первичной медицинской помощи и образования семейных врачей, пути совершенствования для Украины.

Ключевые слова: *семейная медицина, первичная медицинская помощь, система здравоохранения, программа обмена, Хорватия, Украинское движение молодых врачей общей практики.*

Первинна медична допомога у Хорватії: особливості навчання та роботи сімейних лікарів. Участь Українського руху молодих лікарів загальної практики у програмах обміну досвідом В.І. Ткаченко, О.І. Алексейченко

У статті представлено результати діяльності Українського руху молодих лікарів загальної практики, участь у хорватській програмі обміну досвідом, яка надала можливість ознайомитися з особливостями навчання та роботи хорватських сімейних лікарів. Охарактеризовано досягнення та проблеми хорватської первинної медичної допомоги та освіти сімейних лікарів, а також шляхи покращення для України.

Ключові слова: *сімейна медицина, первинна медична допомога, система охорони здоров'я, програма обміну досвідом, Хорватія, Український рух молодих лікарів загальної практики.*

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