

Reports of Standing Committees

**EURACT Council meeting
March 1 – 4, 2000
Eilat, Israel**

REPORT OF BASIC MEDICAL EDUCATION COMMITTEE

The BME task force met in Eilat to discuss the progress of on-going projects and to plan new tasks.

With regard to tasks set in Zagreb:

1. We have collected a number of key documents on BME in Europe. They have been scanned and placed on the EURACT website in the Resources section. There is room for more and contributions of other key documents are welcome.
2. Igor has re-written the paper on the development of BME in Europe and sent it to the European Journal.
3. The project of the historical paper on BME in Europe based on reports of activities from Council meetings is still in the planning stages. The idea is to hire a student who will abstract the passages referring to the development of BME from Council Reports and summarise them in a paper. Funding will be requested from the European Society in a proposal to be submitted before the next Council meeting.

With regard to new projects:

4. Development of a model curriculum for BME was proposed as another task force project.

The following points were raised regarding a model curriculum for family medicine in BME:

- It should be practice based.
- It should be problem-based.
- It should actively involve the learners.
- It should combine teaching of theoretical concepts of general practice with their application in the practice.
- Knowledge and skill objectives should be defined.

In preparation for this project we plan to collect half page descriptions of existing BME courses. Igor has already sent in his contribution. Some examples are already up on the web. (See the Oxford curriculum at www.dphpc.ox.ac.uk/primarycare) Council members are asked to send their course descriptions to Yonah.

Yonah Yaphe

REPORT OF SPECIFIC TRAINING COMMITTEE

Specific Training in General Practice Standing Committee (=Vocational Training Task Force)

Chair: Margus Lember; Members: Justin Allen, Gertraud Rothe, Janos Szabo, Egle Zebiene, Owen Clarke, Ivar Östergaard, Bernard Gay, Dolores Fores

The group discussed areas for further actions and overviewed the current work done at the task groups. A point of concern was the lack of clear vision and mechanism at the EURACT council, how to proceed with action plans and budgets proposed by task forces. The Vocational Training Task Force has followed the task given to the group for the Zagreb Meeting and has proposed action plan and budget- but no response.

1. Task group on selection of hospital posts.

EURACT Statement has been produced and printed. Distribution will go through council members. M.L. will send out the needed number of copies to all council members.

2. Task group on selection of trainers and teaching practices.

The group worked on the next draft of the manuscript and discussed whether we should go deeply into the assessment of trainers in this document or not. The majority of the group supported the idea that we should finish this document as planned before, thereafter to start working with the assessment of trainers.

3. Task group on content and assessment of hospital posts.

The work planned since last meeting in Zagreb has not developed further. Instead, a proposal was made to work with a statement on content of GP training posts (Ivar Östergaard).

4. Task group on department/day-release courses.

The group chaired by Janos Szabo is working with a survey on the current position of departmental teaching within vocational training. The group should consider the remarks of the council that questionnaires should get approval by Harry and Igor beforehand.

5. New ideas under discussion: trainee assessment (Dolores Fores), assessment of teachers and teaching the teachers (Owen Clarke).

Margus Lember

REPORT OF CONTINUING MEDICAL EDUCATION COMMITTEE

Chairing and reporting Paula Vainiomäki, Group: Jan Heyrman, Eva Jurgova, Mladenka Vrcic-Keglevic, Athanasios Simeonidis, Dag Sjøvik, Bernardina Wanrooij.

A standing committee was established on CME. All the seven members were actively involved in the work of the group. First the group tried to define the concept of CME, which seemed to be difficult. The aim of CME seemed to be to keep the quality of professional performance at optimal level. The period of CME is the longest period in life and career of an individual practitioner, where no really regular education exists, compared to the period of BME and ST. The group defined CME to be a very broad element of professional development, covering the personal needs of an individual doctor as well as the needs of the society and patients, and using all kinds of methods to achieve the task defined above.

To find the aim for this standing committee, the group made a learning exercise using mind mapping technique with yellow notes. And this mindmapping was defining a very complicated view on CME. Next you will find some groups of the mentioned aspects of CME

Conditions: who will pay the CME, the role of organisations and associations, voluntary or mandatory, reaccreditation, who will be responsible, CME during working time or free time etc

Structure: episodic/continuous, against isolation, organised/desorganised etc.

Process: motivation, personal learning style, rewarding system etc.

Methods: active methods, studying alone by reading, multidisciplinary, practice visits, small groups, protected time- most important? etc.

Content: to take into account the needs of profession, individual GP, society, patients, all stakeholders etc.

Assessment: who is able to assess quality and practice performance

Outcome: change in practice etc.

Aim of the CME –committee will be to facilitate all the levels and aspects of CME. The most important target persons should be GPs, but also associations, employers, financing bodies, responding teaching organisations etc.

Strategy plan (which has to be performed before 31st May 2000, all the group members will send their information to the CME-group using e-mail)

- to collect good examples of CME, Palma (Mladenka), Vienna (Eva), Bernardina (some examples), Dag (practice visits)
- the material of EQUIP (Sakis, Paula)
- European accreditation system (Jan)
- statements and recommendations about CME (Paula)
- evidence of CME (Mladenka has already made a meta-analysis)
- council members of EURACT are asked to collect good examples of CME.

- an official statement of EURACT might be valuable. It would be helpful in situations where powerful tool is needed e.g. to avoid influence of pharmaceutical industry on CME.

Business plan to be made later.

A recommendation by council members was to narrow the scope of committee during next meetings, but as a start this kind of approach was acceptable.

Paula Vainiomäki