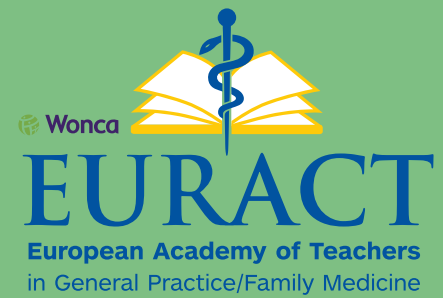


# EURACT

## MESSENGER



## EURACT Council meeting Antwerp, 19-20 September 2018

### Becoming a general practitioner in Flanders, Belgium

Postgraduate training in General Practice/Family Medicine (GP/FM) in Flanders is an academically organised training programme by the 4 Flemish universities (University of Antwerp, Vrije Universiteit Brussel, Ghent University and the KU Leuven) and leads to a Master's degree of 'General Practitioner'. These 4 universities have founded ISHO (interuniversity collaboration for training in GP) and outsource the daily organization of the postgraduate training to ICHO (Interuniversity centre for training in general practice). Until 2017, trainees had to follow a two-year workplace-based curriculum after 7 years of undergraduate medical training. Recently, this undergraduate training switched to a 6-year curriculum, so the postgraduate GP/FM training was redesigned too. Our renewed program now aligns better to the European standards; since 2018 we have a three-year curriculum including an obligatory 6-month GP training period in a hospital.

For the GP/FM trainees, we determined 4 training elements: 1) training and working in the practice (on-the-job training); 2) reflective sessions (every 2 weeks); 3) theoretical and small-group teaching; and 4) a master thesis. These 4 elements are linked to each other through the use of 10 clusters and 7 transversal themes (see Table 1) based on the Dutch themes and KBAs (Characteristic Professional Activities).

There is a continuum between academically-oriented and self-oriented learning (Figure 1). The importance of self-direction becomes more important in the last years. This means that trainees are expected to

Clusters		Transversal themes
Cluster 1	Short episode care	Consult- and communication skills
Cluster 2	Urgent care	Self-care
Cluster 3	Chronic care	Medical decision making & EBM
Cluster 4	Care for the elderly	Pharmacology
Cluster 5	Care for the child	Ethics
Cluster 6	Mental health care and somatic unexplained physical complaints	Diversity
Cluster 7	Palliative care	Multidisciplinary cooperation
Cluster 8	Prevention	
Cluster 9	Practice management	
Cluster 10	Gender-related care	

Table 1: overview of the 10 clusters and the 7 transversal themes

follow most of the theoretical cluster-related training in their first year. The master's thesis, on the other hand, should be finished and presented in the third year and asks a lot of self-planning of trainees.

Self-oriented learning also means that trainees base their learning on their individual learning needs and goals. These goals are mainly determined at the workplace and lead to individual learning plans that are discussed with the trainers (in both a daily meeting and a weekly, more-in-depth, meeting). Also in the reflective sessions these plans can be discussed together with peers and a coordinator. Supporting trainees to look at their needs, to use feedback and to be reflective helps them to grow into credible, impassioned and resilient GPs. Therefore a secure and positive learning environment is essential.

We defined an assessment program that is portfolio-based; video-consultations, cases, performance- and evaluation inter-

views are part of this portfolio. As such the trainees' progress can be continuously evaluated. In addition a knowledge test, an OSCE, presentation and discussion of cases, and the defence of the master's thesis are part of the assessment procedure. All

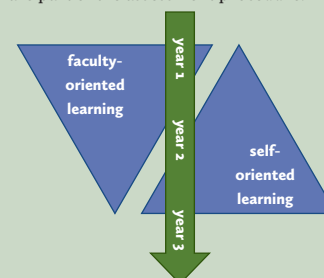


Figure 1: Continuum between faculty- and self-oriented learning in the 3-year curriculum

these academic learning activities are taken into account by a central examination jury reviewing all credits.

To guarantee a high standard of the training workplaces, trainers need to fulfil standard criteria and are officially appointed by the government. As it is essential that trainers become competent as teachers and coaches - next to their job as a clinician - they need to follow basic educational training (+/- 20 hours). Additionally, we expect them to refine their expertise by obtaining a minimum of 6 hours of extra training each year through workshops, medical education courses, peer meetings, personal intervention sessions, etc. (intervention sessions are group sessions where smaller groups of participants with similar backgrounds exchange experiences with or without the guidance of a facilitator).

We especially aim to achieve a motivated learning community with trainees and trainers, and with coordinators and coaches who are working per geographical region. These coordinators and coaches are committed to all matters concerning workplace training; which also includes the GP-oriented hospital training in their region. Last but not least, the cooperation and collaboration with the stakeholders and the interest groups of trainees and trainers is seen as essential. We all have the same goal: to ensure that we train and coach the best qualified GPs that our society deserves.

Prof. Nele Michels & Prof. Roy Remmen,  
Antwerp University

## Member Services Committee

Topics covered during the meeting:

1. Non attendance of sponsored participants
  - signature of attendance-sheet at each session
  - MSC suggests not sponsoring the total expenses, but asking for a participation fee that is triple the annual fee. This must be approved by the EB.
2. Who does what?
  - MSC selects the sponsored participants according to the predefined criteria, and notifies them (yes or no)
  - Text models for the answer.
3. Sponsoring criteria
  - **Leonardo Courses:** 12 bursaries, 7500 € or 625€ per person, covers attendance and lodging.
  - **Bled Courses:** 5 bursaries, 3000€ or 600€ per person, covers attendance and lodging.
  - **EURACT Conferences:** 6 Bursaries, 3000€ or 500€ per person, covering attendance and lodging.
- Limit of three applicants for sponsorships per country. Selection by informal feedback from national representative and/or lottery.
- No sponsoring of a national representative (except participation to Council Meetings if eligible).
- Previous sponsorship in the last 3 years = minus 3 points.
- Leonardo Courses sponsorships according to country's level of income:
  - » 10€ country: 3 places
  - » 20€ country: 3 places
  - » 30€ country: 2 places
  - » 40€ country: 2 places
  - » 50€ country: 2 places
- For Bled Courses and EURACT Conferences?
  - » 10€ country: 3 points
  - » 20€ country: 3 points
  - » 30€ country: 2 points
  - » 40€ country: 2 points
  - » 50€ country: 1 points
4. WONCA Conference Bratislava 06/2019:

- Booth: new flyers, next courses Level 1 and level 2, assessment courses, next educational conference in Graz.
  - Only 2 workshops without peer review.
  - Timetable for the booth staffing: 2nd and 3rd day, only during breaks (coffee and lunch)
5. Checklists for Courses and Council meetings
    - [https://www.dropbox.com/s/mky-m4hnc9pz0aqj/a.checklist\\_for\\_organizers\\_of\\_euract\\_council\\_meetings\\_aug08.pdf?dl=0](https://www.dropbox.com/s/mky-m4hnc9pz0aqj/a.checklist_for_organizers_of_euract_council_meetings_aug08.pdf?dl=0)
    - <https://www.dropbox.com/s/gz-45rhy34vvhzud/Checklist%20for%20Leonardo%20Courses%20%28Givi%202015%29.pdf?dl=0>
  6. Junior Membership
    - With discounted fee, to be finalized at the next meeting.

**Denise Alexandra Cunha Velho,**  
*Chair of the Committee, representative of Portugal*

## Specialist Training Committee

The committee will work further on our report "**European Training Requirements (ETR)** for GP/FM specialist training" - <http://euract.woncaeurope.org/sites/euractdev/files/documents/publications/official-documents/european-training-requirements-gp-fm-specialist-training-euract-2018.pdf>

1. EURACT Medical Education Conference Workshop 22/09/18 - 9:40 - 11:10 - "Educational training requirements in Europe, fine-tuning the content of a EURACT document"
2. Debate in the Medical Education Conference on "Three years or five years of speciality training in Family Medicine?"
3. WONCA Europe, Bratislava 2019, June 25-29  
Deadline abstracts 10.01.2019. Planning of the workshop, possible title: "European Training Requirements (ETR)- from theory into practice".
4. 3- year Action Plan - ETR
  - We should keep the document up-to-date and in line with current theories in Medical Education. The action plan for the coming 6 months is: To ask agreement to start re-thinking on the definition and competence framework, starting to focus on 3 topics:
    - Trainers' requirements
    - Hospital training
    - Trainees' view on competencies - collaboration with Vasco da Gama Movement, WONCA?

**Nele Michels,**  
*Chair of the Committee, representative of Belgium*

## BME Committee

The work in the committee was fruitful and conclusive. We discussed the best way to frame the workshop (WS) at the Leuven Conference, starting from the WONCA Document "Urgent case of Family Medicine in Europe". We distributed each other's tasks in sequence or contemporaneously.

It is good to conclude that the WS was more successful than we were expecting. The number of participants was almost 30.

Also, we are continuing our work with a statement for good standards in undergraduate teaching.

**Francesco Carelli,**  
*Chair of the Committee, representative of Italy*

## CPD/CME Committee

Agenda:

1. Two workshops presented in Krakow Conference
  - Developing effective continuing professional development [CPD] for isolated Family Doctors
  - Quality Improvement: Significant Event Analysis[SEA] as a Teaching Tool, joint workshop EQUIP and EURACT
2. Euract Leuven conference
  - Workshop: How to teach active listening
  - Poster: Developing Effective Continuing Professional Development for Isolated Family Doctors - jointly with EURIPA and the Croatian Association of Teachers of FM
3. Short Guidance document on Best Practice in CME/CPD:

This document will summarise the evidence base for the delivery of effective continuing medical education (CME) for GPs/FDs and will provide guidance on the planning design, delivery and evaluation of CME.

We discussed following chapters:

- Current state of the evidence base for effective CME for FDs
- How to identify learning needs that are relevant to FDs
- Options for the delivery of educational interventions and to describe the advantages and disadvantages of these options
- Options for the delivery of educational interventions to meet specific primary healthcare needs reflecting a changing society
- How to assess the effectiveness of educational interventions

4. To propose topics for Bratislava WONCA conference and to submit abstracts - deadline 10th January 2019
  - What is the best teaching method in FM/GP education?
  - Applying the theory of evidence based CME into practice
5. Plan of responsibilities and three year action:
  - Identifying important topics for CPD/CME (eg. teaching exchange, e-health, diabetes)
  - Creating a platform for comparative data (in concordance with the EB)
  - Developing strategies for educational interventions regarding changes on a national level

**Jachym Bednar,**  
*Chair of the Committee, representative of the Czech Republic*

## Short reports of Task Forces

### Task Group for Appraisal of GP Teachers

The activity on the appraisal site has been disappointingly limited since our Council Meeting in Thessaloniki - apart from 2 events:

- just before our Antwerp meeting a new expert application was submitted - and a new expert teacher is now soon to be appraised, I hope;
- all participants of the Leonardo III, part 2 course have started registration in the portfolio.

The task group feels that the appraisal system should be revitalised - and after reconsidering the rather strict conditions we thought it was time to change these

and we were sure it would not hamper the quality of the appraisees.

We recommended these immediate steps, that later were approved by Council:

- Incorporate appraisal to the programme of Leonardo EURACT level 1 & 3 courses
- Move appraisal presentation at level 3 from the second to the first part
- Completion of the appraisal at expert level should be an "obligatory" part of the course
- Make special (softer) requirements

for the level 3 course participants / graduates

- Make softer requirements for all appraisees at the competent level
- In order to make this happen we must:
- Have formal approval of the Council - we have got it!
  - Change to the website (on line tool) - in action
  - Adjustment of the courses' materials - will be done
  - Advertise changes - will be done when website is updated
  - Update PowerPoint promotional presentations - will be done

- Update on-line handbooks - will be done
- Some costs will be related - must be calculated and accepted by the EURACT EB

Our decisions on change of the appraisal system must be communicated by Council members to EURACT members and educational colleagues across Europe - and in the next issue of EURACT Messenger.

**Roar Maagaard,**  
*Chair of the Task Group, representative of Denmark*



## Report from EGPRN meeting in Lille, May 2018

Following the invitation from EGPRN to meet their Council Members and Executive Board at the EGPRN workshop in Lille (France) last May 2018, I went there travelling by flight and train.

As a EGPRN member, having participated in many EGPRN meetings, as presenter and also having published "the EGPRN study on burn-out of GPs in Europe", I was not surprised to find the difference on how EGPRN works compared to EURACT. There is not the strong continuity as in EURACT where nearly the same Council Members meet every six months and work in between producing studies, questionnaires, statements, European documents, books.

In EGPRN all single members can participate when they want, mainly if they are applying with a proposal for a presentation or a project. The meetings are structured in a series of presentations (70 this time), several posters, collateral workshops and some keynote lectures.

The theme of this meeting was "Changing doctors for

**a changing world: How to face the future of primary care?"** You can find the content / background on website (<https://www.egprn.org>) - it is a series of questions asking for answers, faced with a world so changed in the last few years, with GPs having to afford differently and mainly with new generations of doctors.

I participated in some WSs, as the one on electronic patient records, chaired by Jean Karl Soler, also discussing and presenting some data coming from the EURACT CME/CPD Committee Report.

At the Council Meeting my part was to thank for the invitation and push for network collaboration, indicating which are the topics the 3 educational committees in EURACT have studied and are developing. I underlined the Conference in Leuven; some of the participants have sent abstracts, probably more than those announced because not all members are present.

Some touched the topic of e-learning and I informed them that we are working on "Blended learning meth-

ods in family medicine education" and on the creation of a road map about how to use this blended method, for example in teaching of WONCA/EURACT core competences.

Mehmet Ungan, EGPRN President, was first to be impressed that we are working on this topic and congratulated EURACT. Paul van Royen, Chair of FM Department in Antwerp, was kindly invited by me to send an abstract for a WS on: 'Adapting primary care to a changing world; how can research help GP's to face the future?'

The atmosphere was friendly, of persons enthusiastic in their projects. I felt very welcomed. According to my experiences some years ago and from discussing with some "old" members, the impression is that members nowadays are partially changing from GPs researchers to academic technicians. This should be considered.

Francesco Carelli,  
EURACT representative, Italy

## Short reports of Task Forces

### Provision of Educational Resources

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

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 group 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 Group should provide some outlines and educational resources that could serve as a basis for teachers willing to develop modules using blended methods.

#### CURRENT TASKS:

- Roadmap for blended learning material preparation.** This is the main document, to be uploaded on EURACT website and could be published. A draft is to be submitted at the next Council meeting.
- Final revision of workshop for the Leuven Conference: **"Blended learning material in family medicine education - now!"**  
All members took an active role in the delivery of the workshop, which was very successful with about 40 participants.
- Development of **Minimum Core Curriculum Topics**.  
Topic 1: Continuity, comprehensiveness, coordination of care.  
Topic 2: Holistic approach. Bio-psycho-social model.  
Topic 6: Decision-making based on prevalence and in-

cidence of target.

Topic 5: Management of multiple health problems, identifying priorities.

- Survey of existing (non-clinical) blended courses/modules relevant to Family Medicine**, in EURACT countries.

To develop a questionnaire for a survey to be addressed to all EURACT members in order to collect information on what, how and how much are blended teaching methods in use in teaching Family Medicine in Europe.

Development of a **bank of relevant content material and resources** about blended learning, hybrid courses, flipped classrooms, interactive e-learning and technologies.

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

## Assessment Course Task Group

**COURSE ON 10 - 12 OCTOBER 2019 IN LISBON, PORTUGAL.**

#### TIMES SCHEDULE

Participants: N=30  
Faculty members: Nynke, Esra, Nele, Denise (& local organiser)  
Timetable: 2.5 days: Thursday, Friday & Saturday  
Income  
• Fund EURACT: 7500€  
• Fee participants: 400€ (members EURACT) - 450€ (non-members EURACT)  
Website:  
• Elegia's (Greece) system  
• Communication manager WONCA

**THURSDAY**  
08.30 registration  
08.45 module 1 + feedback (icebreaker, exercise on feedback, incl coffee break)  
11.15 module 2: assessment methods (group: experiences + wrap up)  
12.15 lunch  
13.15 module 2: assessment methods (theory: overview)  
14.10 module 3 (theory + exercises)  
16.40 end of the day

**FRIDAY**  
08.30 module 4: MCQ  
10.30 coffee  
10.50 module 6: OSCE  
13.00 lunch  
14.00 WBA  
17.00 goldfish bowl & end of the day  
**SATURDAY**  
09.00 module 7: communication skills  
12.30 reflection on & assessment of the course  
13.00 lunch (lunch box)

Denise Alexandra Cunha Velho,  
Chair of the Task Group, Portugal

## Website Task Group

It was agreed that Mario Sammut, as EURACT Hon. Secretary, will coordinate the setup of the online application form for Organisations in Collaboration.

Now that the new website is functional, it was suggested to close this task group.

A new Task Group on Recruitment was proposed, with the following objectives:

- aim for EURACT 2000 members!
- revive Facebook and Twitter accounts (c/o Jachym Bednar)
- set up a discussion forum
- produce 'sMOOCs', short educational videos

Bruce Brinkley,  
Member of the Task Group,  
representative of Switzerland

# Teaching and learning about mindlines and guidelines in family medicine

We are all familiar with guidelines in family medicine and usually love them or hate them. However, you may be less familiar with the concept of mindlines, which are the internal guidelines we all develop in our heads, that determine the ways we practice. Gabbay and Lemay have described 'mindlines' as the internal processes doctors use to reach their decisions. This was the topic of study at the 27th annual teacher training course held in Bled, Slovenia from September 11 to 15, 2018, for 62 educators in primary care who are involved in teaching family medicine at the undergraduate and post-graduate levels. It included teachers at the beginning of their educational careers as well as experienced teachers from 12 countries.

The course began with an overview of the use of guidelines and mindlines in medicine by Yonah Yaphe a GP from Portugal. He discussed the ways that guidelines have developed from the best available research evidence and how they can inform our practice. However, this is complicated in real life when multi-morbid patients fall under the scope of many conflicting guidelines. This is further complicated by patient preferences, common practice of our colleagues, and personal experiences. The talk was followed by lively small group discussion of challenging clinical cases from the participants own practices, in which personal knowledge conflicted with existing guidelines.

The second day of the course opened with a presentation by Davorina Petek, a Slovenian GP who spoke about the value of narrative medicine. This method uses the patient's own story as a diagnostic and therapeutic tool. The patient's unique story is an element of patient centred care. It can be used to create a mindline, which may surpass the guideline based on the 'average' patient. The theme of this lecture was demonstrated in the afternoon during a number of home visits by course participants, accompanied by local doctors and nurses, to patients in Bled. They told their stories and showed how their unique qualities helped them to cope with chronic illness. At a warm reception in the Bled Health Centre, we reflected on the patients' stories and the contribution of the local medical team to their care.

Ruth Kalda, an Estonian GP opened the third day of the course with a focus on the role of guidelines in quality improvement. An innovative exercise based



Bright memories from Bled.

on her talk brought GPs from different countries together to show how their common problems in practice can have unique solutions in other settings. During the afternoon, the small groups began to work on a teaching module based on the course theme for presentation on the final day of the course. Small group discussion continued on the traditional wooden boats ('pletna') as we were rowed out to Bled Island to visit the tenth century church and enjoy the calm beauty of this unique conference setting.

The fourth day of the course began with a presentation of guidelines and mindlines in the digital era by Alan Shirley, a GP from the UK. Electronic media present new opportunities for forming communities of practice. We can exchange our experiences as well as other types of evidence to form our mindlines and make the implicit explicit. In small group dis-

cussions we reflected on ways to evaluate the quality of the medical information we obtain on-line.

On the closing day of the course, each of the small groups presented the results of their work in designing a teaching module on mindlines and guidelines. These could be adapted for teaching students, trainees or colleagues in diverse settings across Europe.

Participants all agreed that this was "the best course ever". Thanks are due to the local organizing team for their efforts in planning a challenging, stimulating, and satisfying course. We are looking forward to next year's course on 'the tyranny of health' (September 17-21, 2019) and encourage you to consider participating.

**Yonah Yaphe,**

*Bled Course director, GP from Portugal*

## EURACT Conference: Family Medicine Education in the real world: from theory into practice

EURACT's second Medical Education Conference was held in the beautiful medieval city of Leuven on 21-22 September 2018. 210 participants attended the conference from 30 countries. It was jointly hosted by the Academic Department of Family Medicine of the Katholieke Universiteit Leuven and EURACT. The Department is celebrating its fiftieth anniversary this year and the conference formed part of the celebrations of this anniversary. We were delighted to be joined by Professor Jan Heyrman who was one of the founder members of EURACT and Anna Stavdal President of WONCA Europe.

Roger Damoiseaux from the Netherlands was our first keynote speaker and he opened the conference by exploring research strategies for determining how practical evidence-based medicine is best learnt by trainees in the workplace. Meiling Denney from the UK explored how to transfer the requirement to include the generic competence of quality improvement in the curriculum of GP

training in a meaningful way.

There was a lively start to Saturday morning in the session exploring the contentious issue of the optimum length of GP training. Opposing perspectives were offered from The Netherlands and Denmark and a healthy discussion ensued.

Yonah Yaphe closed the conference with the Janko Kersnik memorial lecture in which he drew on his experience of teaching Family Medicine in three continents to identify those educational strategies that are most likely to provide learners with the skills to deal with real patients.

The programme of abstracts and workshops explored many areas of common interest for education at all levels: undergraduate, specialty training and continuing professional development. There was a balance between practical workshops and research based abstracts.

As always at conferences the breaks offered useful opportunities for networking and the conference venue

was well designed to encourage that. The organisation was excellent and we are grateful to the local organising team for that.

The feedback from participants at the conference was enthusiastic and the formal feedback has confirmed that. As always the feedback has provided suggestions for changes in the future.

Professor Jan Degryse was the local organiser and he worked hard to ensure the success of the conference. He concluded with an elegant summary of some of the key moments in the proceedings and with the recognition that the profession needs to recognise the need to continue to develop - his closing words were 'adapt or vanish!'

The next EURACT Medical Education Conference will take place in Graz, Austria on 25-26 September 2020.

**Jo Buchanan,**

*President of EURACT, representative of the UK*