

EURACT

MESSENGER



EURACT 25

1992–2017

Celebrating EURACT's 25th Anniversary

We are delighted to introduce this edition of EURACT Messenger, which is published as EURACT celebrates its 25th anniversary. This is a good opportunity to review what has been achieved over these past 25 years.

The organisation had its origins in the original Leeuwenhorst group which was formed in 1974 and produced the first definition of General Practice / Family Medicine (GP/FM). EURACT was formed in 1992 with the intention of supporting the development of policy at national and international level but also to provide support to individual teachers. EURACT in fact is the network organization responsible for education within WONCA Europe.

EURACT was the instigator of and provided the principal authors for the European Definition of General Practice which was adopted by WONCA Europe in 2002 and has had two further revisions in 2005 and 2011. This definition has been used to develop curricula for FM/GP training in several countries.

The definition has formed the basis for subsequent documents such as the Educational Agenda of GP/FM

in 2005 and the Performance Agenda of GP/FM in 2014. It also supported the work done to develop the Leonardo course for teachers of GP/FM. These have proved very successful and were last revised in 2012. This year EURACT ran a successful level 1 course in Greece with 34 participants, and will start a level 3 course in Malta which has attracted a high level of interest. The Leonardo courses are being delivered extensively in the home language in many countries including Portugal, Spain, Brazil and Poland.

A yearly EURACT International Bled Course has been run in Bled, Slovenia, every September since 1991. After introducing an assessment course for teachers in family medicine in 2007, an appraisal portfolio has been developed to support the development of GP/FM educators who can choose to be assessed at the competent or expert level.

EURACT is now looking to develop educational research amongst GP/FM educators and to this end is organizing an Educational Conference every two years. The first of these was held in Dublin on 8-10

September 2016 and the next is planned for Leuven on 21-22 September 2018.

At our last council meeting in Tel Aviv we received good news from Stefan Wilm, the representative from Germany. A longitudinal curriculum in primary care is now to become a mandatory part of the undergraduate curriculum in Germany. Congratulations to Stefan and his colleagues in Germany who have worked for many years to achieve this. Stefan is leaving EURACT council after 14 years and we thank him for his contribution, in particular the production of EURACT's Performance Agenda, and wish him well in the future.

The contributions from our past presidents and the older council members in this issue of Messenger make fascinating reading; we are looking forward to welcoming the former to our next council meeting in Barcelona in September where we will have a formal celebration of EURACT's 25th anniversary.

Jo Buchanan, EURACT President

Mario R Sammut, EURACT Honorary Secretary

EURACT Council meeting Tel Aviv, 30 March–1 April 2017



EURACT has approximately 800 members from 38 countries in 2017.

First Announcement

All teachers of family medicine in Europe and worldwide are invited to participate actively in the conference.

2nd EURACT Educational Conference Leuven, September 21–22 2018

Further information will be presented on the website: <http://euract.woncaeurope.org/>

Jan Heyrman, first President of EURACT, Justin Allen and Egle Price

1. LOOKING BACK TO THE TIME OF YOUR PRESIDENCY, HOW YOU CAN DESCRIBE EURACT AS AN ORGANISATION?

Jan Heyrman: My journey with EURACT started in 1974 as my older colleague in practice became the 3th professor in General Practice in Europe, and the 8 "founding fathers" created the Leeuwenhorst Group to conceive together a common "discipline of GP/FM", as formulated in their famous first definition "The General Practitioner in Europe". In 1982 they decided to hand over the torch, and there my personal involvement started.

We were 18, gradually increasing to 25, young(er) lions, involved in teaching. We created the New Leeuwenhorst Group as a larger international network, and in 1985 I became president of it. There was a lot of pressure on international exchange, because the EU had decided on the free exchange of professionals, and required a minimum of 2 years of specific training from 1986 onwards. We created course modules, translatable training programs, Vasco da Gama exchange for trainees and tried to put pressure on academic institutions to at least create academic involvement.

In 1992, in a beautiful castle in Gleneagles, Scotland, we took a giant step: we created EURACT as a real "academy of teachers", and I became the first 'founding' president of it. We wanted to focus on quality of teaching, exchange of methods and programs, stimulate inventivity in mutual learning all over Europe. Everyone involved in teaching could be a member. There was a huge interest of central European countries in their first developments. It was more difficult to involve the already established academic institutions to adhere and open up their freshly acquired teaching competences.

Harmonization in Europe became more dominant and compulsory, and GP did not want to miss the unification opportunities in it. It was a challenging time to reflect on and discuss the structural integration of all the historical development lines within GP/FM into one European organization. I'm very proud that we finally achieved the creation of WONCA Europe, with 3 boards, of which EURACT took the responsibility of an educational board on all aspects of education, including Basic and Vocational education as well as Continuing Medical Education.

As a crucial initiative we started on this WONCA level the update of the new definition of GP/FM, and related to that the EURACT Education Agenda that should lead to common core competences for trained doctors in EU member states to be called specialist in GP/FM.

To reach that point, it took me 25 years of presidency, of which 9 years were as president of EURACT.

Justin Allen: It is a membership organisation for GP teachers in Europe and has established itself as the Education Network for WONCA Europe. Over recent years it has had a key role in defining the characteristics of general practice in Europe and developing courses to train GP teachers, based on the expertise model of the Dreyfuss brothers. The courses are now well established and many new teachers have experienced them.

Egle Price: For me personally, EURACT opened a window to the world of education in General Practice. It gave the perfect opportunity to learn about other cultures, mentality, primary care, differences, similarities and consequences. It was possible for me to work with



Jan Heyrman, first president of Euract and Ivar Østergaard, past honorary secretary of Euract

top professionals in our field of education, to meet people who became role models and inspired me to grow.

The main strength of EURACT as an organisation, in my opinion, is its incredible diversity: cultural, historical and, most of all, personal. This diversity includes health care systems, their achievements and limitations, diversity of people, patients, and health care professionals. Within EURACT as an organisation, inexperienced educators work together with professors, heads of departments and leaders of professional organisations. The value of their input is not affected by their position, or the country they come from, but by their personal contribution, professionalism and their enthusiasm. Genuine absence of formal hierarchy seems to bring out the best for members, and helps the organisation to move forward. The organisation is driven forward by the strength of its values and beliefs, and I hope it will remain so in future.

2. WHAT WAS THE MOST CHALLENGING TIME FOR YOU AS PRESIDENT OF EURACT?

Jan Heyrman: Certainly the innovative WONCA period of knitting together all the different historical evolutions to one logical and strong organizational structure that could be accepted and flourish. Even more, because WONCA originally was a typical American concept. I'm still very proud that we finally achieved to launch this *sui generis* European organization in the brilliant EU-premises in Strasbourg, even involving French collaboration in this big event.

Justin Allen: The most challenging problem was to reconcile the needs of individual EURACT members as the organisation grew, and at the same time continuing to develop the organisational role of the network.

Egle Price: I think the biggest challenge for me and the organisation during my Presidency was to close the gap between understanding our differences and the ability to accept, work and progress within them. Acknowledging the diversity of people, their mentality and cultural differences does not necessarily mean we are able to embrace it and make the most of it. I think it took us time and effort to develop into an organisation which makes this a strength and not an obstacle. We came out of this challenge stronger and I was able to

reflect and learn from this experience.

3. CAN YOU REMEMBER THE HAPPIEST OR MOST IMPORTANT EVENT RELATED TO YOUR TIME ON THE EURACT COUNCIL

Jan Heyrman: Look at the picture how happy and important we felt, in the castle at Gleneagles with the golf courts on the highlands, in the presence of the Scottish faculty of the Royal College, their kilts and their fine ladies, the haggis and the sensation of having done it.

Justin Allen: All of the work in EURACT I found rewarding and stimulating and I feel it was a great privilege to be able to participate. I cannot pick one event to highlight from so many so I have chosen a story instead.

In one meeting I was working with a group of colleagues wrestling with a problem; I cannot remember what the problem was. I was quietly dozing in a corner when I was woken by one of the group members who asked if it would be possible to speak in European English rather than English English as they could not understand me. The group members all voted to use European English which left me with a problem - I do not speak European English!

Egle Price: The most important event during my EURACT career was the contribution to the EURACT Educational Agenda. I believe this document changed significantly the international development of General Practice/Family Medicine in Europe and beyond.

I liked a number of events during EURACT meetings. Visiting local practices, meeting colleagues, being invited to their home makes one feel privileged, and add very important personal impressions and connections. I am very grateful to all colleagues who organised these events.

The other exciting events were, and probably still are the EURACT courses. I love the sense of development, I enjoy working with amazingly professional colleague educators, I love the constant challenge of interaction with participants, and I have been rewarded watching them grow and gain confidence. I see that people who come to the courses enjoy them, and leave feeling empowered to continue the process and develop further. However, I still strongly believe I am one who also learns every time.

Short reports of Task Forces

Website & Branding Task Force

Discussion of the following projects took place:

1. Addition of an online application form for prospective members to the EURACT website to allow people to register their interest in becoming EURACT members, pending provisional agreement by the National Representative (NR)

as being eligible to be formally ratified at the next EURACT Council meeting.

Steps:

- Applicant applies online
- Application received by Barbara and NR
- Barbara sends email of acknowledgement
- NR approves application, and asks for payment (explaining the different ways)
- Applicant pays membership fee
- Application is presented for approval at next

Council Meeting

2. Branding/logo review for EURACT

It was decided to produce a short film commemorating EURACT's 25th anniversary to be shown in the EURACT booth at the WONCA Europe Conference in Prague, June 2017.

Mario R Sammut,
member, EURACT Website & Branding Task Group,
representative of Malta

Interview with Adam Windak, EURACT Council Member from Poland and former Honorary Secretary of EURACT

1. IF YOU LOOK BACK THE TIME YOU JOINED THE EURACT COUNCIL AND TODAY, WHAT ARE THE MAIN DIFFERENCES IN THE ORGANISATION AS WELL AS IN THE COUNCIL TASKS AND RESPONSIBILITIES?

In fact I may say that I assisted in the birth of EURACT. I was formally accepted as a Council member in 1992, but the first Council meeting I attended was held in Maastricht in spring 1993. At that time EURACT was a new organization seeking its own identity, although firmly building on the strong base which was created by the heritage of the New Leeuwenhorst Group. So, at the beginning EURACT, there was a group of experts (but also friends) who were meeting regularly in different places in Europe to discuss challenges related to GP teaching in different countries. Gradually however, a feeling of responsibility for further development of GP education in European scale was growing. So, systematic work aimed at tangible results replaced the less structured discussions. That is how the European Definition of Family Medicine or the EURACT Educational Agenda and other initiatives originating from them appeared.

2. THE FUTURE OF EURACT - IS THERE A NEED FOR ANY CHANGES AND IF YES, IN WHICH DIRECTION?

I believe that EURACT is progressing in a good direction. Development and provision of several courses, participation in European projects and organization of educational conferences are the best examples of this new way of thinking and acting. Perhaps one aspect of our work could be improved. Certainly we should continue our current initiatives, but we also should strengthen the ones aimed at collection and exchange of information about GP education in different countries.

EURACT may act as a kind of clearing house for best educational experiences in Europe. Through this GP educators may get an easy and effective access to new methods, initiatives or approaches already tested elsewhere. Again we need to do this in a systematic and reliable way. Perhaps external support, e.g. from European projects might be of utmost importance to facilitate this process. Luckily we have already experiences in this field. So, I am optimistic about that further development.

3. CAN YOU REMEMBER THE MOST EXCITING/IMPORTANT OR HAPPIEST EVENT RELATED TO EURACT?

There were many pleasant and even exciting moments which I experienced during these 25 years in EURACT. Although EURACT is now more a group of experts trying to work as efficiently as possible, we still remain friends who enjoy the time we spend together. I attended the vast majority of the Council meetings. I missed maybe 4 or 5 of them, but this means that I participated in about 45 of them. Each of them was an excellent opportunity to learn about the country specifically, its health care system or educational arrangements. Quite often we had an opportunity to meet the host Council representative in his/her home/family environment, which I valued a lot. Perhaps personally for me the most impressive was the first Israeli meeting, which was held in Kibbutz Har El (Mountain of God). We stayed in guest houses (similar to those where inhabitants lived) located in the garden and had meals in the common dining room. Many of the group sessions were organized in the open air. The social programme included visits to Jerusalem, the Dead Sea and Bethlehem. For me it was my first and unforgettable visit to Israel.

Interview with Llukan Rrumbullaku, EURACT Council member from Albania

1. IF YOU LOOK BACK THE TIME YOU JOINED THE EURACT COUNCIL AND TODAY, WHAT ARE THE MAIN DIFFERENCES OF THE ORGANISATION AS WELL AS THE COUNCIL TASKS AND RESPONSIBILITIES?

I have been a member of the EURACT Council since 2001. First of all, I want to say that participation in EURACT has been of great benefit to the development of education in Family Medicine in Albania. We were a new department of Family Medicine at that time and all the members of the department have been and still are EURACT members. I think that there are no substantial differences from the past. It's simply the evolution of an organization.

2. THE FUTURE OF EURACT - IS THERE NEED FOR ANY CHANGES AND IF YES, IN WHICH DIRECTION?

I think that changes will happen gradually and naturally. In my view the aim will be that EURACT really and strongly represents the education in General Practice/Family Medicine in Europe. Some ways may be:

- Involvement of other European countries
- More involvement of some big countries (more members, maybe lower fee)
- More involvement of eminent persons with expertise
- More collaboration with other organizations in Europe dealing with medical education
- More solidarity with disadvantaged countries
- More publications, presentations, conferences and courses
- Renovation of most of the documents produced over time

3. CAN YOU REMEMBER THE MOST EXCITING, IMPORTANT OR HAPPIEST EVENT RELATED TO THE EURACT COUNCIL?

It was very exciting working on the new definition of General Practice/Family Medicine in Europe (original and short version), the Educational Agenda, the Assessment Course, etc. It was also very exciting and full of enthusiasm repeating the Leonardo-EURACT Course with Albanian trainers within the country.

Appraisal Task Group

1. We discussed our achievements so far – and agreed that it is disappointing after 1 year. We also agreed that, as so many people, academic hours and EU money have been put into this system, then we must give it another energetic try!
2. The achievements: 4 experts appraised (1 from the UK, 1 from Slovenia and 2 from Denmark), and 1 competent application (in process).

We will propose that ALL EURACT COUNCIL members should function as ambassadors for the appraisal system – and to do this most efficiently Council Members should apply for appraisal themselves. An idea could be to promote the system also to “future teachers” of GP/FM and encourage young doctors to start collecting documentation and store it in the portfolio.

We suggest that we change the portfolio at the competent level so there is one more option: you can apply for appraisal in domains one by-one. “If you like the taste of the appetizer you perhaps will go for the full dinner”! This has to be discussed also with the original project partners.

We will encourage Council Members that wish to do a translation of the portfolio to contact Violetta Kijowska for instructions. There is a brief English version of the background for the project that can easily be translated

APPRAISERS:

1. Expert level: the system of 2 international appraisers should continue.
2. Competent level: the system of 1 national appraiser should continue – but until the **first** application for this level comes from one country/language area we should deal with application as follows:
 - a) application to be written in English in the text fields in the portfolio
 - b) documentation in attached files can be in national language
 - c) EURACT will secure one international appraiser
 - d) the appraisee should suggest a GP teacher in his/her own language area who can work as co-appraiser with the special task to appraise the documents in the national language.

Roar Maagaard,

Chair of the Task Group, representative of Denmark

Educational Resources Task Group

The participants had further discussion on the aims and goals of the Task Force, and about what the end product should be.

INTRODUCTION

Purely “on line” educational resources may not be adequate to teach some non-clinical material relevant to Family Medicine, such as the topics dealing with the principles and philosophy of Family Medicine.

Blended methods including the use of small groups’ debates, interactions and interpersonal activities, are more suitable to improve communication skills, the management of cultural and ethical issues as well as dealing with uncertainty.

It was agreed that the Task Force should provide some outlines and educational resources that could serve as a basis to teachers willing to develop modules using blended methods.

CURRENT TASKS

1. Development of a **Roadmap for blended learning material preparation** (overview) relevant to the goals and context of Family Medicine. This is to become our main document, to be uploaded on the EURACT website and maybe published.
2. Development of **Minimum Core Curriculum Topics**

Three topics have been chosen and have been partially developed as modules using blended teaching methods. They will be shortened or adjusted into examples with suggested outlines.

Topic 1: Continuity, comprehensiveness,

coordination of care.

Topic 2: Holistic approach. Bio-psycho-social model.

Topic 6: Decision making based on prevalence and incidence of target.

3. Development of some **other relevant non-clinical modules** as additional examples, such as Breaking Bad News, teaching Ethics, and the use of Spirometry (for the method demonstrated) will also be added.
4. Learning more about **blended learning**, hybrid courses, flipped classrooms, interactive E-learning and technologies:
 - The spirometry distant education course - SpiroCourse
 - Breaking Bad News blended course
 - Other examples: Youtube
5. Development of a **bank of relevant content material and resources**

FUTURE TASKS:

1. Re-challenge the Task Force: More open discussion on What? Why? Who? How?
2. Choose other Topics to be developed from Minimum Core Curriculum
3. Comment and improve old and new documents
4. Consider developing a scientific project with co-partnership from different countries
5. Explore the interface with BME and CPD
6. Consider opening a site on EURACT website

Martine Granek-Catarivas,
Chair of the Task Group,
representative of Israel

Specialist Training Committee

1. Update the website page of the ST committee
2. Survey on leadership: The purpose is to create input for the workshop at the WONCA Europe Conference in Prague, June 2017.
3. The workshop (Wonca Prague):
 - The workshop is for teachers. They go home with good ideas about teaching leadership. The suggestion is to be more specific about the word "good practice".
 - The idea is to start with clips about different kinds of leadership: <https://www.youtube.com/watch?v=fW8amMCVAJQ> and make the participants analyse what they see, and what this means: leadership is changing.
 - Some theory on different kinds of leadership, the results of the EURACT survey and the EURACT definition.
4. For the future: what are the problems in ST training we should work on?

For WONCA and UEMO the topics are: general practice as a specialty, minimum training time for GP specialty in EU countries, should GPs be moved in the general paragraph about medical specialist training? We have in EU countries free movement of workforce- how can training systems differ in content and length? Could we come with recommendations on the composition of the training program?

Nele Michels,
Chair of the Committee, representative of Belgium

CPD/CME Committee

1. Discussed workshop at Prague WONCA 2017 conference. Presentation title: Empowering doctors to use modern technology whilst still remaining patient centred. Peter, Pavlo and Jachym will present.
2. CPD/CME vision statement - to be developed and put on the website.
3. Survey on e-health has started to be developed and is to be finished by Barcelona meeting / Jachym.
4. CPD/CME database on CPE system in Europe to be updated again. Available on the website here: <http://euract.woncaeurope.org/cme-cpd-database>.
5. New topic for workshop in Wonca Europe in Krakow: „How to avoid drug interactions if working without appropriate SW in GP office”? To train participant to use easily internet on-line apps on interactions.
6. Other new topic: How to teach Significant Event Analysis in CPD/CME. We will develop a Google survey to identify whether council members are familiar with the method and whether they are using it in their practices. We will prepare the abstract for workshop and also the frame of the WS by the Barcelona meeting.
7. Peter Vajer has conducted a survey in Hungary on the theme: „To identify the barriers hindering students to become a FD/GP“. The survey will be adjusted for EURACT council needs, Euract council members willing to cooperate would help to conduct this survey also in their countries.

Jáchym Bednar,
Chair of the Committee,
representative of the Czech Republic



We would like to congratulate Professor Igor Švab on his recent appointment as Dean of the University of Ljubljana Medical Faculty. Igor has been active in EURACT throughout its 25 year history and has actively supported the development of Family Medicine in Slovenia and many other countries. This is a great personal achievement, but also good news for Family Medicine. Igor has said: 'I have learned most of the things that were useful in my career in Ljubljana while working with EURACT. It is a wonderful group of people.'

Collaboration with the World Health Organisation[WHO]

The WHO is currently planning a programme to develop education for Family Medicine in Greece and we were delighted when Silviu Domete from the WHO regional office asked EURACT to suggest educational experts who could support this work. Thank you to all of you who submitted your CVs. The 15 we received were forwarded to Silviu and we have recently heard that Francesco Carelli, Ruth Kalda and Zalika Klemenc-Ketiš have been asked to fulfill this role.

BME Committee

The Committee did a brainstorming exercise about what was produced in the past, what was not done in between, the absences and what to start to do now. It debated possible ways to create something to be used in a 'snowball' fashion, growing and becoming useful as a workshop in Krakow as well as in Leuven.

The Committee decided to create a database on undergraduate teaching of family medicine in European universities from all members to be reflected in Barcelona. All members will be invited to contact

another EURACT Member to fill the same questionnaire.

Topics for the questionnaire were devised as follows: when, how long, where, topics, teaching methods, recommended textbook, by whom, integrated teaching with other subjects, inter-professional teaching, number of students in a year, number of teachers, teaching language, assessment methods, feedback from students, external evaluation or audit, ECTS - Credit system, contact person, publications specifically in English language and web page

Francesco Carelli
Chair of the Committee, representative of Italy

A learning experience

Attending the EURACT council meeting in Tel Aviv, March 2017

A few weeks before the EURACT Council meeting in Tel Aviv, I was asked to represent, alongside a colleague of mine, young Israeli family physicians and residents and the Vasco de Gama (VdGM) movement during the EURACT council meeting that was held in Tel Aviv in March 2017. Not really familiar with the organization or knowing what to expect from this meeting, I was curious and excited to attend.

The meeting started with an introduction to the Israeli health system, and then the forum continued with the planned agenda and divided into committees and task group sessions. We were included in all the committees and task group sessions - of which we participated in the specialty training committee and the instructor appraisal task group.

The specialty training committee discussed the current topic/issue of teaching leadership in family medicine - introducing the definition (which was previously discussed and formed) and the contents of the upcoming workshop on the subject to be held in Prague during the WONCA Europe conference in June 2017. Then the committee decided that the different training programs around Europe should be assessed in order to define what are the areas most needed to attend (subjects missing from most of the training programs).

The instructor appraisal module (found on the

EURACT website) is a tool designed to create standardization among European instructors in family medicine/general practice (FM/GP) and was the focus of the next group we participated in. The task group discussed ways to increase the amounts of applicants. The group decided to promote application among EURACT members and to suggest to trainees and young specialists who are interested in teaching in the future to open an application portfolio and upload documents in real time - thus when criteria are met, they could apply without complications.

Another session was devoted to research needed in the field of education for GPs. I suggested inspecting which methods are used, if at all, to prepare trainees for their hospital placements so maximal learning will be achieved during those periods and then assess which method is better. Additional discussions regarded the teaching of ethics during the GP exposure during medical school and during specialty training, CME training for GPs and what should be the recommendations for GP exposures during medical school.

As someone who has experience as an instructor/teacher in fields other than medicine, I was delighted to see the high professional standard set in the work of the council, the use of new teaching methods and considering new aspects of education. The sessions always gave me new perspective of the subjects

discussed. The notion of representatives from different countries and different systems discussing educational issues and suggesting different solutions proves to be very potent.

In every session, I felt very much welcome and that there is a place for the views I bring as a resident. During the meetings, I had a chance to get acquainted with most of the physicians on the council. Meeting a group of very experienced physicians from many countries and learning about the work done where they come from, was definitely eye-opening. Not only that, but all the participants gave me a feeling that they very much wanted to hear my perspectives, thoughts and experience.

In conclusion, attending the council meeting was a great experience, which provided me many new ideas, which I hope to make use in the near future and the rest of my career. I also believe our participation was productive too, and that the inclusion of VdGM representatives in meetings is beneficial as it allows the perspective of the people the education programs are meant to serve. My past experience from my student years, when participating as a representative of students in faculty teaching committees, also suggests this.

Adi Netser,
family medicine residency trainee, Israel