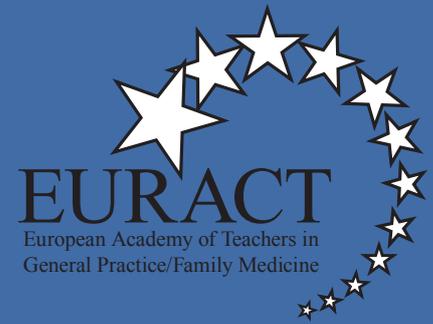


EURACT

MESSENGER



Autumn 2014 EURACT Council meeting, Porto

Set in the beautiful headquarters of the North Regional Council of the Portuguese Medical Association in Porto, with a bright sun and light blue skies above, the latest EURACT Council meeting was sure to be a success.

When I volunteered to host the 2014 Autumn Council meeting, I immediately thought of having it in Porto. The city is amazingly beautiful and its people extremely friendly. I knew that it was going to be an awesome opportunity to showcase Portugal at its best!

However great the concept, I had no idea how difficult it was going to be to organize the meeting and how many sleepless nights I was going to have. In spite of this, the meeting was very productive and all the logistics fell smoothly into place. For this I am obliged to thank Mr. António Pinheiro, Head of Services at the North Regional Council, and Dr. Fernando Ferreira, local family doctor and Treasurer of ADSO (Portuguese Association of General Practice and Family Medicine Teachers and Trainers). Without them I feel that the meeting would have been impossible.

The use of the meeting rooms was gently granted by the North Regional Council and all the catering service at the meeting venue was sponsored by ADSO. For our social program we held two dinners at the meeting venue where we had the pleasure of listening to Fado from Coimbra performed by a local group of three talented medical students and one GP trainee. We also



had a small ceremony where a commemorative medal celebrating the occasion was awarded to every Council member.

The social programme on Saturday was sponsored by the Municipality of Gaia. We began with a boat tour of the six bridges that cross the Douro River connecting the cities of Porto and Gaia. Afterwards we visited the museum Casa-Museu Teixeira Lopes dedicated to the work of this Portuguese sculptor and we ended the day dining at Quinta da Boeira, a well

maintained manor with beautiful surrounding gardens.

As the host of this Council meeting I felt well supported by my local organizers but I also felt the gratitude and kindness of all attending Council members. Seeing everybody so pleased with the proceedings warmed my soul and made all the hardship worthwhile. They made me wish I could do it all over again!

Denise Alexandra
Portuguese EURACT Representative

My first EURACT Council Meeting

It is an honour to be the new EURACT representative for the Netherlands; Yvonne van Leeuwen has done this job the last few years. Thank you Yvonne for everything you have done! Let me introduce myself shortly. I am a Dutch GP, since 20 years now. I work as head of the Primary Care specialty training department in Nijmegen. We provide a three year specialty training programme for GP trainees, and specialty training for elderly care physicians, occupational health and addiction medicine. I work as GP in an academic health centre, where secondary care, paramedics and public health try to collaborate.

My first EURACT meeting meant a journey to Porto, Portugal, in the beginning of October 2014. This was an excellent experience. Denise Alexandra, the Portuguese EURACT representative, had organised this three-day meeting perfectly. I felt very welcome. It is interesting how organisations create their own reality. It will take some time for me to get used to all abbreviations for example. On the other hand, the topics discussed felt very familiar with what is 'hot' in the Netherlands. It was a good thing that Vasco da Gama representatives were present. I think a permanent relationship with the young

generation is very important when discussing the education of primary care doctors. EURACT has done an excellent job in producing the EUPA performance agenda - this document is really worth reading if you take assessment (which drives learning!) seriously. Furthermore, I liked the discussion on whether or not GP trainees should be involved in research projects or in publishing scientific papers. This topic will need more discussion. I am looking forward to future meetings.

Nynke Scherpbier
EURACT Council representative, Netherlands

Report of the CME/CPD Committee's activities

A EURACT workshop (WS) entitled 'Provision of the healthcare to ethnic minorities and migrants - developing of the model of culturally responsive healthcare in the European Union' was successfully held at the WONCA Europe Conference in Lisbon on 2-5 July 2015. The workshop has shown the need for an educational course of this topic.

During the lively discussion in the WS, many problems were shared regarding the care for migrants, particularly financial barriers in access to care, the lack of time of general practitioners and the lack of knowledge concerning specific disorders. In the plenary exchange participants also shared their ideas and possible solutions for providing good quality of care for migrants.

The following is a list of the possible solutions for providing good quality of care to vulnerable groups as a result of the group discussions:

1. Employ migrants as social assistants;
2. Use movie/film/media material as a means

- of information and education;
3. Set up an (inter)national advocacy organization for GPs to share ideas and experiences;
4. Use simple and clear language to communicate better with patients;
5. Educate migrants on the healthcare system (including insurance);
6. Use interpreters in the practice;
7. Use medical staff/students with migrant background;
8. Use Google translate;
9. Improve education on this subject in medical schools;
10. Construct a website for GPs (and students) with background information and protocols of providing care to migrants (example from the Netherlands: www.huisarts-migrant.nl);
11. Stimulate enthusiasm amongst colleagues;
12. Be more self-confident: we have the knowledge;

13. Give priority to improvement of mental health care;
14. Remove cultural barriers;
15. Be aware of different intercultural expectations;
16. Be in charge or get involved with the coordination of care.

A future plan of the CME/CPD Committee is to prepare a module for a one-day international course on Health Care for Migrants and Ethnic Minorities, and the Committee would like also to propose this topic for the 2016 Bled Course.

As workshops in the WONCA Europe Conference in Istanbul on 22-25 October 2015, the CME/CPD Committee proposed 2 topics:

- 1) How to teach minorities and migrant health in family medicine;
- 2) Multimorbidity in family practice – the educational needs of GPs.

Jáchym Bednář

Euract representative, Czech Republic

Basic Medical Education Committee

We discussed many ways to implement and diversify the BME's ongoing project, considering the difficulties it seems to meet. After the second round of the Delphi consensus, the answers (26 at the moment) received from Council Members seem contradictory in respect of not so few important issues, as expressed by 31 respondents at the first round. The same countries were sending answers to validate introduction questions about Family Medicine development. Stefan Wilm introduced an idea to simplify the recognition and division between countries to be really considered, at the two extremes, as well developed and slowly developed, so as to recognise and understand a meaning and a way in the answers and go forward for a publication.

The EURACT Statement on Undergraduate Teaching of Family Medicine in Europe written in 2013, approved by the Executive Board in Wien in January 2014, and approved by the EURACT Council in Skopje in April 2014, was published in the European Journal of General Practice. This statement must be widely distributed through the EURACT National Representatives so to be really used in every European context as obviously intended.

Francesco Carelli
Chair of BME Committee, Italy

Specialty Training Committee

The Specialty Training Committee's main activities between the last two meetings were related to finishing the statement on assessment and collecting narrative text regarding specialty training in Family Medicine in countries that are members of EURACT. The latter information will be incorporated into a helpful document that shows the duration and scheme of training, the process of ongoing assessment during the training and the organisation of the final examination. The countries that have not yet sent the requested information are kindly reminded to send it to kstavric@hotmail.com.

The Committee started a discussion about supporting research as an important component of specialty training (ST). We collected data about the current situation in European countries and decided to take this forward by preparing a statement in this regard. We will start to work on arguments which support the introduction of research but also the challenges that we meet; some arguments arose by brainstorming. All members agreed to find and see papers concerning the need to introduce research experience as an educational objective of the ST program. Based on this research of the literature we will continue to work on the statement during the next meeting.

The second challenging topic that we started to reflect on was the introduction of advanced diagnostic techniques in the ST curriculum. Some questions arose, such as: should the use of the best available techniques interfere with patient care? Do we want the introduction of personalized medicine in a primary care setting?

These are two interesting and hot topics; the discussion will continue in Prague. Your reflections are all welcome.

Katerina Stavric
Euract Council representative, FYR Macedonia

Bled, Slovenia: September 15th - 19th, 2015

24th International EURACT Bled course

TEACHING AND LEARNING ABOUT MANAGING MULTIMORBIDITY IN AGING POPULATION

RATIONALE

The aging of the population and the increasing prevalence of chronic diseases have created new challenges for family doctors and their patients. New strategies are being developed to allow doctors, patients, health insurers and managers to cope more effectively with these challenges, including the problems resulting from polypharmacy and increasing costs. These strategies will be the focus of the course.

OBJECTIVES OF THE COURSE

- At the end of this course the learner will:
- Be able to define multimorbidity and polypharmacy.
- Be able to describe the challenges presented by these issues in the elderly.
- Be able to communicate effectively with patients with multiple conditions.
- Be able to implement structured care for chronic disease management.
- Value a cost effective approach to multimorbidity in the elderly.
- Be able to promote healthy aging, shared decision making and self management.

TARGET AUDIENCE

The course is aimed at educators in primary care who are involved in teaching at the university or practice level. We expect experienced teachers and also those on the beginning of their educational careers.

COURSE DIRECTORS

Jaime Correia de Sousa, MD, PhD, Associate Professor, Community Health, School of Health Sciences, University of Minho, Braga, Portugal
Yonah Yaphe, MD CM, MCISc, Associate Professor, Community Health, School of Health Sciences, University of Minho, Braga, Portugal
Jo Buchanan, FRCGP, MRCP, M. Med Ed. General Practitioner, Sheffield
Henry Finnegan, MB.,BCh.,BAO, MICGP, DCH, DO, National Director GP CME schemes, ICGP, Ballinasloe, C.Golway, Ireland
Janko Kersnik, MD, PhD, Professor, Medical School, University of Maribor, Slovenia
Marija Petek Šter, MD, PhD, Professor, Medical School, University of Ljubljana, Slovenia
Mateja Bulc, MD, PhD, Associate Professor, Medical School, University of Ljubljana, Slovenia

KEYNOTE LECTURES

1. Counselling the elderly patient with multimorbidity (Counselling skills) - Yonah Yaphe
2. Coping with the challenges of polypharmacy in the elderly- Henry Finnegan
3. Building a structured care program for managing chronic illness - Jaime Correia de Sousa
4. Healthy aging and patient empowerment- Jo Buchanan

INFORMATION & CONTACTS

<http://www.bled-course.org/lang/kdrmed@mf.uni-lj.si>,
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EURACT Spring Council Meeting 2015

This will be held in Prague on April 23 – 26, 2015 in the period between the WONCA 2013 Prague 20th World Conference and the upcoming WONCA 2017 Prague 22nd Europe Conference.

The Czech Society of General Practice is honoured to host the upcoming EURACT Spring Council meeting 2015. We believe that Prague will be an excellent place for all EURACT Council members to meet again, work together and enjoy Prague city and the social programme.

The main Prague attractions include the Castle, the Charles Bridge, the Old Town Square, the Jewish Quarter, the Lennon Wall and Petřín Hill. Since 1992, the historic centre of Prague has been included in the UNESCO list of World Heritage Sites.

Jachym Bednar
Euract Council representative, Czech Republic

Short reports of Task Forces

Website Task Group

One of the key objectives of the website task group is the overhaul of the current site. Up until now it has served EURACT well, contains a great wealth of teaching resources, updates and statements, but as is inevitable, www.euract.eu is now showing some signs of strain.

Paramount in our considerations will be maintaining the functionality that members appreciate but getting it up to date and robust as quickly as possible. We intend surveying our membership with regard to what your wishes

are for the future website so that they can be incorporated, where practical.

We intend developing and progressing our Social Media footprint also, particularly Twitter, which is becoming an increasingly important channel for communicating the work and opinions of any organization. Like so many other spheres of activity medicine is gradually learning to adapt and use Twitter effectively. The website task group will run our first Twitter workshop at the next Council meeting. Follow @EURACT to stay up to speed!

Darach Ó Ciardha
EURACT representative, Ireland

Appraisal of GP Teachers

An update was given by Adam Windak on the progress made by the Leonardo-funded project on the Appraisal of Teachers of GP/FM. This is a partnership between EURACT and 5 countries. Justin Allen represents EURACT in the project. The framework of assessment and the evidence required for this is in place and the next stage is to move on to testing of the model and the electronic platform. This will occur over the next few months. Adam demonstrated the e-portfolio which looks easy to use. The project will be completed by December 2015 and EURACT will need to have decided by that point how the appraisal tool should be used. Time was spent discussing options for this. Council members were invited to participate in the testing of the tool.

Jo Buchanan
Chair of the Task Group, UK

WONCA global standards for postgraduate family medicine education

EURACT recently endorsed the WONCA global standards for postgraduate family medicine education (http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Education/WONCA%20ME%20stds_edit%20for%20web_250714.pdf) a document developed by the WONCA working party on education (<http://www.globalfamilydoctor.com/groups/Working-Parties/Education.aspx>) which is an adaptation of the Postgraduate Medical Education from World Federation for Medical Education (<http://www.wfme.org>). These global standards may be used in a variety of ways, always with the overall goal of quality improvement in Family Medicine Postgraduate Education, i.e. Specialty Training. Because these standards are intended to be used globally, and in the very diverse contexts in which family medicine is practiced, they are necessarily quite broad in nature. It is intended that they be adapted for the local environment and to meet community needs.

Programmes might use these standards for:

- Self-assessment and programme quality improvement
- New programme development

- Peer review
 - Recognition and accreditation
- Standards in postgraduate medical education are structured according to **9 areas** and **38 sub-areas**.

AREAS defined as broad components in the structure, process and outcome of postgraduate medical education and training cover:

1. Mission and Outcomes
2. Training Process
3. Assessment of Trainees
4. Trainees
5. Staffing
6. Training Settings and Educational Resources
7. Evaluation of Training Process
8. Governance and Administration
9. Continuous Renewal

SUB-AREAS are defined as specific aspects of an area, corresponding to performance indicators.

STANDARDS are specified for each sub-area using two levels of attainment:

- Basic standard. This means that the standard must be met and fulfilment demon-

strated during evaluation of the training programme. Basic standards are expressed by a "must".

- Standard for quality development. This means that the standard is in accordance with international consensus about best practice for postgraduate medical education. Fulfilment of - or initiatives to fulfil - some or all of such standards should be documented. Fulfilment of these standards will vary with the stage and development of the training programme, its resources, the educational policy and other local conditions influencing relevance and priorities. Even the most advanced programmes might not comply with all standards.

Standards for quality development are expressed by a "should".

ANNOTATIONS are used to clarify, amplify or exemplify expressions in the standards.

In order to make as much as possible use of the Standards the document should be translated into national languages and existing programmes audited against them and new ones developed in accordance with the Standards.

EURACT Statement on Family Medicine Undergraduate Teaching in Europe

This statement was drawn up by the Basic Medical Education (BME) Committee of EURACT and subsequently approved by the EURACT Executive Board and Council in 2014. The following members of the BME Committee were involved in the preparation of the document: Francesco Carelli, Valentina Madjov, Janko Kersnik, Natalia Zarbailov, Givi Javashvili, Mira Kis and Howard Tandeter.

This following is a short summary. The full statement can be found on the European Journal of General Practice and on the EURACT website: www.euract.eu.

Considering EURACT's Mapping of Undergraduate Teaching of Family Medicine in Europe (showing in detail which countries are lagging or even worse), considering the work of EURACT's BME Committee and the publication of a European Minimal Core Curriculum for Teaching Family Medicine¹ (indicating the

direction to be followed to achieve essential and key homogeneity so to help avoid resistance and confusion), these are the key principles:

Each university medical school should have a fully integrated and operational department of Family Medicine, starting with undergraduate training.

A Family Medicine curriculum for undergraduate education should be developed in collaboration with Family Medicine departments and professional organizations in the country.

The Family Medicine curriculum should be based on WONCA-Europe's European Definition of General Practice and the EURACT Educational Agenda.

Based on the UEMO policy statement on specific training, a minimum of 50% of training should be in general practice, starting with undergraduate training.

All students should be able to learn primary care management of patients through a student clerkship in general practice, lasting several

weeks during the later years of medical school.

There should be a minimal curriculum with a minimum of credits across more than just one (last) semester. Lectures should be delivered by family physicians and limited to core themes proposed by EURACT and national associations.

The chairs of the departments must be doctors with appropriate academic achievements like other departmental chairs in the particular university. A lack of academic achievements should be overcome by assigning a family physician/general practitioner to co-chair a department for a defined transition period.

University ministries, universities deans and departments responsible are urged to organise undergraduate teaching in Family Medicine on the lines outlined above or to initiate such teaching where incredibly this so far is not provided.

Francesco Carelli
EURACT Council, Executive Board,
BME Committee

¹ H. Tandeter et al. A 'minimal core curriculum' for Family Medicine in undergraduate medical education: A European Delphi survey among EURACT representatives. *European Journal of General Practice*, 2011; 17: 217-220