Family Medicine/General Practice in Croatia: some facts

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Overview

- About Croatia
- Health Care System
- GP/FM
- How to become specialist in FM/GP
Croatia - facts

- Democratic, parliamentary republic
- Mixture – Mediterranean and continental regions and culture
- 4.280 milj inhabitants, mostly Croats, Catholics
- 20 counties and the City of Zagreb
- History – part of Austria-Hungarian empire, part of Kingdom of Yugoslavia, part of Federal Republic of Yugoslavia
- June 1991, Croatia declared independence
- War of Independence – terrible loss!!
- 1 July 2013, 28th member state of EU
Croatia - facts

• Transitional period – from socialist’s to capitalistic’s economy – difficults!
• Service-sector economy, tourism
• (Industrial sector and agriculture)
• State controls a part of economy, with substantial government expenditure
• Investment in infrastructure, transport routes, high-way roads
Health Care System

• Health - basic human rights - by the Croatian Constitution
• Health care - freely available to all citizens
• Universal health insurance
• Mainly based on obligatory, state health insurance (Bismarck model, 15% of monthly brutto wages)
• Some population groups - subsided from the Budget-taxes
• 2005 – co-payment – additional health insurance
Health Care System

• Health Care service - three levels: primary, secondary and tertiary

• Primary Health Care (PHC) is mostly based on Family Medicine (FM)

• Health care for children and women, dental health and emergency medicine - PHC too

• Secondary – specialistic’s and general hospitals – referral system

• Tertiary – university and special hospitals
GP/FM

• Begining of 1950-th – Health Centers (HC) (“Homes for people’s health”)
• Famy doctors (FDs) - employed by HC and responsible for the local population
• Population approach, community involvement and strong notion of the development of the FM as specific profession and academic discipline were the main characteristics of PHC in that times
GP/FM

- Nowadays - FM – privatisation - network of solo practices
- FDs – independent contractor with CHIF - 70% independent, 30% remain working - HC
- Responsible - patients on their lists, mostly adults (free choice of doctors)
- Around 20% of FDs - children, lot of women’s care
- FDs – provide curative and preventive health care
- The mixture method of reimbursement:
  - around 85% of income comes from age-related capitation fees (1950 - average number of patients on the list)
  - rest from fee-for-service (preventive programs, procedures, quality improvements activities ....)
GP/FM

- Facilities (space and main equipment) – in concession, rarely private
- Sharing practices (two doctors)
- Work in the shifts (morning/afternoon)
- Team - practice nurse, public health nurse
- Electronic med records, e-prescription, e-lab testing, e-referrals ....
- 50 - 60 patients / day
- 20 – 30 direct consultations (repeat prescriptions, nurse consultations...)
- 2-3 home visits / week
GP/FM

• Possible to work without specialist’s /vocational training (ST)
• Only 49% - specialist in FM (2014)
• The main strengths of GP/FM - feelings of strong responsibility for the patients (and partly community health) and provision of the continues and comprehensive care
• Self-esteem of FD - remains rather low and should be encouraged
• Challenges - sense of „consumerist“ approach and trends of being sub-specialists, „mini-cardiologists“. 
Educational circle

- 1 – 6 years - preschool – kinder-gardens
- 7 – 14 years – basic/obligatory school
- 15 – 19 years – high/vocational schools
- 20 – university education/higher schools
- Medical school – 6 years - graduate
- 1 year internship – certificate exam – MD
- Postgraduate – doctoral courses, professional courses - obligatory part of specialist’s training
Medical education and Department of FM

• Traditional curriculum: basic sciences, pre-clinical, clinical and public health -15%
• Department of FM – established in 1980
• Equal to any departments and equal requirements for academic advancement
• Department of FM – FM subject, obligatory, 6th year, lasts 8 weeks, 2 students / 6 weeks with one GP tutor – practices
• Electives: PHC doctor, Basic communication, Clinical skills, Balint methods...
• Postgraduate course in FM – part of ST
How to become specialist in FM/GP?

- Vocational training (ST) or specialisation in FM started in 1960
- It was 3-years, in the beginning in-service, later – full time training
- 3 main parts: postgraduate course (7 mth), hospital part (15 mth) and GP/FM part (12 mth) under the supervision of trainers
- 1980 – 70% of working FD were specialists
- Not having ST – 1990 – 2003 (war and policy misunderstanding)
How to become specialist in FM/GP?

• To overcome the long brake:
• 2003 - Project: “Harmonisation of FM with EU standards introducing speciality training for FD”
• 3 groups of trainees: A – young (under 35), full time - 3 years programme; B (35-40), partly in-service (9 mth in their practices); C – older (over 40), in-service – 20 mth on programme
How to become specialist in FM/GP?

- Final exam – same for all programmes
- 2 parts: preparatory and final
- Preparatory:
  - portfolio,
  - written essays – 8,
  - progress report – trainer,
  - work-based assessment – trainer,
  - trainees’ self evaluation forms
- To be assessed by examining body
How to become specialist in FM/GP?

- Final part:
- Written test - MCQ and EMQ – 120
- OSCE - 20 -25 stations
- 70-80% - minimum past rate MCQ and OSCE
- Written test and OSCE – prerequisite for oral
- Oral – examining body: 3 GPs (professionally well recognised, academicians)
- Oral is based on 3 patients-cases (medical record, presentations, analysis, discussion...)
How to become specialist in FM/GP?

• Specialist’s Diploma
• Title – Specialist in FM
How to become specialist in FM/GP?

• ST curriculum changes – 2012
• 4 year, full-time training
• Content – the same, just prolonged time, 20 mth in FM
• Final exam – the same
• Title - Specialist in FM
For communication

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