

Volume 5

**Memorandum of Understanding Regarding the Development of
Primary Care Standards**

Primary Care Specialist Training Team
FINAL REPORT: The recommended strategy
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Background

This memorandum has been prepared to reflect the consensus and commitment of the Ministry of Health, the Faculty of Medicine, the Chamber of Physicians and the Macedonian Medical Association to a process of change aimed at upgrading the standards of healthcare provided in the primary care setting. There are seven topics of agreement:

- *Modernisation of post-graduate primary care specialisation:* to establish a more cost-effective and appropriate standard for primary care physicians of the future.
- *Continuous Medical Education (CME) Centre expansion and clinic rehabilitation:* to provide the facilities, equipment and systems needed to implement CPD/post graduate education given effectively.
- *Accreditation and re-accreditation:* to ensure that doctors are driven to self-improve and ensure their clinics meet minimum standards.
- *Continuous Professional Development (CPD) for doctors working in primary care:* to prepare doctors to meet the standards needed.
- *Creation of a critical mass of primary care educators:* junior educators to conduct basic rehabilitation programmes, and lead/personal educators to develop and manage CPD and post-graduate primary care education.
- *Organisation of the management of change* to ensure that the above points of agreement are enacted appropriately.

Modernisation of post-graduate primary care specialisation

Macedonia presently has about 1800 doctors working in the primary care setting. It is agreed by all parties to this memorandum that Macedonia does not need more to care for its present population. Taking account of present population age distribution and natural attrition rates, Macedonia could need around 60 new appropriately accredited physicians primary care every year. All parties to this agreement have therefore committed to raising the standard of new physicians entering the primary care setting.

It is agreed that to prevent future unemployment and to enable the Medical Faculty to provide more cost-effective and improved quality of education that the Government will, by the end of 2000, reduce the number of new medical students funded for undergraduate education to a level consistent with the country's actual needs.

It is agreed that the post-graduate primary care specialisation programme presently provided by the faculty will be modernised and aligned to seek EC convergence. The post-graduate course for GPs will be restructured to become problem centred, community based, and in general provide a more adult learning approach preparing students for the assessment and management of acute, chronic and anticipatory care.

- A fresh blue print will be produced by December 2000 for post-graduate courses,
- the regulations and conditions for entry onto post-graduate primary care specialisation will be updated by May 2001,
- the revised courses and teaching places will be ready and formally confirmed by the Faculty by January 2002.

It is agreed that Macedonia no longer requires continuing investment in the creation of post-graduate paediatric primary care physicians and obstetrics-gynaecology physicians intended for the primary care setting. The Faculty will accept students for post-graduate paediatric and obstetrics-gynaecology specialisation in 2000 on the understanding that these students will not be allowed, by future revisions to licensing and accreditation laws, to practice in a primary care setting.

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It is agreed that the intention is that in future, doctors working in the primary care setting will either be qualified from an accredited post-graduate programme for primary care specialisation or, have been formally accredited by the Macedonian Chamber of Physicians, on the basis of performance, to an equivalent standard.

It is agreed that the Ministry of Health will work with Government to ensure that individuals admitted for training to primary care specialisation will be paid during their involvement in this specialisation training.

It is agreed that in future, ordinary medical graduates and students of medicine can only work in the primary care setting under the supervision of an accredited specialist. Similarly such individuals will not be assigned to rural, emergency or single-handed posts in primary care without full supervision.

It is agreed that all doctors working in the primary care setting must undertake CPD involving a minimum of 8 days a year by the end of 2005. The Ministry of Health, the Faculty, and the Chamber will jointly agree the courses, which are appropriate for CPD. Only attendance to these courses will be accepted.

CME Centre expansion and clinic rehabilitation

It has been agreed that standards of primary care clinics must be brought into line with the law. The Ministry of Health will strengthen its inspection activities and update the relevant legislation to ensure that clinics which are not clinically safe and appropriate are either upgraded, or cease to be used for the purposes of providing primary care.

The Ministry of Health will review standards for medical records and clinic administration in primary care and, together with the Republic Health Institute, work to establishing the improvements needed to facilities, equipment, administration and records. The following table presents the basis of assessment and accreditation of clinics.

Level of clinic	Minimum attributes of clinic capacity
1	Decent building: no leaks in the roof, appropriate sanitary conditions, clinically clean and adequately maintained.
2	Equipment and disposables present and maintained
3	Appropriate records. Dealing adequately with those who are, or believe they are ill. Appropriate referrals, nursing, admin
4	Surveillance processes for drugs, chronic disease management. Call and recall.
5	Quality assurance, performance management
6	Needs assessment of patients on the clinic list

The table below identifies the minimum number of clinics needed to achieve successful CPD and post-graduate specialisation over the next five years. The Ministry of Health, the Chamber of Physicians and the Republic Health Institute will jointly work to ensuring that these goals are met.

Level	2000	2001	2002	2003	2004	2005
1	50%	70%	90%	100%	100%	100%
2	20%	40%	60%	80%	90%	100%
3	0	4	10	25	50	60

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4	0	1	4	10	25	50
5	0	0	1	4	10	25
6	0	0	0	1	4	10

The Ministry of Health will work on behalf of the signatories to this memorandum to obtaining the funding and technical assistance needed to establish the administration, capacity and accreditation processes to deliver on the above goals and to making progress according to the following schedule:

Objective	Target date
<i>Budget the creation of two additional CPD educational centres and associated infrastructure for agreement, with procurement plans, by the World Bank</i>	Jan 2000.
<i>A full survey of clinics should be conducted and the project plan for change documented. This will require local and international technical assistance.</i>	May 2000.
<i>Redraft existing laws that identify the equipment profile and standards in each type of clinic.</i>	July 2000.
<i>Define and agree strengthened organisational and legal framework for inspecting and accrediting clinics.</i>	July 2000.
<i>Agree investment channels for rehabilitating clinic clinical conditions. The costed blue print for rehabilitation investment, and strategy for monitoring and maintaining standards should be presented for agreement to the World Bank and potential donors</i>	October 2000.

Accreditation and re-accreditation

It is agreed that in addition to ensuring that clinical facilities are appropriate it is necessary to ensure that doctors working in primary care achieve and maintain evolving standards. The Ministry of Health will review the legislation and amend it:

- To ensure that the continued right to practice in primary care is subject to the individual doctor successfully proving competence, continued performance, and effectiveness of clinical practice.
- To ensure that the Chamber of Physicians is required to provide the modernised and strengthened assessment programmes needed to establish accreditation/re-accreditation.

The Chamber of Physicians agrees that it will amend its constitution, regulations and conditions of licensing accordingly. It will also ensure that it will incorporate the activities needed to investigate quality of practice, failure to achieve professional standards, and ensure that doctors who are deemed to be acting unprofessionally, or without the continued relevant competencies are suspended or removed from the register of licensed doctors.

The Chamber of Physicians agrees that it will investigate international best practice on licensing and accreditation and:

- Apply changes to its constitution and regulations to meet these standards;
- Commence enforcement of the revised rules from a date which will be agreed with the Ministry of Health by December 2002.

The Chamber of Physicians will establish the summative assessment processes needed to bring Macedonia into line with EU standards for primary care doctors and primary care settings.

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The Chamber will, together with the Ministry of Health, amend its licensing rules systems and examinations to ensure that only those physicians that have completed an appropriate post-graduate specialisation in primary care are allowed to work unsupervised in primary care.

Continuous Professional Development for doctors in primary care

The Minister of Health agrees to approach the Government to establish a reform of the structure of remuneration for primary care doctors so that a specific component of funding is introduced which ensures that attendance to recognised courses by doctors in primary care is appropriately funded.

The Ministry of Health also agrees to amend the existing laws to ensure that Continuous Professional Development and continual professional assessment is a mandatory requirement of all doctors working in primary care, privately, or through the government system. This includes:

- Paediatricians and school health physicians,
- General practitioners,
- Existing obstetrics-gynaecology specialists,
- Occupational Health/Labour medicine undertaking clinical activities,
- Physicians providing home visits and immunisations,
- Emergency physicians in the primary settings.

The signatories to this memorandum confirm that they will support the process of CPD on the following basis:

- The Ministry of Health will extend the existing CME pilot so that it will provide systematic cover to the educational needs another 600 doctors by October 2001;
- The Ministry of Health will strengthen the enforcement of standards in clinics through the Republic Health Institute and work with the Chamber of Physicians to enact improvements to accreditation systems for clinics and doctors;
- The Macedonian Medical Association and Chamber of Physicians will support this programme by encouraging their members to participate fully, and by offering potential educators to be trained accordingly;
- The Chamber of Physicians will focus its future role in primary care in the areas of accreditation and re-accreditation, and cease all activities to provide education of doctors in the primary care setting.

Creation of a critical mass of primary care educators

The Ministry of Health will arrange funding and assistance to develop further the critical mass of primary care educators so that Continuous Professional Development and Post Graduate Specialisation training can be undertaken by Macedonian educators working to international best practice. The Faculty, the MMA and the Chamber of Physicians recognise that this programme is appropriate and will support its continued development.

- The Faculty will support and accredit the status and titles of primary care educators developed through the extended CME programme;
- The Faculty will create a Department of Primary Care Medicine and receive these educators as the accredited members of that department;
- The Faculty will, until 2007, delegate the management of the Department to the **Agency** developed by the Ministry of Health;
- The Faculty will support the Department and the **Agency** by providing the facility for post-graduate primary care specialisation trainees to perform their electives in accordance with the agreed blueprint.

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Organisation of the Management of Change

It is agreed that the priorities for primary care physicians' professional development will be reviewed by Minister of Health every year. All parties to this memorandum will also consider the health needs of the population and use these to support the Minister to define the annual development priorities of primary care physicians. The Minister may also wish to take advice from the Republic Health Institute.

It is agreed that an Agency will be created. It will receive the annual development priorities and modify its teaching programmes to meet Macedonia's priorities. The Agency will consist of a team of administrators, course organisers and educators whose mission will be to ensure effective provision of CPD to existing primary care doctors, and to organise and manage post-graduate education for post-graduate specialisation trainees in the Faculty.

The Agency will be responsible for charging for its operating costs to existing doctors and specialisation trainees, appropriately, under the supervision of a Board. It will work with the Chamber of Physicians to ensure that the Agency's programmes for CPD are consistent with the Chamber's programmes for accreditation and re-accreditation.

The Chamber of Physicians will work with the Agency to ensure that its assessment processes for licensing to practice in primary care, and continued practice in primary care are aligned with competency targets agreed with the Agency on an annual basis.

The MMA will receive support from the Ministry of Health to help with the publication of guidelines, formularies, and research papers relevant to primary care, needed by those receiving education from the Agency. Its performance on this matter will be reported through the Agency.

It is recognised that primary care is undergoing a major programme of modernisation and improvement. This memorandum identifies intended improvements to the methods for improving standards in clinics and in the doctors working in those clinics, within primary care. It is also envisaged that there will be a reform of the way in which doctors are recompensed for their activities.

Should the Government agree that all of these activities should be handled by one organisation, then it may be that the **Agency** will become part of a separate semi-autonomous body with the mission to develop and modernise primary care. However if this does not prove feasible, an alternative would be for the MMA to undergo constitutional and legal reform to be able to take responsibility for the **Agency**.

It is therefore agreed that, for the present, the IPU of the Ministry of Health should continue in charge of all Agency activities. In the next 18 months studies will be undertaken of the legislative and structural changes needed to provide the Agency with a more long term and structurally sustainable basis for existence. The final decision will be undertaken by Government.

The Ministry of Health will lead the process of securing funding to support:

- the civil works,
- the technical assistance,
- the educational activities,
- the updated methods of funding education of doctors;
- the organisation and management of the Agency,
- and the regulatory changes.

Funds will be sought from the World Bank, or through other Agencies. The Ministry of Health will monitor progress made by all parties in this area and ensure that progress is kept in accordance with this memorandum.

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Affirmation

In affirmation of these understandings we the undersigned give commitment of our organisations accordingly on this day the 18 December 1999.

Prof. Dr. Dragan Danailovski
Minister of Health

Prof.Dr.Jordan Savevski
Dean, Faculty of Medicine

Prof.Dr.Vitomir Micev
President, Macedonian Medical Association

Prof.Dr.Aleksej Duma
President, Chamber of Physicians

Witness