QUO VADIS MEDICINA GENERALIS ?

Postgraduate education, vocational training in the Family Medicine in Hungary

Imre RURIK

University of Debrecen

Medical and Health Science Center, Faculty of Public Health

Department of Family and Occupational Medicine

XXXIII. Annual Conference

Slovak Society of General Practice,

Slovak Medical Association

Stary Smokovec, 11-13 October, 2012

HISTORY & FACTS

- Hungary, population of 10 million
- about 36000 **active medical doctors**
- 6589 work in primary care

  family physicians / general practitioners

  1377 pediatric practices,

  others for adult and mixed population
- average population: 1529 per practice

DISTRICT DR'S SYSTEM

- Primary care was called as district doctor system
- Staff was employed by local (municipality) councils or health centers (polyclinics)
- Doctors worked in geographically enclosed areas and patients had no access to other family doctors.
- The official salary within health system was one of the lowest in the society.
- Low reputation among medical specialties

CAREER IN THE MEDICINE

- The respect of medical doctors, however, remained relatively high in general.
- Nevertheless, the district doctors were on the bottom of the list of medical specialists.
- Starting their careers many of them had
  - no medical specification,
  - no clinical experiences or practice in hospitals
- Go in the primary care was often an escape from hospital, sometimes the only opportunity to move to other city or to modify medical carrier

EDUCATION I.

- from the middle of 80's **family medicine** appeared as an **elective subject** in **undergraduate** medical curriculum.
- **board specification examination**

  general medicine was introduced in 1975

  replaced by family medicine in 1994
- obligation for examinations: deadline end of 1998

POLITICAL CHANGES

- 1989 the political regime was changed and parliamentary democracy was established.
- **New primary care system** was announced in 1992,
  since then district doctor has been called family physician (FP)
- patients were allowed to choose their FP (general practitioner).
- doctors had to treat all inhabitants within their own areas
- were allowed to accept and treat patients from other areas
- government declared a priority of primary health care and established a
  National Institute of Family Medicine, 1992
  reorganized in 1997, National Institute of Primary Care

„FUNCTIONAL” PRIVATIZATION

- This opportunity led a high ratio of family physicians to establish their own enterprises in the belief that they could manage their expenses better and in a more rational way.
- by now 98% of practices have thus been privatized, out of these 90% only functionally (partially).
- the ownership of buildings, ambulatories and valuable medical equipments remain, also in the future, to the local municipalities.
- furniture and some equipment are purchased by the doctors

CONTRACTORS

- primary care provider had to sign contracts financed by the **National Health Insurance Fund** (only one) (*no negotiation about terms and conditions*)
- to provide care within the doctor's area **local municipality** (*no clear description of task and obligations, big variety*)
- Services supervised by the local Health Officer.

QUALIFICATION

- Regulation forced the doctors to make a **qualification exam in family medicine** until the end of 1998
- Exemptions:
- Doctors with qualification in internal medicine and at least 10 year experience in general practice
- without previous qualification but having worked for more than 20 years in general practice

EDUCATION II.

- Universities established their own departments of family medicine
- first **department**:1992 Semmelweis Medical University in Budapest
- **Center for education** in family medicine: 1992 Debrecen

  Departments: Szeged (1996)

  Pécs (1998),
- Family medicine was the first medical specialty in Hungary that prescribed the continuous medical education (CME) for doctors
- CME became mandatory for other specialists only after 2000

TRENDS in the 90’s

- middle of nineties family medicine became very popular
- many specialist wanted to change for general practice and young doctors started their training in this field
- It seemed as a good perspective both professionally and economically because the private enterprise had many advantages over the underpaid employment status.

„RIGHT FOR PRACTICE”

- According to a law issued in 2000 the number of family practices was finalized.
- In case they moved or intended to **retire** doctors who were in the office had the right to sell their practices to colleagues.
- In case the doctor **died**, this right could also temporarily be transferred to family members.

FINANCING

- financing of primary care system has also been changed in 1992
- instead of fixed budget and salary **capitation-system** was introduced, modified by the age cohort of patients (using a multiplier of 1-4,5)
- **other qualifications** the doctor had possessed, (honored by a multiplier of 1.0-1.3)
- **Degression** : over 2,400 points
- the differences between geographical regions were also taken into account to some degree, favoring urban to rural areas.

(financing provided to FPs was independent from the ownership and status of their office)

1 point= 163 HUF

1 EUR = 290 HUF

- **Fix payment**

  253,000 <1200

  197,000 >1500
- **Area bonus**

  Depending from the type of settlement,
- **Ambulatory care**

  (max. 600 HUF/ cases)
- Authorization
- 50 HUF/ contact [0.18 €]

- Total: 800-900.000 HUF= 2800-3300 EUR /monthly

HOW TO SPEND FUNDING?
WHAT SHOULD BE COVERED?

- Salary of doctor
- Salary of nurse
- taxes, health insurance contribution
- practice operational and working expenses
- heating, water supply, electricity
- telecommunication
- traffic expenses (car, bicycle)
- medical material, disposable goods
- medical devices, replacement, repair
- book-keeping, administration, etc.
- financing is insufficient (no changes since years)

OTHER INCOMES FOR GP'S

- **occupational health** services
  (paid by employers)
- **private practice** in other specialty of GP's
- **acupuncture**
- **homeopathy**
- trade /market
  sale of health promotional drugs / herbal products,
  food supplements etc.

NEW REGULATIONS

2011- contribution for purchasing medical devices (max.50.000 HUF (1.730 EUR/ monthly)

2012- increase in points 163 →180 HUF (promised)

2012- other specialist are allowed to enter PC, buying practices

EDUCATION FOR BOARD EXAMINATION

- **Residency program** (governmental financed)
- Shortened residency programme

  (abandoned in 2007, non fits for EU?)

- **Second qualification**

  (individual education for those having other specialization)

In: Educational Evaluation…
Editors: M. Ortiz and C. Rubio, pp. 407-416

ISBN: 978-1-60456-577-5

Chapter 17

PAST AND PRESENT CHALLENGES IN EDUCATION AND CERTIFICATION OF FAMILY PHYSICIANS IN HUNGARY

Imre Rurik [1,6], István Ilyés [2], József Rinfel [3], Ferenc Hajnal [4], Péter Vajer [1], Ágnes Szélvári [1], Péter Torzsa [1], Lajos Nagy [3], Sándor Balogh [4], Krisztián Vörös [1], Ferenc Tamás [1] and László Kalabay [1]*

RESIDENCY PROGRAMM

26 months (basic)

Internal medicine (8 mo)

emergency (1 mo), Oxyology (1 mo)

Pediatry (4 mo)

- Primary care practice (1mo)

Surgery (10 week)

- Generaly surgery (2 w)
- Orthopedy (2 w)
- Urology (2 w)
- Traumatology (4 w)

Obstetric-gynaecology (6 week)

Neurology (1 mo)

Psychiatry (1 mo)

Family practice (4 mo)

Other courses (2 mo)

- (oxyology, transfusion, centrally organised courses, final education)

10 months teaching practice

EDUCATION OF NEW GENERATION

- Board examinations
  (residency programs and second specialization)
- Debrecen: 1125 (1992-2012)
  579 (first specialty), 446 (second specialty)
- Pécs: 251 (2001-2012)
- Szeged: 90 (first), 165 (second) (2008-2012)

HUMAN RESOURCES

Age distribution

év	fő
25-29	43
30-34	208
35-39	354
40-44	606
45-49	877
50-54	1344
55-59	1245
60-64	1018
65-69	631
70 <	258
OALI, 2009	

Residency programme

2001/02	86
2002/03	87
2003/04	89
2004/05	95
2005/06	104
2006/07	68
2007/08	100
since	
Min. of Health	

PERSISTENT PROBLEMS IN HEALTH CARE SYSTEM

- No priority for family medicine
  new Minister = new concept
- Ministry of Health -1988

  1988- - Health and Social Affairs

  1990-98 - Welfare

  1998-2010 - Health

  2010-12 - National Resources

  2012 - Human Resources

  (with Education, Culture, Sport, Religious affairs)

PROBLEMS IN THE PRIMARY CARE

- **Aged doctors** GP > 58y
  25% over retired age
- Low motivation, Lethargic, „burn –out”
- No younger successor
- (underpaid medical jobs, high motivation to move abroad)
- Low finances
- Changing, incoherent regulations in the economy and governmental structure
- Low level of organizations
  (1500 FAKOSZ, 200 CSAKOSZ)

FUTURE OF PRIMARY CARE IN HUNGARY ?

Human resources

Impact of new regulation ? (Closing hospitals)

Structural

- involving other health workers: prevention manager, health psychologist, specialist (part time)
- Group practices
- more /qualified nurses dedicated, assigned tasks, competences for them

Financial

- Increasing finances (among recent economical situation ??)
- introduce or change elements including
- incentives for prevention,
  definitive care /reducing referral
  quality of care.

Dark horizon