

Reports of Standing Committees

**EURACT Council meeting
October 19 – 21, 2000
Kusadasi, Turkey**

REPORT OF SPECIFIC TRAINING COMMITTEE

Members: Justin Allen, Dolores Fores, Ivar Ostergaard, Bernard Gay, Janos Szabo, Okay Basak;

Chairing: Egle Zebiene.

It was agreed on a session that in some cases we need experience of external members for development of proposals. The question is how to arrange their participation. This question was proposed to work out for a Member Services Committee.

Task group of selection of trainers and training practices has to prepare the proposals for selection based on analysis made by the group. These proposals have to be included into the first draft of the statement, distributed among council members before the meeting in Hungary. At the next council meeting the time for discussions of this topic will be needed. After discussions the statement has to be developed further. Proposals for selection of trainers and training practices to be presented in Tampere conference and finally in Barcelona Core Content Conference.

The group of assessment and content of hospital training (Bernardina, Ivar, Dolores, Ben Bottemaa), will start developing guidelines for structured interviews in order to describe the current situation.

Task group on department/day release course has already developed questionnaire for council members and presented to Igor and Harry for approval. After that the questionnaire has to be distributed among the council members before the Hungary meeting in order to collect the information. Summary to be presented at Hungary council meeting.

It was decided during the session that the group members should work more between the council meetings as during the meetings due to shortage of time discussions are not effective enough. For increasing the personal responsibility for results, each group member proposed the personal action plan.

Action list:

1. Bernard: participate in development of recommendations for selection of trainers and training practices.
2. Ivar: develop guidelines for structured interview for task group of assessment of hospital posts.
3. Justin: contact Ben Bottemaa inviting him to join Ivar's group, send Dolores materials about assessment of trainees; write together with Egle the short plan for a EURACT workshop in Tampere on the topic "Patient's/consumers viewpoint" and send it to Jan Heyrman until the November 15.
4. Janos: distribute a questionnaire on day release course and collect the information before the next council meeting.
5. Dolores: to work on proposals for selection criteria in vocational training group.

6. Egle: make a recommendations for vocational training together with Margus and Dolores and Barnard, distribute it between council members before the Hungary meeting.

Make a proposal for Tampere meeting together with Justin;

New ideas discussed earlier as trinee assessment or assessment of teachers for general practice and teaching the teachers for GP to be considered in future after some groups finishing their current tasks.

Egle Zebiene

REPORT OF BASIC MEDICAL EDUCATION COMMITTEE

(Submitted after the printing)

OVERVIEW OF PAST ACTIVITIES

1. survey paper submitted
2. website updated
3. history of BME group (not done, proposal to ESGP/FM not made)
4. ideal curriculum: only 1 member sent comments

CENTRAL COMPETENCES OF GP

A lot of papers have already been published, a lot of statements have been made. An overview of these statements has been made in the paper submitted to EJGP.

Basic training is not specific training, although some countries have already a situation when a doctor can start practising as a GP without specific training.

BME has a contribution to make to all future doctors.

Ideal curriculum in stages:

stage 1: GP at the end: integration of knowledge

stage 2: some GP early (sensitizing), then at the end (integration)

Early contact with a community setting is very important. It increases motivation, they can identify their role as the future doctor, they feel more responsible, they meet their role model, they feel competence if they are supported. It gives a conceptual framework with which they are going to work with in the future.

stage 3: GP at all levels

HOW:

COMMUNITY BASED TEACHING AND LEARNING.

Problem: the university feels endangered and without control.

Positive: one to one teaching, more autonomy

LECTURES

Valuable for tradition's sake. It is a marketing strategy. Lectures must have a high quality. Sometimes as a substitute for other methods if you do not have resources.

FILM (VIDEO)

*SEMINARS**CASE REPORTS**PATIENT SIMULATORS**LIVE PATIENT PRESENTATIONS*

Can be done and can be very impressive. You must know that you are showing the patient and not the disease.

HOW TO MOTIVATE BOBOS?

Student evaluation

External assessments of the faculty

CORE CONTENT OF BME

Knowledge:

has specific knowledge

is scientifically educated

is acquainted with medical problem - solving

Skills:

has specific skills

Attitudes and values:

has the right attitudes

 professional attitudes

 ethical values

 personal values

is flexible

Therefore the doctor is legally qualified

4 areas of expertise in the medical areas

1. common problems
2. urgent problems
3. undifferentiated problems
4. chronic diseases
5. disease prevention and health promotion

There are differences in context

gatekeeping

working in a natural context of disease

direct accessibility

longitudinal care

there are others, listed in the Framework WHO

Igor Švab

REPORT OF CONTINUING MEDICAL EDUCATION COMMITTEE

Paula Vainiomäki, chair

Jan Heyrman

Eva Jurgova

Mladenka Vrcic-Keglevic

Bernardina Wanrooij

"Links between CME and QI" was the main topic of the CME standing committee. This project originated from the EURACT/EQUIP collaboration during Mallorca and Vienna conference.

Luc de Seuntjens (EQUIP) had written the first draft of the position paper. The recommendations of the first draft had been circulated among CME standing committee members and among EQUIP group as well. Luc de Seuntjens had according to the comments written the second draft. This draft had been sent by e-mail to the CMEcommittee.

During a lively discussion, a new aim and structure for the position paper were formulated. It will become a position paper to be accepted and adopted in the Barcelona core content conference. The most important idea in this paper would be sharing understanding of Continuing Professional Development (CPD) as an individual learning process consisting of Continuing Medical Education (CME) and Quality Improvement (QI).

The draft was discussed, and further preparations are going to be done using e-mail.

Paula Vainiomäki

Appendix:

Reminder list of promises in Eilat (situation of today)

- to collect good examples of CME, Palma (Mladenka), Vienna (Eva), Bernardina (some examples), Dag (practice visits). (mostly done already)
- the material of EQUIP (Sakis, Paula, in process of the whole group)
- European accreditation system (Jan)
- statements and recommendations about CME (Paula, partly ready)
- evidence of CME (Mladenka, already ready)