

EURACT

MESSENGER



EURACT Council meeting Thessaloniki, 12–14 April 2018

The reform of vocational training in general practice in Greece

A new curriculum

Current situation

In Greece, the specialty of General Practice (GP) was established in 1986 - with a specific curriculum (duration of 3 years and 244 posts for trainees).

In 1994 the duration of the vocational training (VT) was extended to 4 years while the number of training posts was progressively increased to reach the number of 736 posts. The current VT scheme includes 38 months in a number of hospital posts and 10 months in a Health Centre of the NHS. There is a Regional Tutor (coordinator) in each of the 13 regions of the country and an Assistant Tutor in each of the 75 training hospitals. During their training in a hospital post, trainees have the opportunity to participate in the program of outpatient departments, in emergencies and day clinic. They also participate in other activities, such as lessons, research projects, inter-sectional collaboration of the department.

Training in Health Centers (HC) - Primary Health Care Units in NHS

During their training in a HC, trainees participate in the whole range of activities that the HC is running: emergencies, chronic disease management, home visits, community interventions, vaccinations, health team function. In the first 3 months, trainees have to be aware of the scope and operation-organization of a HC and the role of GPs in PHC. In the final 7 months, trainees are dedicated to practice in real life and in a protected learning environment, all that they gained during the first 3 years of VT.

Summative Examination

At the end of the 4th year, each trainee has to pass a final examination which is taking place in Athens and Thessaloniki 6 times/year. The assessors' committees (consisted of three members) are nominated by the Health Minister after a proposal of

the Central Health Council. The assessing methodology includes an Applied Knowledge Test (AKT) and a Practical Exam with clinical scenarios. The estimated annual production of new GPs is reported as 200-250.

The current training curriculum consists of a series of clinical placements predominantly in a secondary care setting, with no description or monitoring of expected educational outcomes, learning environments, teaching methods, or teaching timetable. There are no clear requirements for trainers or for health centres that perform training regarding the conditions. There is no record of progress through the programme, and no structured formative assessment to inform both teachers and residents of progress through the programme and any specific learning needs.

NEW EDUCATIONAL PROGRAM

In its Consensus document on Vocational Training UEMO recommended that at least 50% of training period should be spent in general practice. This minimal requirement has been strongly supported by EURACT as the educational branch within the European Society of General Practice/Family Medicine.

New Roles and Responsibilities

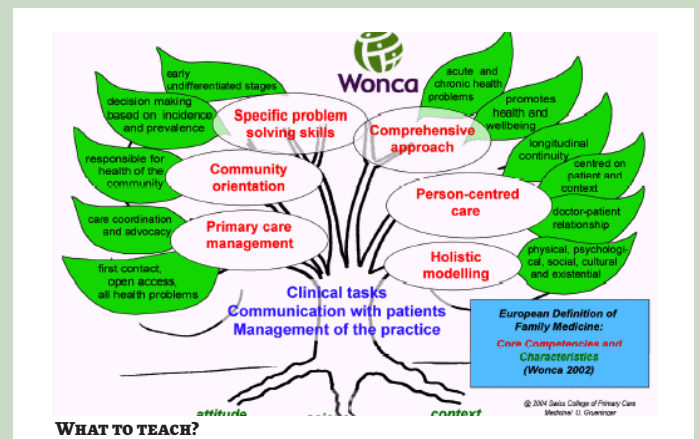
Regional Tutor (coordinator) in each of the 13 regions of the country (as before). Assistant Tutor in each of the 75 training hospitals (as before). **GP Mentor** for each Trainee (Personal Trainer in Health Center)

What to teach?

See picture above.

How to teach?

The main principles of the new training program are: Training should be next to the patient, including thematic seminars



in a small group, role playing in clinical scenarios, e-learning modules and individual study

Duration of training

16 months Internal Medicine, 8 months Surgery, 4 months Mother and Child Health, 3 months Mental Health, 2 months Laboratory and 27 months Primary Health Care.

CONCLUSIONS:

PHC's comprehensive approach is laid out in the new Law, (Law 4486/2017 "PHC reform, urgent regulation of competencies in the Ministry of Health, and other provisions"), with the support of Local Health Units (LHUs), Health Centres, and the institution of the family doctor. This law seeks a PHC based on evidence, assessing the quality of services provided, home care, and empowering and educating patients in self-care.

The content of the GP / FM training presented, focuses on the principle that the GP needs to acquire several competencies, including knowledge, skills, attitudes, and values. The theoretical background for this proposal was based on the Chronic Care Model. The model's comprehensive multi-system approach contributes to effective care of vulnerable groups within the population. This model identifies key elements of a health care system that encourage the provision of high-quality care for chronic illnesses: community, health care system, support for patient self-care, support for decisions and clinical information systems.

Complementary to this model, the bio-social psychological model was used, mainly as a tool for managing diseases that the GP / FM encounters within the community. A classic example of applying this model is frailty (vulnerability/susceptibility), which >

» is an emerging concept in General Practice / Family Medicine. Finally, the text of the World Organisation of Family Doctors (WONCA Europe), defines the GP/FP and his/her competencies: values, communication skills, evaluation, management, cooperation and referral.

The trainee's exposure during his/her training in the PHC course includes clinical skills that will enable him/her to provide continuous care with safety and efficacy

for patients with comorbidities and multiple morbidities within the working community. This additionally includes the exposure of specialists to comprehensive care models focusing on interdisciplinary cooperation (the chronic care model), the challenges of applying guidelines based on the holistic model to specific patient groups such as the elderly and mentally ill patients in need of palliative care, and patients with social issues, e.g. the unemployed, mi-

grants, refugees (chronic care model, biosocial psychological model, and GP / FP capabilities based on the principles of WONCA Europe).

The Vocational Training Program and Content was totally adopted by Central Health Council and Ministry of Health on May 2018.

Dimitrios Karanasios,
representative of Greece

EURACT experts in Greece

EURACT experts Francesco Carelli (Italy), Zalika Klemenc (Slovenia) and Ruth Kalda (Estonia) visited Greece last autumn twice on the behalf of EURACT. What was the mission about?

Francesco: It was a six-month long very interesting mission and experience, as international experts selected by WHO in the office of Ministry of Health in Athens and meeting medical associations, the Greece Task Force involved in this project, visiting health centres in Athens, in the countryside, until arriving in Thessaloniki and meeting also the regional responsible person of Primary Health Care. We met twice the Ministry of Health with long specific talks. The mission, under the auspices of the European Commission and WHO, was to support the Ministry in developing post-graduate curricula for Family Medicine.

Zalika: The mission was about providing international expertise in the process of renewing and improving family medicine training in Greece.

What can you say about the general practice education in Greece? What are the strong aspects and what should be improved?

Francesco: Greece has a long history centred in health centres and this could be a strong aspect, but without developing a real central role for the family doctor, with some isolated exceptions. The aim was to improve primary care, giving family doctors a central role in the health system, with a political change of

mind, putting them in a central role in the health centres, in the future linked with universities, creating local family doctor centres, giving impulse in the countryside, now with lack of funds, and losing employees, mainly going abroad.

Zalika: My first impression was that the quality and content of education is unequally distributed. While there are some parts of Greece that have a Department of Family Medicine and good undergraduate education in family medicine, some parts of Greece do not have this. So, the students do not get the same amount and level of education in family medicine. The strong points for me are passionate teachers who really want to make a difference, a health reform which will introduce the obligatory choice of one's own family physicians which will greatly affect also the education system, and the fact that they will establish the academic healthcare centres which will in my opinion greatly improve family medicine education. A very good point is also the fact that currently these changes are being supported by the Ministry of Health.

What were the main suggestions you and your colleagues gave during the mission?

Francesco: The necessity to start from the central role of family medicine as described in the European Definition and to use the EURACT Educational Agenda as the book from where to use methodologies to specifically teach and learn to

become a family doctor. Essential is the core made by a new curriculum, indicating what the family doctor has to do in an established five-year course to become specialised, with half the time of the curriculum to be spent in the family medicine context. A new national vision about primary care and family doctors' (FDs) role was suggested. The new FDs have to be retrained or trained and validated for this new role, with FD teachers having to be specifically prepared, and the same teaching preparation being provided for hospital tutors.

Zalika: We mainly suggested that the curriculum on family medicine training is based on the EURACT Educational Agenda but taking in mind also the local special features in order to adapt the programme to Greek conditions. At each faculty, a Department of Family Medicine should be established with a professor of family medicine as a chief. Family medicine should be taught by family physicians with academic credentials. Also, family medicine training should be based in primary care (and not in secondary care as it is now). Not only clinical competencies should be taught but also other family medicine competencies. Each trainee should have a mentor who will take care of the training program together with the trainee. A system for training the trainers should be established.

Describe a bit the collaboration with the local experts? How did it work?

Francesco: We met the local experts

at the WHO office inside the Ministry of Health in Athens, continued by travelling to Thessaloniki, where we met also the Regional Responsible persons for Health Care. The collaboration was friendly and collaborative. We created a preamble; they worked hard to create a document centred on the new curriculum. We reviewed this draft that now is reduced to 56 pages in English, with an ample introduction that is partially parallel to the one in the European Definition and describes in the following pages, according to the core competences, every particular for a curriculum looking to create a new central family doctor, specialised in 5 years. The collaboration from the Health Ministry was great, in a separate interview dedicated to us as international experts, as well as taking written notes of everything during the plenary with Greek Representatives during our second step in Athens in autumn.

Zalika: The local experts were a very valuable part of our group. They have provided us with an insight to the state-of-the-art in Greece on the topic of family medicine education but were also able to explain to us the so-called hidden agenda which was very helpful for us to get the appropriate picture of the situation. They did the majority of the work so we could concentrate on the comments and suggestions.

Interview was provided by Ruth Kalda, representative of Estonia

Messages from Committees

CPD/CME Committee

1. E-health form finished, 30 EURACT countries responded, 3 non-valid answers deleted.

The results of this e-health survey are: 1) to explore the diversity of e-health solutions in European countries 2) to recognise the best practices using e-health solutions across Europe 3) to address technical and professional safety limitations regarding e-solutions platforms 4) to recognise what CME activities would support GP doctors to improve their practice using e-health solutions

Some results: 70% of GPs from group practice, half private/half public, 84% use e-prescriptions, 59% of people answered that their systems are not able to alert them on drug interactions, 62% get results from laboratory electronically, 40% get discharge letters electronically, 52% reported encrypted and safe e-communication with patients, 23% of GPs get paid for e-communication with patients

Tasks: To sum it up, to make an interpretation, an assessment and publish it in an article to be made available on the EURACT website. To make a poster for Leuven on the topic? Title of poster/oral presentation: Learning from European experience: creating an ideal e-health solution

2. Two workshops for Krakow

- „Developing effective continuing professional development[CPD] for isolated Family Doctors“.
- Quality Improvement: Significant Event Analysis [SEA] as a Teaching Tool, joint workshop EQuIP and EURACT.

Motto: To Err is human!

- Two workshops for Leuven Educational Conference
 - Developing Effective Continuing Professional Development for Isolated Family Doctors - jointly with EURIPA and the Croatian Association of Teachers of FM
 - Active listening

4. Plan of responsibilities and three year action plan to be drawn up for our committee so that tasks are produced in good time to fulfil commitments for council meetings and conferences. Goals are:

- Identifying important topics for CPD/CME (e.g. teaching exchange, e-health, diabetes)
- Creating a platform for comparative data (in concordance with EB)
- Developing strategies for educational interventions for changes on a national level

Particular proposals:

- The CME/CPD committee will produce a short guidance document on: Best Practice in CME/CPD
- We have identified a significant learning need from the questionnaire on e-health: many family doctors are working without electronic systems for highlighting safety issues with prescribing. What strategies will be helpful for these doctors?

Jachym Bednar,
representative of Czech Republic

BME Committee

We have started from the WONCA Document "Urgent case of Family Medicine in Europe" that indicates a difficult situation and asks member states and educational institutions to promote a shared strategy for the establishment of shared minimum standards for the undergraduate curriculum, to ensure increased exposure to primary health care and to reflect the patient journey through different health care settings.

In the past months the Committee did a partial survey on undergraduate teaching in Europe. Related to this, a workshop for WONCA in Krakow: "Help to develop European curriculum standards in family medicine for undergraduates!" was prepared. This has already accepted at the Conference. The Committee has also finalized and submitted another Workshop: "The best possible curriculum in family medicine for Europe" for the 2nd EURACT Medical Education Conference in Leuven. These will be elaborated and followed by a paper and by the statement on standards in undergraduate studies according to the request from WONCA document. The matter is very wide, concerning many topics. It is not simply a curriculum but rather a minimal standard where the WONCA tree is taken in total consideration.

Francesco Carelli,
representative from Italy

Teaching and learning about mindlines and guidelines in family medicine

The course is aimed at educators in primary care who are involved in teaching family medicine at the undergraduate and postgraduate levels. We expect that teachers at the beginning of their educational careers and experienced teachers will find the course to be challenging and applicable.

Family doctors make diagnoses and manage problems in unique ways; however we rarely discuss openly how we think. Gabbay and Lemay have described 'mindlines' as the internal processes doctors use to reach their decisions. In this course, we will discuss the ways that family doctors make diagnoses and choose treatments based on the best evidence from clinical guidelines, combined with internal, personal knowledge in the form of mindlines. We will show how this process can be shared with colleagues, students, and patients to improve medical education and medical care.

At the end of this course the learner will be able to design a teaching module on the use of mindlines and guidelines in family medicine, being able to define mindlines and guidelines in medical practice, demonstrate their own use of mindlines and guideline in diagnosis and treatment, communicate about the use of mindlines and guidelines to students, trainees, colleagues, and patients.

The course directors of the 27th Janko Kersnik EURACT Bled Course are Yonah Yaphe, Alan Shirley, Davorina Peček, Ruth Kalda, Mateja Bulc and Vesna Homar.

During the conference we will enjoy sightseeing in Bled, a visit to the Bled Health Centre, cultural events, a vine inspection, a farewell dinner, and a few surprises.

During the fieldwork session you will have the opportunity to visit the practices of local family doctors and the



Bled church

primary health care centre in Bled.

The Course will be in Hotel Jelovica Bled, d.o.o. Cesta svobode 8, 4260 Bled, Slovenija.

The course fee is 350 EURO (V.A.T. included) and will include organisation of the course, course attendance, fieldwork, refreshments during the breaks, lunch from Tuesday to Friday and the participation in exciting social events including a farewell dinner.

EURACT members pay a reduced fee of 300 EURO (V.A.T. included) and Vasco da Gama members pay 200 EURO.

A limited number of sponsored places are available through the EURACT sponsorship programme. Deadline

for application is June 10th, 2018. Details will be available at www.euract.woncaeurope.org.

The interested participants should send their course applications (course application form on <http://www.bled-course.org>), until August 20, 2018, to Nina Sojs, Zavod za razvoj družinske medicine/Institute for development of Family Medicine, Poljanski nasip 58, 1000 Ljubljana, Slovenia, 00 386 1 438 6914, e-mail: nina.stojs@zrdm-idfm.si.

Welcome to Bled!

Mateja Bulc,
Vesna Homar

Messages from Committees

ST committee

1. Education Training Requirements (ETR) document

We worked further on the document of ETR for GP specialty training. The first version (draft 1.0) was presented to and provisionally approved by the WONCA EB and UEMO. In a later stage it will serve as an advice and it will be helpful in the process to make GP/FM a specialty by European legislation. We discussed the document part by part and processed the feedback from ST committee members. The next version (draft 2.0) can now be finalised and sent again to WONCA EB and UEMO.

A first presentation and short discussion on the content of the document to the council occurred in this meeting. After summer, a subsequent version will be ready, after feedback from WONCA and UEMO. This version will be sent to all the council members so it can be read, discussed and finalised at our Autumn meeting in Antwerp.

2. WONCA Europe workshop, Krakow May 2018

Title of the workshop is approved: "GP training schemes in Europe: ready to qualify as a specialist?"

Statements (line up):

1) To what extent do you see patients from cradle to grave? 2) Percentage of training in general practice. How is it now in your country? How would you like it to be? 3) Is FM a specialisation in your country? Are you allowed to work as a GP after BME without GP specialty education?

World cafe:

1) Minimum competencies to be required during specialty training, 2) Settings where training should take place (general practice, hospital ward),

3) Conditions for embedding family medicine as a specialization

3. EURACT Medical Education Conference workshop, Leuven Sept 2018

This workshop will focus on the implementation of the ETR document by looking at it through three lenses (discussion in three groups):

1) From teacher oriented to learner oriented learning, 2) From time framed to competency based education, 3) How to promote workplace based learning?

4. EURACT Medical Education Conference round table, Leuven Sept 2018

Title: "Duration of GP specialty training in Europe: too short or too long?"

1) Two perspectives: Roar and Nynke on the topic

2) Statements:

a) The regulations on the durations of medical specialty training in Europe vary between 3 and 5 years. This reflects the complexity. From that perspective our specialty should be at the top-end.

b) One size doesn't fit all: Some persons need 10 years and other can do it in one year

5. Future 3 year action plan

It was decided to work further on the ETR topic. Modernisation should occur especially as regards the competences and outcomes. In September we will have a look at this and plan how to approach it.

Nynke Scherpbier de Haan,
representative of Netherlands

Member Services Committee

During the EURACT Council 2018 Spring Meeting, the Member Services Committee had long and productive discussions of which we highlight the following:

We were very happy to learn that France has now three EURACT members. They will now be able to elect a council representative;

Hippokrates has offered, through Dimitrios Dervas, the same logistic platform used for this Council meeting for future courses and meetings;

Regarding the WONCA Conference in Krakow, EURACT will run several workshops during the Conference. EURACT Booth: Organization of the timetable for EURACT members to stand at the booth.

Ongoing powerpoint presentation created by Luis Filipe Gomes with information about the Leuven Educational Conference. New posters promoting the Leuven conference. New flyers promoting the Level 2 course in Israel.

We decided the criteria for sponsorship for several EURACT events:

For the Leuven Conference: 1) EURACT membership 2) Previous sponsorship in the last 5 years = minus 3 points 3) Income of the country:

Country income category	Points
10 and 20€	3
30€	2
40 and 50€	1

4) Active participation as a presenter of:

Type of presentation	Points
Workshop - first author	5
Workshop - co-author	3
Oral - first author	4
Oral - co-author	2
Poster - first author	2
Poster - co-author	1

For the Leonardo courses:

1) **EURACT membership;** 2) **For level 2**, the applicant should have completed a level 1 course or equivalent, subject to the national representative's approval; 3) **For level 3**, the applicant should have completed a level 1 and level 2 course or equivalent, subject to the national representative's approval; 4) **For the assessment course**, the applicant should have completed a level 1 course or equivalent, subject to the national representative's approval 5) Previous sponsorship in the last 5 years = minus 3 points; 6) Country's level of income:

Country income category	Points
10€	5
20€	4
30€	3
40€	2
50€	1

For the Bled Courses:

1) EURACT membership with the current year paid 2) Without previous sponsored participation in the Bled course 3) Maximum one person from each country 4) When there are several applicants from the same country, prioritize according to age (oldest goes first) 5) When there is more than one from each category of income, we will choose the sponsored place through lottery 6) Level of income: 1 from each category of level of income

MSC proposed that each committee/task-group chair create a discussion forum and each national representative will invite its country's members to participate in their preferred forum.

We are going to create checklists for organizing EURACT courses, conferences and meetings.

Denise Alexandra Cunha Velho,
representative of Portugal

Provision of Educational Resources

The participants had further discussion on the aims and goals of the task group, and about what the end products should be.

INTRODUCTION AND AIMS

Purely "on line" educational resources may not be adequate to teach some non-clinical material relevant to Family Medicine, such as the topics dealing with the principles and philosophy of Family Medicine.

Blended methods including the use of small groups' debates, interactions and interpersonal activities, are more suitable to improve communication skills, the management of cultural and ethical issues as well as dealing with uncertainty.

It was agreed that the task group should provide some outlines and educational resources that could serve as a basis to teachers willing to develop modules using blended methods.

CURRENT TASKS

- Roadmap for blended learning material preparation:** further discussion of the format and illustration of this overview, relevant to the goals and context of Family Medicine. This is to become our main document, to be uploaded on EURACT website and maybe published.
- Preparation and submission of workshop for Leuven Conference: **"Blended**

learning material in family medicine education - now!" The abstract has already submitted. Further details of the workshop itself including tasks repartition between actual participants was discussed and finalized.

- Development of **Minimum Core Curriculum Topics**. By now a fourth topic has been chosen and added to the previous three partially developed modules, using blended teaching methods. All are shortened and adapted into examples with suggested outlines. The format for the workshop at Leuven Conference should be of 1 slide or 5 min presentation, and can be a little more developed for the roadmap.

Topic 1: Continuity, comprehensiveness, coordination of care (under progress)

Topic 2: Holistic approach. Bio-psycho-social model (under progress)

Topic 6: Decision making based on prevalence and incidence of target - finalized

Topic 5. Management of multiple health problems, identifying priorities

The task group has decided to omit the distant education course on spirometry which teaches bio-clinical material, in order to concentrate on other non-clinical examples, such as communication skills,

breaking bad news, dealing with morbidity and poly pharmacy. The specific author will be informed.

- Survey of existing (non-clinical) blended courses/modules relevant to Family Medicine, in EURACT countries. The group has started developing a questionnaire for a survey to be addressed to all EURACT members. The purpose of the survey is to collect information of what, how and how much are blended teaching methods in use in teaching Family Medicine in Europe. First, the questionnaire will be submitted to the EURACT EB for approval. Then the pilot part of the survey will be conducted on Council members. After validation, the survey will be sent to all EURACT members and the results analyzed.
- Development of a **bank of relevant content material and resources** about blended learning, hybrid courses, flipped classroom, interactive e-learning and technologies

FUTURE TASKS:

Adaptation of task group production for EURACT Website

Progress with the survey about the use of blended teaching material in Europe.

Martine Granek-Catarivas,
representative of Israel

Website Task Group

1. AVAILABILITY OF VIDEOS ON WEBSITE

This item was already discussed and agreed during the Barcelona Council Meeting in September 2017. It is technically already possible on the WONCA Europe website. Implementation is to be discussed with the webmaster.

2. ONLINE INDIVIDUAL APPLICATION FORM

This has been developed by the webmaster and it has been tested and is working. The process was approved by the BME Committee and the Website Task Group and is to be approved by the EURACT Council, which also needs to approve an increase in payment.

3. OTHER MATTERS

Junior membership of EURACT is available as per the Articles of Association through the traditional application process: the fee needs to be set by the Member Services Committee.

A website for the use of EURACT Council/Course meetings has kindly been offered by Hippocrates.

Mario R Sammut,
representative of Malta

Appraisal of GP teachers Task Group

The activity on the appraisal site has been disappointing limited since our Council Meeting in Barcelona. Just before our Thessaloniki meeting a new Expert application was submitted - and a new Expert teacher is now appraised!

The task force feels that the appraisal system should be revitalised:

- there are persons who are working with their application - "in process"
- the evaluation from persons who now are appraised is very clear: a) it is time consuming and demanding b) but it is a very valuable personal learning experience c) strongly recommend colleagues to do the appraisal experience

We recommend these immediate steps:

- The appraisal system should be incorporated as an obligatory part in Leonardo I and III courses in the future.
- The appraisal system should be promoted strongly in other courses: a) Leonardo II courses, b) Bled courses, c) Relevant national educational courses
- Being appraised should also give appraisees some benefits - we suggest the following to Member Services Committee:

- It is an extra plus when you apply for sponsored EURACT places
- Lower fee for participation at EURACT courses and EURACT conferences
- An extra plus if you wish to be your national EURACT Council member

- To promote the possibility to submit application at competent level in your own national language if we have a possible appraiser mastering this language. The current situation is that these languages are: Danish, English, Estonian, German, Italian, Polish, Russian and Slovenian.

To facilitate this revitalization, the task force will produce a PowerPoint presentation that can be used as a "motivational promotion" at the different courses.

This presentation will be short and focused on the immediate practical login and use of the system.

Our proposals/decisions on the appraisal system must be communicated by Council members to EURACT members and educational colleagues across Europe - and in the next issue of EURACT Messenger.

Roar Maagaard,
representative of Denmark

Assessment Courses Task Group

The aim of the task group is to update the EURACT Assessment Courses and to plan the new ones.

In Portugal the course has been translated and replicated throughout the years, but the last international course was provided in 2010. During a Task Group Meeting the tasks among the group members were divided so that volunteers were assigned some modules of the old course to review and also to suggest some possible new modules if

needed (e.g. "Portfolio as a useful tool for learning, documenting and assessing").

The authors of the original course will be asked for their consent to revise the materials. The deadline for revising the materials is 30 June 2018. It is planned to organise an assessment course every two years. The first one will be in 2019 in Porto, Portugal.

Denise Alexandra Cunha Velho,
representative of Portugal





EURACT Leonardo Level 2 Course for trainers in Family Medicine

October 14-16, 2018 | Jerusalem - Israel

Content and schedule

Three full days of small group workshops with rotation through three out of four one-day modules: Teaching methods all involving active participation.

Visit Jerusalem

Hosted by the Israel Association of Family Physicians at Beit Shmuel, just a short walk away from both the Old City and the new city centre, shopping malls, vibrant entertainment hot spots and downtown night life.

Aims of the course

Faculty development of teachers actively involved in GP/FM training, from competent to proficient level

Only few participants

30-40 European and Israeli participants expected (12 sponsored by EURACT)

Modules	International Faculty
Small groups leadership and facilitation	Dr. Egle Price (UK)
Managing problem trainees	Dr. Roger Price (UK)
Teaching from the consultation	Dr. Martine Granek-Catarivas (Israel)
Turning a Curriculum into REAL training	Prof. Ruth Kalda (Estonia)

For more information visit euract.woncaeurope.org