

Annex 5

Task Force Reports

**EURACT Council meeting
May 9-13, 2007
Zagreb, Croatia**

Assessment Task Force

Presentation of Task Force given prior to Council Meeting:

Report for Spring Council 2007

This work of this group is currently to produce a set of Modules to support a EURACT Assessment Course along similar lines to the Leonardo Course on Training the Trainers. The First course is in November 2007 in Poland.

The group is made up of: Smiljka Radic, Bernhard Rindlisbacher, Egle Zebiene, George Spatharakis Givi.Javashvili, Janko Kersnik, Llukan Rrumbullaku, Monica Lindh, Roar Maagard and Roger Price. Justin Allen is also a member of this group (He was until 2005 the UK representative and President of Council. He is still a member of the faculty which delivers the Leonardo course.) Adam Windak is the first host and is doing a lot of preparation work in Poland.

A venue has been booked in Zacobane, Poland for 14th – 18th November 2007.

The basics of all the modules are ready and will be finished by the start of the Council meeting.

I expect that by the end of the Council meeting we will have announced that:-

A CD resource will be produced and this will be ready for the participants.

The details of Finance and Numbers of participants will be confirmed with Adam and Treasurer.

We will agree which members of the group are the “Faculty” which delivers this course.

Roger Price 21st April 2007

Report of Task Force after Council Meeting:

Assessment Taskforce meetings at Zagreb May 2007

Present:

Justin, Monica, Smiljka, Roar, Roger, Bernhard, Janko, Llukan, Givi, Egle

Review:

We reviewed the content of the course.

We developed some details within each module and completed the overview of the course.

We discussed the make-up of the Faculty which delivers the course.

We are ready to deliver the course in Zacobane, Poland in November 2007.

Faculty members:

Justin, Roger, Janko, Smiljka, Monica. Roar cannot attend in November, but is a member of the faculty.

ACTIONS:

Justin will send report and update by 17th May to all group members.

All module writers will send complete and final modules to **Justin** by 31st May. This **must** include speaker notes for the slides in each presentation to allow any member of the faculty to deliver the presentation.

All module writers will ensure that their material and resources include reference to the Glossary of terms which Justin has prepared. They will highlight with an * any words, phrase or acronym as being in the Glossary. (E.g. “WBA*” in a slide of the WBA presentation which Roar has prepared.)

All module writers will review the Glossary of terms as above to ensure it is complete as possible. This includes words, phrases and Acronyms.

Justin will ensure all files share a common format, which includes a review of possible colour or shading to identify each module separately, and then send to **Adam** for preparation for the course participants.

Materials for the course will be collated as standard Microsoft Word/PowerPoint files (1997-2003 formats). They will be sent as compressed folders to Course participants with advice to print them out to bring to the course. **Adam** will prepare Course handbooks for ALL course participants to ensure everyone has access to hard copy of the documents. (This decision was made to address concerns about costs and access to printing facilities in some countries.)

Course participants: 4 countries have been identified to send 3 sponsored participants each. These are: Lithuania, Serbia, Poland, and Bosnia/Herzegovina. Georgia is the reserve country if one of these 4 countries cannot find 3 participants.

Publicity:

Website is to be updated as soon as possible. (**Barbara** has the materials)

Flyers will be sent to all Council members, Colleges of member countries, and possibly via newsletter. (**Adam** to send flyers to **Barbara**)

Posters will be available at Singapore and Paris WONCA meetings. (**Barbara**)

Practicalities:

Faculty members MUST purchase flight tickets as soon as possible. This has significant implications for the budget of this course.

Faculty members MUST confirm details with **Adam** as soon as they have booked flights.

Roger will discuss possible social activities with **Adam**, an evening dinner event with some folk music and dancing is almost certain. An opportunity to unwind, or reflect in ones native language, in the middle of Friday is to be decided.

Justin will review progress at regular intervals, and remind us of our responsibilities.

Roger Price 11th May 2007

Task Force on Educational Research

Presentation of Task Force given prior to Council Meeting:

Chair: Job FM Metsemakers

Members: Adam Windak, Mladenka Vrcic-Keglevic, Wolfgang Spiegel, Janko Kersnik, Roar Magaard, Smiljka Radic, Francesco Carelli, Okay Basak, Paula Vainiomäki; Dolores Forés; Mario Sammut

The Educational research Taskforce had defined 5 objectives in april 2005

- 1. Stimulate the teaching of research methods in the Basic Medical Education as well as in Vocational Training**
- 2. Promote research on education**
- 3. Organise courses on research methods in educational research**
- 4. Conduct (multi-national) research on education**
- 5. Present results op educational research**

The Taskforce has worked on these objectives in the last three Euract meetings. We still have much to do, but the joint EGPRN-EURACT meeting in spring 2006 (Copenhagen-Malmö) which was preceded by a resaerch course can be considered as a succesful result of the activities of this Tasforce.

During the last Euract meeting in Prague the taskforce discussed a number of issues which can be read in the attached Report of the ERT session 12/10/2006 Prague.

During the upcoming Zagreb meeting special attention will be paid to:

1. Early Clinical Exposure publication ?
2. Follow up EGPRN-EURACT meeting/ EGPRN joint taskforce
3. Future plans Plans for research – Adam’s project/idea

Report of Task Force after Council Meeting:

Report of the Educational Research Taskforce 10/05/2007 Zagreb

Present: Mladenka, Wolfgang, Peter (notes), Okay, Razvan, Ruth, Sandra, Jan, Elena, Paula, Dolores, Adam, Job (chair/report).

Agenda:

1. Welcome
2. Objectives
3. Minutes Prague meeting
 - a. AMEE
 - b. EGPRN education committee
 - c. Collaboration EURACT – EGPRN
 - d. Early Clinical Exposure paper
 - e. Presentation Research in Council
 - f. CME/CPD publication
4. Question Okay

5. Plans short and long term

1. Welcome

During the wellcome round all participants presented their expertise in research and educational research. The group has a mix of different levels of research expertise, and some participants have participated in research on education.

2. Objectives

Since there were several new members the objectives of the Educational research taskforce were presented and explained again.

- 6. Stimulate the teaching of research methods in the Basic Medical Education as well as in Vocational Training**
- 7. Promote research on education**
- 8. Organise courses on research methods in educational research**
- 9. Conduct (multi-national) research on education**
- 10. Present results op educational research**

A discussion followed on the focus of these different objectives. What are we to do in this Taskforce ? Is it our goal to set up educational research ?

Paula proposed that we should include CME/CPD in Objective 1, since she feels that we should stimulate teaching of research methods also for established GP's. Others questioned the fact that Objective 1 states that we stimulate the teaching of research methods in the basic medical education. Is this a task of GP's ?

The suggestion was made that we include examples with the Objectives to make them more understandable.

Conclusion:

- Job will rewrite the objectives
- Next meeting we will prioritise the activities

3. Minutes Prague meeting

a. AMEE

Mladenka had prepared some notes but we did not discuss these, in view of the discussion on the Objectives

b. EGPRN education committee

c. Collaboration EURACT – EGPRN

The Education Committee of EGPRN is being urged to pay attention to education on research. That bears resemblance to our Objective 1. We could use this topic to link with EGPRN to work on a future joint meeting of EURACT-EGPRN in 2010 or later. We have to settle for a date that far away since we need a proper preparation and EGPRN has already a schedule until 2010.

Although there was a general positive feeling about our collaboration with EGPRN, it was felt that EURACT should define and specify 1 or 2 topics more in detail, before talking to EGPRN and setting dates.

As possible topic we identified:

- training in research for GP's, with a part of training research on education

Conclusion:

- Job will work out the topic in more detail;
- Job will ask for support by other members in finalising a proposal
- Next council meeting we decide on the topic
- Next council meeting we will decide whether this is our topic for a joint EURACT-EGPRN meeting

d. Early Clinical Exposure paper

This paper of Okay was not discussed in the ERT but in the BME committee

e. Presentation Research in Council

The Educational Research Taskforce has asked council to free a time slot for presentations of research papers on education (published or in press). During the Prague meeting there were only 2 presentations. This meeting we do not have a time slot. The question is whether we want such a time slot in future meetings. If we do we have to present research. The group decided we would ask for the time slot.

Conclusion:

- Job will arrange the time slot
- Adam, Mladenka, Jan and Paula will present results of research on education during the next meeting.

f. CME/CPD publication

Paula and Mladenka have not worked on the paper. We strike this item from our list

4. Question Okay

The group brainstormed with Okay who asked how he could determine/measure/assess the effects of teaching programme. Several options and pitfalls were discussed.

5. Plans short and long term

Short term:

- Rewrite the objectives
- Work out the topic on training of research for GP's

Long term:

- Based on redefined objectives

Job FM Metsemakers
Zagreb, 10/5/2007

The Performance Agenda Task Force Group

Presentation of Task Force given prior to Council Meeting:

Members as of Spring 2007: Wolfgang, Mario, Filipe, Smiljka, Francesco, Yonah, George, Stefan (chair)

Following the line of EURACT's European Definition of General Practice/Family Medicine and EURACT's Educational Agenda (EEA), a third document could focus on measurable/observable/controlable performance in general practice, as a basic list of measurable competence elements every GP should master.

- Main focus will be on VT, but also aiming at lifelong learning
- Coming to: list; specifications; elements of learning process; learning outcomes; measurement tools
- Using the terminology outlined and defined in EEA
- Officially relating to core competencies as defined in EEA
- Including ways of application in different countries (with state paid structured VT as well as unstructured VT, paid for by hospitals/PGs) and curricula; specifying learning elements in other specialties/hospitals

The task force builds on pre-existing work on competencies and specifications such as:

- Danish 'Specialist training in general practice: statement of aims' of 2003 (list of 119 competencies; English translation)
 - CanMEDS Framework 2005 (Canada)
 - ACGME Outcome Project 1999 (USA)
 - and others: portfolios, log books, syllabus, checklists (*please inform EUPA if there is relevant material in your country – preferably in English*)
- We need interested Council members to join our task force
 - At the moment we do the preparation work for an open discussion at the Spring 2007 meeting in Zagreb on Thursday 12 May about our ideas
 - We will meet as task force during the Zagreb meeting on Thursday
 - We will compile a position paper for the Autumn 2007 meeting to enable EURACT Council to take over as a Council task if agreed.

If you are interested in joining our task force please send a short note to Stefan (wilm@med.uni-duesseldorf.de) to be included in our actual email work.

Report of Task Force after Council Meeting:

First Zagreb meeting on May 10, 2007

Present: Jarka, Mario, Phil, George, Francesco, Owen, Filipe, Natasa, Yonah, Bernard, Wolfgang (2nd half of meeting), Stefan (chair)

Report: Filipe, George, Stefan

An introductory session of the full Council with statements by Stefan, Roar, Roger, Job and Jan about existing developments and documents (e.g. from Canada, USA, Denmark, U.K.) had revealed significant interest from EURACT Council in a EURACT Performance Agenda. Following the line of the European Definition of General Practice/Family Medicine and EURACT's Educational Agenda, a third document could be an important next step focussing on measurable/observable/assessable performance in general practice.

Suggestions were made to evaluate the idea by asking: Would EUPA be a valuable document for our members? Instead of re-inventing the wheel, other wheels could be transformed into a EURACT wheel. In the future EUPA might even serve as a framework for European certification of GPs.

The EUPA Task Force has after the first meeting in Praha October 2006 been given the task of making a recommendation to EURACT Council at the Autumn meeting in Gävle 2007 whether Council should make the development of EUPA a Council task for the next years.

The Task Force discussed three duties:

Determine whether/why EUPA is important

Define the final product

Produce a working plan/schedule

1. Determine whether/why EUPA is important

- It is important!
- Political issues: EUPA could be an important instrument to define what GP/FP actually does (for use as contract basis – responsibility!), for WONCA Europe as well as UEMO
- A European document may be easier to adopt; patients could have access
- Harmonization: only one document as a uniform basis – from Europe – easier, especially for countries beginning to develop their GP system, and for countries with multiple associations of GPs
- Preparing an Agenda is educational and enriching as a process, even for Council members.

“How to” manual for EEA
Common/minimum core
Applicable to all countries

General and adaptable to the requirements of individual countries
 Closes the loop (objectives, methods – assessment)
 Role of patients
 Role in politics
 Reference
 Role in BME, VT, accreditation and CPD
 Competence assurance - quality management

2. Define the final product

- Adopt or modify an existing document or create a new one?
- “Naive” approach or systematic approach?
- Easier to pick up work already done, because it continues two previous documents (ED and EEA)
- Vote was for systematic approach: literature, experience of other countries, existing documents, comprehensive overview
- Ask council members to write a short paragraph about any relevant documents available in their country to identify 'hidden treasures' especially in countries not belonging to the anglo-american group
- A comparative–comprehensive document re-taking and critically overviewing already existing material could lead to the conclusion of continuing with a new document or not
- Performance Agenda should use the framework of the EEA
- Minimal core defined by EURACT; applicable to all countries; general, but respecting local specifications and giving them room for an expansion. EUPA should define the common part and let every country adopt it nationally
- Get the basis from all important documents
- Chapters referring to the six core competencies
- General performance indicators or detailed lists of skills/competencies? Coming from general practice or also from other specialties? Including expert recommendations?
- Reflection (diary, Balint, logbooks)
- Follow EEA, 6 boxes (core competencies), put the “chosen performances” in each box; overlapping, balance broad/specific.

3. Produce a working plan/schedule

3.1. Literature review

3.1.1. Systematic literature search in Medline and Scopus already done by Stefan

Stefan will compile a list of all articles that have been identified and send it around

3.1.2. Second round of literature search; Stefan will send around new and important articles
 -> all members look for references (are they on the list?), identify and interview key experts, do their own detailed search; Yonah will do a search in Google Scholar. All members will send their results to all members *before June 30, 2007*.

3.2. All members look for other “Agendas” (Internet search, write to key experts).

3.3. Ask council members – semi-structured questionnaire to be developed and sent around by Yonah after some modifications by all members *during the Zagreb meeting*. Permission of EB for a questionnaire study will be requested for by Yonah and Stefan. First – Yonah will do it with 12 countries within Task Force (pilot) – answers should be in *before June 15, 2007*; then he will send it to all other Council members. George to receive the answers and to remind non-responders. George will compile and EXCEL databank and tables with the main results and send it around *before July 15, 2007*. All members: Talk to others!

3.4 Stefan and Owen will prepare a first draft of a report and recommendation-paper for EURACT Council about the results of 3.1 - 3.3 *before September 2, 2007* and send it around. All members will comment on it *before September 9, 2007*; all comments will be integrated by Owen and Stefan. Stefan will send it to Barbara *before September 16, 2007*, to circulate it. EURACT Council will decide on our recommendation *on October 4, 2007* in Gävle (*before the next EUPA Task Force meeting*). The Task Force may then discuss a structure of chapter working groups and future implementation strategies.

4. A glossary on some educational terms as given in the EURACT Educational Agenda (p.42)

Performance: The level of actual performance in clinical care and communication with patients in daily practice. It relates in the Miller terminology to the 'doing' level. It is considered highly dependent on existing healthcare conditions and requirements, financial and structural opportunities, practice opportunities and support.

Competence: The capability to successfully perform discrete observational tasks in a defined assessment environment, in isolation from actual work. In the Miller terminology, it includes the level of 'knowing' (basic facts), 'knowing how' (able to apply knowledge) and 'showing how' (able to show skills) but it excludes the 'doing' level, the performance in practice.

Yonah - Questionnaire

Survey of performance agendas in VT and CME in family medicine in EURACT member countries

Please write a short paragraph describing the situation regarding the performance agenda in family medicine in your country. Use the following questions as a guide.

1. Do you have a performance agenda (other terms: performance curriculum, syllabus, logbook of performance) in your country?
2. When was it written and by whom?
3. What is the origin of the document?
4. Was it published? Where and when?
5. What is in the document (knowledge, skills, attitudes, domains, competencies, performance, or assessment methods)?
6. How is performance assessed? Do you have a written protocol for assessment?
7. Is this document official or legally binding in your country?
8. Does it apply to other specialties or only to general practice?

Here is a sample reply:

Performance Agenda in Family Medicine in Israel

1. *Performance of trainees in family medicine is defined and assessed by the syllabus of family medicine training published by the Scientific Committee of the Israel Medical Association.*
2. *The document was first written by specialists in family medicine in 1986, revised in 2000 and revised again in 2005.*
3. *The document consists of knowledge, skill and attitude objectives for trainees.*
4. *The syllabus forms the basis for items that may be assessed at the written and oral summative examinations.*
5. *Items are classified in three categories as those that should be handled by the GP alone, those that should be handled by shared care with other medical specialties and those that should be identified and referred to other levels of care.*
6. *The examinations test knowledge of a sample of the items, assess the ability to perform certain tasks and data from performance in actual practice.*
7. *The document is legally binding as a basis for final examinations in family medicine.*
8. *It applies only to family medicine.*

Second Zagreb meeting on May 12, 2007 (during lunchtime)

Present: Jarka, Mario, George, Francesco, Owen, Filipe, Natasa, Yonah, Bernard, Wolfgang, Stefan (chair); new members: Bernhard, Razvan, Dolores

Report: Owen

At the EUPA meeting on Thursday 10th May, 2007 the members of the group had discussions about what the priority task of the group should be. There were two strong opinions;

- (1) To generate a detailed list or directory of all the tasks a general practitioner might perform indicating the common or core tasks as mandatory and others as optional depending on circumstances. This list would provide more detail than those previously available including the level of expertise expected from the GP with regard to each skill or competency. The group members who favoured this priority felt it would be a “European” list, user friendly for teaching purposes and with a strong political purpose in those countries where the role of the GP/FP in areas such as paediatrics is not currently agreed or recognised by the health authorities. This group felt that what they have in mind would be sufficiently different from and better than anything produced at European level to date that it would be worth the time and effort to do it.
- (2) Other members felt that the priority of the group should be to adhere to looking at methods of assessing GP/FP performance in relation to the already published documents “The definition of the GP” and the “Educational Agenda”. This group felt that performance measurement tools could be suggested which could then be applied generically to measure performance in relation to various tasks and in a wide range of settings.

This conflict of priorities remained unresolved at the end of the Thursday meeting and it seemed likely that the group would have difficulty in making a clear recommendation to Council in relation to the Performance task at the beginning of the next Council meeting in Sweden.

In order to progress the discussion the members of this group decided to hold a supplementary meeting over lunch on Saturday.

The Saturday meeting was divided along the same two lines and after a lot of discussion eventually a limited number of options emerged;

- (a) Try to merge both tasks into one.
- (b) Try to address both tasks separately under the umbrella of the Performance Agenda group.
 - b(i) concurrently and b(ii) consecutively
- (c) Propose two completely separate task groups to Council
- (d) Advance the work of each task within the group from now until the Sweden meeting and then propose two separate task groups to Council based on the work already done.

More strong discussion followed at this stage with some members still pressing the point that we could not write a performance agenda without first having the detailed directory of competencies while others continued to feel content that the EURACT documents already available are a sufficient basis for drafting the performance agenda. Reference was made to UEMO as the best conduit for political statements.

In the end it was decided to choose option (d). In the meantime Stefan will continue to co-ordinate the Performance task while Wolfgang agreed to co-ordinate the competency list task. It will be proposed to Council *in Sweden at the beginning of the meeting* to create two separate task groups in order that both objectives can be adequately addressed.

A directory for competencies, skills and procedures for general practice/family medicine in Europeⁱ

Wolfgang, Owen, Jarka, Natasha, Razvan, George
2007)

(Zagreb, May

Some members of the council strongly feel that EURACT should prepare a paper which details the competencies, skills and procedures every GP should master and/or offer in his/her medical office and, therefore, should be trained in at BME, VT and CME level.

- It would be more detailed than e.g. the CanMed or the Danish list of competencies it would be a paper for all of Europe.
- This directory would define which c, s & p are mandatory for GP/FP and which ones are optional.
- This directory would define a level of competence which is required for GP/FP.
- This directory would define a level of expertise which a GP/FP is expected to master
 - e.g. laryngoscopy might be an optional skill, level of competence 3 (out of 4), level of expertise: to know normal anatomy of the pharynx and to identify possible pathologies (to be able to determine the need for specialist examination)

Methods used:

Members of a working group (task force) would first formulate a very extensive list including skills and procedures which are performed only in some countries by GPs (e.g. performing radiological examinations in one's one office and interpreting them as is done in Switzerland) and taking into account all available literature on the matter.

The group/task force would work on defining the specification "mandatory" or "optional", "level of competence", "level of expertise" taking into account the professional duties, core competencies of GPs/FPs and available scientific evidence. The results would be discussed and amended by EURACT council and finally accepted by the Council.

In contrast to the core competencies of our speciality as defined in the "European Definition" and explained for teaching purposes in the "Educational Agenda" this directory would not focus on the core competencies because they are too narrow to be comprehensive. For instance, 50% of competencies & skills (may be 150) would fit into the core competence "specific problem solving skills".

ⁱ The term "procedure" refers not only to the skill but it includes the structure and equipment which are necessary to professionally deliver services.