

Annex 4

Reports of Standing Committees

**EURACT Council meeting
October 11-15, 2006
Praha, Czech Republic**

Report of Basic Medical Education Committee

Report not received.

Report of Specific Training Committee

Present Roger, Roar, Llukan, Fergus, Monica, Bernhard, Smijlka, George, Mario, Margus

Absent Dolores, Bernard

The report from the last EURACT Council meeting was reviewed. Mainly this related to work for Wonca Florence, although the issue about how to address concerns about Trainee doctors, which had been raised by Dolores, was noted. It was thought we could not discuss this further in her absence.

ACTION **Dolores**, please confirm at next Council if you want this discussed

Presentations at WONCA, Florence were reported.

1 **Funding and Structures for Specialty Training**

The survey was discussed. This had been very successful as judged by the interest at WONCA and subsequent questions about the differences found between countries.

ACTION **Monica, Bernhard and Mario** will complete a report as an overview of the findings. This, and the results, will be put on the Website (**Roger**)

Francesco will be sent this report for submission to EJGP

Francesco will send the report to Vasco da Gama Movement

Minutes of Specialty training committee will show that it is recommended that this survey is repeated in 5 years time

A recommendation for Council was prepared. This will be seen in the main body of the Council report.

Council members should/must make this report and EURACT statement available to VT leaders in their own countries.

EURACT believes that high quality VT across Europe requires:

- ❖ Structured VT:
 - A curriculum, with appropriate placements, supported by courses and other teaching resources
- ❖ Funding for Structured VT
- ❖ Professional recognition of supervisors, including salary
- ❖ Equity of salary for GP trainees in GP and Hospital posts (as it should be for all trainees at a similar point in their careers in what ever specialty) within their country

Council members should/must make this available to VT leaders in their own countries.

2 Selection for GP Training

The presentation was revisited and action agreed.

Action **Roger** to put short version of Presentation on Website

New work

Jan briefly presented a questionnaire from VdGM which had been used in Belgium and which they wish to take forward in more countries. It is unclear exactly what we are being asked to do but it is an excellent opportunity to work with the trainees who represent the end result of Specialty training. Possible activity arising from this will be for all Council members or even all EURACT members to be invited to participate in the questionnaire.

Action **Smiljka** and **Mario** will discuss with Frank Peters in VdGM and report back to the committee.

Roger Price 27th October 2006

Report of CME Committee

Present Mladenka Vric-Keglevic, George Spatharakis, Ruta Riba, Iuliana Popa, Jan Heyrman
Paula Vainiomäki (chair and reporter)

Not present Samira Herenda, Eva Jurgova, Jaroslava Lankova

Chair presented an agenda and welcomed all members. In a doctor's life, CPD period is the longest and an important period, where formal education is much less structured than during BME and VT. Agenda was adopted.

1) Turku report had not been written, and not much was remembered. This was an important learning process to realise that a report has to be written.

2) Country news concerning CME/CPD were presented and discussed to get new ideas and working areas for CPD work. It came clearly out that CPD/CME in our countries is diverse. New ideas found during this session were: how to relate with the pharmaceutical industry, how close is the process of guidelines creation and implementation with CPD, how much we could develop programmes together with different counties to get mutual benefits. These ideas were left to the next committee.

- In Greece, a structured CPD-scheme was officially produced, but never implemented. Greek Association has taken the lead seven years ago, and started to develop own CME programmes, mainly supported by pharmaceutical industry. 15-20 % of the family practitioners are participating in these programmes.
- In Romania first 4 guidelines have been developed by GPs, concerning hypertension, diabetes type 2, low back pain and prenatal care. Workshops have been held for implementation. Anyhow printed guidelines are not very widely used, because of the high price. The society of teachers in general practice is active in organising CME, and also 15 GPs have been educated to perform practice visits. 1.1. 2007, a new law will be in power that every GP has to be re-certificated every year. If a doctor has not fulfilled the demand of 40 credit points, he/she will lose his/her practice licence. Different learning situations will be accepted in the credits, but e.g. workshops give less credits than lectures. Publishing and giving a lecture give higher credits. Pharmaceutical industry is powerfully connected with CME programmes, organising main part of CME-conferences.
- In Latvia, the situation concerning CME is stable. Credit points system is working well, but there is a new system to come with a more broad acceptance of different learning situations (lectures, workshops, small group meetings etc).
- In Croatia, there is mainly a system of CME, not any real CPD. Passive methods, monthly lectures mostly presented by specialists. Medical chamber is controlling, 120 credits have to be achieved during 6 years. Association of GP teachers has become active in providing new programmes.
- In Belgium, not much changes during the last years has happened. Every GP is taking care to have 60 CME credits during three years to get higher fee for services provided.
- In Finland, a mixed and voluntary system is prevailing. Anyhow the employer of doctors (municipalities) has to organise the work and conditions so that professionals are able to get the needed CME. In general practice this is recommended to be 2 weeks external CME during every year, but this is not always realised. Many organisers of CME, universities, associations, medical industry and enterprises, municipal and governmental organisers. A new governmental institution Pharmacotherapy development centre has a hidden goal to develop GP's local CME sessions to work in active learning methods and in a systematic way, basing on their own problems with help of pre-prepared material.

3) Workshops held and future workshops.

“Making your personal learning plan” –workshops have successfully been held in WONCA – conferences (Kos, Florence), EURACT-Duodecim –meeting (Turku) and also in some local and national conferences in Finland. The main result seems to have been making participants aware of methods, even though the workshop does not lead to big changes in performance. The overall opinion has been that this system is critical towards the prevailing CME –system.

There are opportunities to have the workshop repeated e.g. in AMEE meetings (Mladenka and probably Paula) and in Nordic meeting of general practitioners (Paula and Sara Sarjakoski-Peltola). Permission from council will be requested that on the workshop title may and must be written EURACT workshop.

4) Publication of the workshop manual on EURACT website. A detailed schedule was created to make the text ready for posting on. Paula will send this schedule to all members in the group. A permission from council will be requested to get this product (a manual of 25-30 pages) posted on EURACT website.

5) Updating the CME landscape on the EURACT website

It was discussed that it would be helpful to update the CPD overview/landscape on the website before the new council starts its work. George promised to do this updating. George will contact Jan and Agnes to make the work done during this council period.

In the educational research group it has been discussed if this landscape information should be published in e.g. European Journal of General Practice. This decision was left to the new committee, but probably it would be possible just shortly to refer to this overview on the website, and concentrate more on successful examples of CPD.

6) The future of CPD/CME group.

New elections will be in the near future. Jan is leaving the council, and same seemed to concern Iuliana. Ruta was in plan to leave the council, but was powerfully pushed to go on. Paula had promised to stay a year, but if a good candidate from Finland will be found she will step down. Very probably the new Finnish representative will not be a member in the CPD group. Mladenka and George were supposed to go on in the CME committee and council. Samira, Jarka and Eva were not present.

It was decided to question the council, if there would be a rule that one fourth of the council members should be members in the CPD committee.

7) As a conclusion it was decided to report the council the following issues:

- manual for the model workshop “Making your personal learning plan” will be posted on the EURACT website, council permission will be requested
- workshop made according this manual should follow EURACT rules, and should have in the title EURACT workshop.
- Landscape of CPD/CME will be updated this fall
- CPD committee is worried about its future, when main part of the council is more interested in the BME and VT. One fourth of council members should be members of CME/CPD committee.

Report of Member Services Committee

Present: Egle Zebiene, Janko Kersnik, Adam Windak.

Chairman: Filipe Gomes

1. **Leonardo-EURACT course 2007, May 22- 25 May, Magglingen, Switzerland.**

Until this moment, countries joining are: Switzerland (8 - 10), Germany (4) and Slovenia (4 - 5). There are no final answers from Austria and Croatia, but possibly will send participants. Nothing from Russia or France. There is 1 direct application.

According to Bernhard, the organisation will ask for no fee to up to 12 participants, providing they come from low budget countries.

EURACT is willing to charge a price for the course of 175 to 200 € for each paying participant (depending on EURACT membership). Some materials will be changed, Adam to look on it. Changes in presentations will be ready at November the 1st (Justin).

The electronic version of the leaflet is to be put on the Website. Newspapers will be asked to inform about it; council members are asked to widely spread information to Euract Members and other teachers/trainers in their countries.

2. **Other Rolling Courses**

EURACT will not invest money in other Rolling Courses to become. However, the course can still be run. There will be no need for fund-raising, as participants will pay for fee and accommodation.

EURACT will ask for 175/200 € for each participant.

Iceland proposition to organize it in 2008 was approved by the Council. Austria has shown interest in organizing it in 2009.

3. **Other Courses.**

Bled Course: EURACT will continue sponsorship for the Bled Course, in 2007 for 4 teachers covering the amount of 500 €, announcing it in the website.

The 16th Bled Course will be held in Bled, Slovenia, September 18-22, 2007. Theme will be "Learning and teaching about patient empowerment in General/Family Practice".

Assessment Course: Task Force is developing it, course design will be ready for the next meeting. Assessment group to meet in Zagreb the day before.

It will be a EURACT Course, similar to the rolling course, with 12 sponsored places (teams of 3 teachers) from low income countries. Local organizers secure venue, paying members pay accommodations. 2007 Assessment Course Venue will be Poland, Zakopane, date still to decide (too many meetings in October). Greece will possibly step forward to organize it in 2008.

4. **Questionnaire to Members.**

No discussion was held on that subject.

5. WONCA Conference Firenze 2006.

Filipe to present Vasco da Gama report (in attach).

6. WONCA Conference 2007 Paris.

Proposed workshop on Bled materials to be presented in Paris under EURACT umbrella.
EURACT to continue collaborating with Vasco da Gama Movement.

7. Services to members.

Members Service Committee will try to make EURACT booth in Conferences more attractive – ideas of media presentations, etc.

8. Membership issues.

Members from a new country will need a “referee” – any EURACT Council member – or additional document (to be designed by MSC) to be filled exploring situation and involvement on teaching (no more than 1 page).

ACTION POINTS:

Rolling Course – Switzerland, Iceland – deciding on finances, preparing.

Assessment Course – finishing design.

WONCA 2007 Paris – workshops, VdaGM.

TASKS:

Prepare EURACT booth for next Conferences.

Prepare additional document for members of new Countries.

Luís Filipe Gomes, October 24th 2006



1. In general.

The Vasco da Gama Movement pre-conference was held within the Firenze WONCA Conference – this year, with some schedule overlapping for the EURACT participants. However, the overlapping problems could be solved, with the efforts of Francesco Carelli.

VdGM has recently revised its organizational structure.

There will be a General Assembly at the WONCA Conference in Paris 2007; meanwhile, there is an interim constitution functioning: an Executive group of 10 delegates, a Europe Council consisting of one representative per WONCA Europe member country, five Theme groups and a web-based forum open to all eligible members.

This year's VdGM Programme included the preconference (Opening Ceremony and Group Work) held on the 27th and 28th August; and, at the main conference, a VDGM General Meeting and two VdGM workshops: Professional Development and Exploration of Career Development for Young GPs.

2. The preconference.

The themes of the preconference were:

- a. Introduction to the "European definition of GP/FM"
- b. Comparison of the national vocational training programmes including the aspects of cultural differences.

The preconference took the format of plenary sessions and workshops in small groups.

Egle Žebiene and Igor Švab took part on the Opening Ceremony, together with Fons Sips. The VdGM structure was presented.

Four groups of nine participants and two facilitators were organised. EURACT Council provided four of the facilitators (Dolores Fores, Filipe Gomes, George Spatharakis and Mladenka Vrcic-Keglevic); the other four were Italian teachers.

3. Group work.

The groups were very dynamic and produced work, presented at the preconference plenary:

Group 1:

- **Problems encountered in vocational training**
Proposed solutions
- **Problems encountered in postgraduate education**
Proposed solutions

Group 2:

- **Reasons to become a GP**
Skills required to become a GP
Ethical framework
- **Challenges the modern GP faces**
Empowerment



Group 2 role playing on empowerment...

Group 3:

- **A centralised European final examination?**
Advantages, disadvantages, practicalities, alternatives
- **Transfer (How to bring our Vasco da Gama home?)**
Why, what, by which means, how, where, to whom, tools

Group 4:

➤ **Standardisation of GP – Training in Europe**

Why do we need it

In which field we need standardisation?

➤ **Recommendations**

Guidelines for trainers

4. At the main conference.

At the main conference, the VDGM General Meeting covered several areas:

- Report on history and present status of VdGM
- Presentations of activities in Theme groups
- Brainstorm session on future structure for VdGM
- Interactive session on Theme groups
- Summary and conclusions

The Meeting was very much attended by enthusiastic young (and not so young) doctors. So were the workshops.

5. Conclusions.

The VdGM meeting in Firenze was very successful.

The movement has reached plenty, attracting many more young GPs and Trainees.

Its *strengths* lie on the quality and enthusiasm of participants and members of the organization, but also on the strong support provided by WONCA and EURACT, and the work of first day supporters like Igor Švab, Fons Sips and Justin Allen.

However, *weaknesses* were detected by some of the young participants: difficulties at the organisation level, lack of participation between meetings, application problems (as the participants are only the members of one organisation in each country, making it difficult or even impossible to some young doctors to participate in the preconference and producing eventual chronic participants).

The *opportunities* for the movement in what comes to growth and empowerment are evident: WONCA will guarantee financial annual support of 5000 USD, based on project of collaboration, approved for 3 years. That will be crucial to help VdGM to accomplish its goals:

- To provide a forum, support and information for trainees and young GPs through access to WONCA Europe regional conferences and pre-conferences;
- To establish a communication network between European trainees and young GPs, identify their concerns, doubts and needs and help to address them;
- To improve the quality of training programmes for General Practice.

It was nonetheless felt by participants that the movement needs to clarify tasks and aims, avoiding repetition and building step by step – to install routines and to allow newcomers to always re-

initiate previous discussions can be serious *threats* to an organisation that so much lies on young doctors enthusiastic desire to move forward!

Filipe Gomes, Report to the Council, October 2006