Annex 5

Preparations for Spanish Conference

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

SPAIN 2001 – Organisation subgroup

Present: Dolores, Jan, Martin and Giora Almagor

-SEMFYC is prepared to organise sponsorship for a council meeting in autumn 2001. The budget for having it in Barcelona on a not too expensive locality in town, and meeting in the Semfyc headquarters close by, is achievable. If an hotel resort close to the airport is chosen, costs will be substantially lower. If their need to be an accommodation for a bigger conference, with more participants, the facility in Barcelona is not sufficient, and then certainly an accommodation outside Barcelona need to be selected.

-the normal council meeting timing (starting from Wednesday evening till Sunday morning) could be supplemented by the "state of the art meeting on GP specific training" from Thursday evening till Saturday at noon".

-Martin will approach Mila Garcia Barbero to invite cooperation of WHO Europe, and especially the Barcelona branch she is leading for this state of the art meeting. The negotiation position should be that EURACT is prepared to bring in the content, the organisation and the financement for the presence of 27 European countries-representatives. The question is how much WHO is prepared to contribute. Especially the stakeholders in Europe should be envisaged.

-Jan will present the idea on the coming EB meeting of the European Society. He will ask for interest, support and for negotiation of support by UEMO. The best procedure to ask for financial support (project fund, congress fund, special ES initiative) should be discussed. Especially the invitation of supplementary experts will be envisaged.

-after both contacts, information should be exchanged within the subgroup and the other subthemes-responsibles, to take further options.

Jan Heyrman

Barcelona planning group 1 – What is a general practitioner?

Members - Justin Allen, Eva Jurgova, Owen Clarke, Bernard Gay, Gernod Lorenz, Michael Kochen, Margus Lember, Dag Søvik

The area to be considered is: -

- What is a GP? What do they do, and what should they do? We have a role definition but there are many who regard themselves as GPs who carry this out to a limited extent only. Is there a difference between a general practitioner and a specialist in family medicine?

The task of this group is to develop the background resource material for the proposed conference, and identify the key questions that need to be answered in this field.

The group started work with great enthusiasm, considering first a method of working. All are on email and thus much of the work can be done as a virtual group. If this work is to be successfully completed there will need to be some administrative support, particularly in finding and collating research documents, and drafting papers. There will also be a need to liaise with the other groups on competencies and education content. Some telephone conferencing may be needed later.

The first task will be to review what is already published in this area; the key publications are:-

1. The Leeuwenhorst declaration 1974
2. The role of the general practitioner/family physician in health care systems - WONCA Statement 1991
3. The report of the UEMO Consensus Conference on amendments to Directive 93/16,

and

4. the subsequent Third Report of ACMT to the European Commission.
5. WHO Framework on Family Medicine in Europe 1998
6. Olesen article in BMJ on proposed changes to the Leeuwenhorst description.

Action: All members to collect these articles and statements and read and digest 2 and 6 were circulated in the meeting.

Members of the group also had their own specific expertise to add to the discussion. These were (in no particular order!)

- Eva - has done some work on an overview of European primary care systems
- Bernard - has used an American article in this area, and has also information on the role of the GP in the recent French text book which he will try to translate.
- Michael - has collected information on this, particularly a review of text books of family medicine.
- Margus - did a lot of work on this in his doctoral thesis.
- Justin – can provide some material on the extended role of nurses in the UK primary care set up

Action: please send this material to all group members via email within one month

A number of issues were developed during the debate. Bernard pointed out that it was important to distinguish between the discipline of general practice, and the role and the tasks of the individual practitioner. This stimulated further debate as to whether a European wide definition is possible, and how country specific variations can be incorporated. The final point was whether we should simply reflect the current state of the art, or should be considering future aspirations and ambitions.

There are some areas of the general practitioner task which already widely differ in the extent to which they are carried out in different countries. Some are currently contentious within the discipline of general practice - for example the fixed list system, and the gatekeeper function. Others bring general practice into confrontation with specialist medicine. In many eastern bloc countries children are dealt with by community paediaticians, women by community gynaecologists, and the elderly by community gerontologists leaving adult males as the main activity area for general practitioners. This is changing in both directions at the same time!

Plans for the future

1. Review the material to hand, and reflect on it
2. Consider the material from Eva, Bernard, Michael and Margus as it becomes available
3. Send to Justin, but copy to all, the key questions we should ask the conference to address by 1st May if possible
4. Justin to attempt to draft a background paper covering these issues by 1st July.
5. If the conference is to proceed to make a business plan to include the costs of a researcher/administrative assistant.

Justin Allen

Barcelona planning group 2 – What are the competences?

Adam, Yonah, Andreas, Okay, Harry (report)

Competences are defined as the end goals of BME and VT. This is in accordance with the following target of ESGP/FM: “Mandatory university education in family medicine/general practice at any university in any country”.

It is stipulated that these competences will differ according to national, local and inter-university conditions; so the context plays a major role. The position of the GP within the healthcare system (for instance: gate keeper, listing system, all ages and sexes etc.) is very influential with regard to the content of BME and VT.

Nevertheless general practice has essential features, which apply to all healthcare situations.

The end goals can be distinguished in essential features and features related to the context.

Essential GP elements for BME are (no limitation): basic clinical skills, communication skills, doctor-patient relationship, role of the family, continuity of care, predicted value in relation to incidence and prevalence, multimorbidity.

With regard to the specific circumstances the following format is presented. This applies to illnesses, ailments and diseases.

GP is the best discipline to contribute (common acute illnesses, chronic diseases, palliative care, etc.)	++
GP is as good as another clinical discipline (treatment of diabetes, astma/COPD, vascular diseases etc.)	+
GP can contribute significantly (pathophysiology of diabetes e.a.)	±
GP has no significant contribution (anatomy etc.)	–

Each department can make up its own list and discuss this in the faculty/medical school.

For VT a similar distinction can be made.
The essential elements are more worked out and a higher level of expertise is to be expected. Usually there exist a national program.
On the European level the following format is suggested.

	UK	Netherlands	Israel	etc.
Care for pregnant women	+	++	–	
Care for children	++	++	++	
Etc.				

Action points:
The members of the group are supposed to complete this for his own country within the month March. After that I shall make a new draft and send it by e-mail. The next step could be a telephone conference. After that we could decide to send the draft to the other members of the council.
At the meeting in Turkey a concept-draft for Spain should be ready to present to the council.

Harry Crebolder

Barcelona planning group 3 – How to train best?

General Practice (GP) has valuable contributions to make in BME that is training in communication skills, relationship awareness, basic clinical skills, and providing general knowledge of primary health care system.

Specific teaching and training of GP trainees must reflect the daily work and tasks in clinical general practice and provide the trainees with competences needed to do the job.
Specific general practice functions are e.g. acceptance of the personal relationship to patients, open access, sorting out of complaints, continuity, family orientation – and tasks as prevention and health education.

It is a shared feeling, belief and/or conviction that GP trainees are best educated in general practice settings – and other primary health care settings as GP departments and PHC based institutions.

The group (Bernardina, Egle, Paula, Sakis, Janos, Igor & Ivar) will make a start with a literature search of evidence to support our belief and work from there.

Ivar Østergaard

Barcelona planning group 4 – How to assess?

Working draft:
We will try to answer the questions:

1. What should be assessed:
    - BME
    - VT, ST
    - CME
2. What is present situation,. landskape, literature search?
3. EBM assessment literature:
    - Methods?
    - Circumstances?
    - Implemantation? (initials, formative, sumative, self)
    - By whom- assesors: university, responsible bodies, stakeholders?
4. Who is defining needs, goals, taskas? (cooparation with other groups)
5. Invited experts

Mladenka Vrcic-Keglevic