

**Notes from EURACT General Meeting
in Ljubljana**

**EURACT Council meeting
September 10–13, 2003
Leicester, United Kingdom**



Minutes from EURACT General Meeting held on June 19th 2003 in Ljubljana

1. The President, Dr Justin Allen, open the meeting by welcoming all those present. There were 13 council members and 26 other members present at the meeting.
2. The minutes of the previous meeting, which had been held on June 6, 2001 in Tampere were distributed and approved.
3. The President then gave his second report to a general meeting. He outlined the activities of the EURACT since the previous general meeting, starting with the progress of the New Definition statement through the consensus conference in Barcelona, the special conference in Noordwijk and its final adoption at the London conference in June 2002. Further work is still in progress in developing the education agenda that arises from the definition and core competencies. He went on to describe organisational changes within council with four permanent committees covering Basic Medical Education, Specific Training, Continuing Medical Education and Member Services. The chairpersons were introduced to the general meeting. During 2002 there had been a proposal that EURACT and the other network organisations of the European Society should lose their special relationship within the latter organisation and their place on the Executive Board. He described the subsequent work of the Constitutional Working Party and their report which was adopted during this Ljubljana conference, which confirms the status and autonomy of the network organisations at least for the next three years, when the process will be reviewed. Other activities of the organisation were outlined including the regular courses which are run each year in France and Slovenia and the plans for new courses. He finally reported on new membership figures, which have risen to 590. The full text of this is an appendix to these minutes.
4. The Treasurer then gave his report. *Please ask Sakis to fill in the text here.*
5. The auditors, Professor Albert Herceck, and Dr Mårten Kvist were not able to be at the general meeting. However their written reports approving the accounts presented by the Treasurer were presented to the meeting.
6. Changes to the constitution were proposed by the President.
 - a. Membership fees: the following rates were agreed for introduction in 2004.
 The standard membership fee, for those countries with a per capita GDP greater than \$15,000 per annum will be €50.
 A reduced membership fee, for those countries with a per capita GDP between \$10,000 and \$15,000 per annum will be €20.
 The lowest membership fee, for those countries with a per capita GDP of less than \$10,000 will be €10.
 It was also agreed that these increases could be staged with the approval of council in the three countries currently in the €20 category.
 - b. Bylaw changes - the following minor amendments were proposed and approved:
 To the Preamble - replace the word "ECU" with "Euro".
 To bylaw 5. e) - replace the word "two" with "three" to the opening sentence which now reads " The council will elect by simple majority a president, an honorary treasurer, an honorary secretary, and **three** members in the executive board, to hold office for three years."
7. Any other business - three matters were discussed.
 - a. Amsterdam Conference in 2004 - the President described the proposed and young doctors programme to which EURACT had been asked to make a major contribution.
 - b. A member requested information on the quality of practice based training in Germany, having heard a complaint from another conference participant during an earlier session. This was answered by Dr Stefan Wilm, Council representative for Germany, who described the difficulty that is faced in ensuring quality in teaching in the general practice setting in the German system.
 - c. A Member requested that the system of payment to more than one of the European family medicine organisations could be simplified, so that a single payment could be made to cover all. The President agreed to put this request to the Executive Board of the European Society.
8. Next meeting - will be in two years, during the Athens WONCA Conference.

President's report to General meeting – Ljubljana 2003

I would like to extend a very warm welcome to all members to this General Meeting of EURACT. This is the governing body of EURACT to which Council is accountable and is responsible for all changes to the constitution and the rules which govern our organisation.

This is my second report as President, and a lot has happened since I gave my first report in Tampere in 2001. These have been very exciting times, and I will highlight in this report some of the key events.

As those who were there will remember we presented our thoughts on the new definition for the first time in Tampere, and received valuable comments from those who attended the sessions. Following this meeting we arranged a consensus conference in Barcelona, with the help of SEMFYC and WHO Barcelona, to which we invited key stakeholders. The meeting reviewed and agreed the text, but there was a feeling that key organisations, the national colleges, had not had sufficient opportunity to participate and contribute to the evolving document. It was suggested that the process should be taken over by the European Society, and they, in collaboration with the Dutch College, arranged a special conference in Noordwijk in the spring of 2002 to which all WONCA Europe colleges and associations were invited to send delegates, and they were invited to comment on the draft document in advance. The paper was amended in light of these comments and finally adopted by the European Society in London in June of last year, and printed and disseminated. This represented a very substantial piece of work for EURACT, completed and delivered.

Since then it has distributed widely and has been translated in total or in part in 15 languages. It has been used to promote family medicine, in driving curriculum development for specific training and in CPD. It has yet to have a big impact in BME, which may be a reflection of the status of family medicine in medical universities.

It has also been taken up by UEMO, and been used by them as the basis of action to promote the recognition of family medicine as a specialty, equivalent to all others, and to improve and extend the training for our discipline; I have been invited to take part in their working party. This work is continuing.

EURACT itself is now working to develop the education agenda derived from the new definition and core competences. It had been hoped to complete this work by this meeting but this timetable has slipped, but we hope to have the process completed within the next year.

If I now move on to the organisation itself, the Barcelona Council meeting in 2001 Council took part in a SWOT analysis. As a result adopted a modified structure, with the emphasis on delivery of project outputs, and that these should be realistic and achievable. It was agreed that each Council member should take part in one of four permanent committees and that any other working groups should be set around the specific task with a finite output. There are now four permanent committees, those of Basic Medical Education, chaired by Yonah Yaphe, Specific Training, chaired by Margus Lember, Continuing Medical Education chaired by Paula Vainiomaki, and Member Services chaired by Egle Zebiene. These now meet at every Council meeting, and their activities are recorded in the Council reports.

Many of you will be aware that during 2002 the 5 Nordic colleges wrote to the European Society suggesting that its constitution should be amended so that the three network organisations should not be part of its executive. The reasoning behind this stance was that, in their view, the networks were not representative of the national Colleges and that they were inherently undemocratic. As you might imagine we as a organisation strongly disagreed, particularly concerning the accusation about democracy, but also pointing out that there was significant differences in the way family medicine national associations and colleges work in different parts of Europe. At its meeting in June 2002 the Council of the European Society and agreed to set up a constitutional working party to look at the issues raised and also to examine the relationships of other European family medicine organisations such as EURIPA and EUROPREV. The report of this working party, on which I was your representative, has just been approved by the Council of the European Society and has suggested that the three network organisations continue in their current status for the next three years when the situation will be reviewed. The Nordic colleges have agreed to withdraw their proposal at present.

Although it is difficult to construe this as anything other than an attack on our organisation, it has had a number of positive effects. The first is that we have reviewed our policy in relation to Council members and their national College or association and have suggested ways in which this may be improved at a national level. The second is that it has help bring about greater contact between the three networks both at national and European level. During this conference representatives of the three organisations met to discuss how this might be

improved further. We need to know each other better, and to understand how each network functions, while continuing to respect our differences. We have also had discussions within the Council as to whether we should continue as a membership organisation, and it has been agreed to continue as we are. It gives me great pleasure therefore to report to you that our membership has grown from 430, which I reported to you two years ago, to 590 in 31 countries. It also gives me great pleasure to report that the Portuguese and German members have now appointed new Council representatives.

One of the recurring themes during formal and informal discussions at Council meetings concerns what the organisation is able to provide for the individual member. As I mentioned earlier we have become more focused with specific outputs in the way of publications and courses, and every Council meeting is now associated with a meeting for national EURACT members in the country concerned. Our regular course programme continues with annual courses in Bled in September, and in France in association with CNGE in November. We are also working in association with the regular course which is run in Dubrovnik each May. We have put a significant amount of our funding towards sponsoring places for new teachers who otherwise would not be able to access places on these. Our future plans include the development of what we are now calling a "Rolling Course", which will be to provide a teaching skills course for three or four family medicine teachers from each of six countries with the aim that they will continue to run follow-up courses for themselves. The first of these is planned in Poland next year, and it is hoped to be able to provide this in other parts of Europe. Another planned development is to run a series of three courses on assessment methods in three different European centres, but the details have still not been finalised.

Details of all these courses and the procedure for sponsorship are available on the web site. The management of the web site has proved difficult but it is now hoped that out of date material will be removed promptly and the site will steadily improve. It is undergoing a major facelift at present. I am grateful to our treasurer, Dr Athanasios Simeonidis who is also our Webmaster, and his working hard on this with the group of enthusiastic colleagues.

We face a number of challenges not least being that of our success in attracting new members. Council meetings as a result are larger and more expensive, and financial support that we have been offering to Council members from less affluent parts of Europe is a major drain on our resources. The level of our activities has also increased but we have managed to identify some sources of external funding to assist in this.

In summing up the organisation is in good shape and is working hard to sustain and further develop its activities. I would like to express my gratitude to all Council members who give generously of their time to our activities. I would particularly like to thank the committee chair-persons and the executive board members for their help and support.