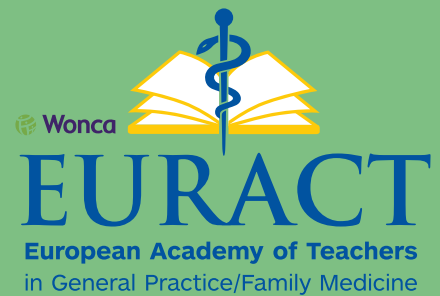


EURACT

MESSENGER



EURACT Council meeting Riga, 11–13 April 2019

Family Medicine in Latvia

Latvia is one of the three Baltic countries. With an area of 64,559 square kilometres, Latvia has a population of 1.96 million. Around 650,000 of the people live in Riga, the capital of Latvia.

The health care system in Latvia before 1991 was mainly hospital based like in other Soviet countries. Primary health care was provided in polyclinics, separately for adults and children. In cities and towns it was provided by district internists and district paediatricians and in rural area mostly by feldsher (physicians' assistant).

The origins of family medicine can be traced back to 1990–1991, which is the period when Latvia regained its independence. The period from 1991 to 1993 saw the formation of the first residency programme in family medicine at the Medical Academy of Latvia. The need to form the Latvian Association of Family Physicians arose in 1992.

Between 1995 and 1996, the Latvian Association of Family Physicians set up 2-month retraining courses that allowed doctors specialising in other fields to acquire the speciality of a family physician.

Starting from 1999, postgraduate training in family medicine was strengthened as part of the PHARE project.

In the period from 2000 to 2001, a programme to help paediatricians and internists acquire the speciality of a family physician was formed with the support of the Bank of Latvia.

As of 2004, the National Health Service (NHS) started concluding agreements in primary care with family physicians only.

The introduction of quality criteria and pay for performance (P4P) for family physicians began in 2009.

At the moment, the family physician's profession can be acquired at two institutions of higher education: the University of Latvia and Riga Stradiņš University.

The Department of Family Medicine at Riga Stradiņš University was established in 2010–2011.

The duration of undergraduate medical studies in Latvia is 6 years. 6th-year students have a study cycle in family

medicine consisting of 11 lectures and 5 seminars. A new programme in family medicine is currently being developed for 4th-year students.

The duration of postgraduate training (residency) in family medicine is 3 years. It is one of the shortest programmes of basic specialities involving the widest and most diverse fields of medicine.

Guidelines for the acquisition of the programme include:

- a patient-centred approach;
- a focus on the preservation and promotion of health and disease prevention;
- a holistic approach to healthcare;
- the biopsychosocial model of health;
- continuity of healthcare;
- respect for the relationships between the health of the individual, family and society;
- having a grasp of the changing information on the most recent and proven methods of treatment and diagnostics;
- respect for the basic principles of the rational use of medicines.

The training in the programme includes 15 weeks of paediatrics, 6 weeks of gynaecology, 2 weeks of obstetrics, 4 weeks of psychotherapy, 2 weeks of oncology and family medicine training: 5 weeks, 7 weeks and 11 months in the third year of studies.

To complete their residency training, students must take certification exams: a theoretical (multiple choice) exam and a practical one with a real patient.

Afterwards, it is required to collect 250 points every five years by attending courses held by the Latvian Medical Association, the Latvian Association of Family Physicians, associations of other medical specialities, by attending international conferences, seminars, by participating in small-group seminars and taking lectures in the eVisit system.

There are around 1,500 family physicians in Latvia at the moment, with an average of 543 patients registered per

physician. 14% of the practices have over 2,000 registered patients.

The part related to the issuing of prescriptions and sick-leave certificates was introduced in the e-health system of Latvia on 1 January 2018. We have a lot to do in this regard in order to improve and streamline the system.

Today, family physicians cover almost 70% of patients' needs for healthcare in Latvia by supporting 5.9 million visits a year and seeing every patient an average of 3 times a year.

Family physicians provide a variety of services, including pregnancy monitoring, care of newborns and babies, child care, small surgical operations and others.

Only 9% of the healthcare budget is spent on PHC, including payment for family physicians' work.

Family medicine has become a cornerstone of PHC in Latvia being a very effective way of providing healthcare to patients.

The Latvian Association of Family Physicians and the Latvian Medical Association have played a significant role in designing the reform of the health sector and developing postgraduate and continuing education in family medicine.

To strengthen the latest developments, a long-term strategy should be developed and executed without frequent deviations caused by political changes.

There is always room for further development and potential for reform in the health sector, but changes that are too frequent do not yield better results.

Sources

<http://www.csb.gov.lv/dati/statistikas-datubazes-28270.html>
http://eu.baltic.net/Project_Database.5308.html?contentid=28&contentaction=single
<http://www.lgaa.lv>

Inguna Locmele,
Euract representative of Latvia

What's new in EURACT?

New EURACT President

In Riga, I was elected as the new president of EURACT. What an honour!

First of all, I can follow in the footsteps of strong former presidents, not least of our current president, Jo Buchanan. Besides, as a Belgian EURACT member I especially look up at the first EURACT president, the Belgian professor Jan Heyrman.

Secondly, I am honoured to stand for a healthy and warm organisation. A group of committed people, GP/FD and teachers, with a wide cultural diversity. This creates very interesting, inspiring, and challenging experiences for ourselves as persons and friends, but also for the future of GP/FM education.

Finally, we all can be proud; proud of the work that we do, that we did, and that we will do in the future. The role of EURACT is to organize, provide and support efficient GP/FM education. Working together to achieve the highest standards for both undergraduate and postgraduate GP/FM training, and for CME. We have the drive and fantastic plans to continue this work, and as an 'academy of teachers', we will focus on education, research and community service.

I am an active GP and an assistant professor at the University of Medicine and Health Sciences, University of Antwerp. My main research focus is medical education, workplace learning, competence-based education, resilience, and capacity building in GP. I am educational coordinator and vice-director of the Educational Committee General Practice at the Centre for General Practice, Antwerp and co-coordinator of the Skills Lab at the Faculty of Medicine. For the Flemish Interuniversity Centre for the Education of General Practitioners I am director of the Steering Group in Workplace Learning and a member of the Steering Group on Curriculum & Assessment. I am a Board Member of the Educational Council at the Faculty of Medicine and Health Sciences and Board Member of the Educational Council at the University of Antwerp.

I live with my husband, son and two daughters in a green area south of Antwerp. I relax and keep my head cool by swimming, hiking and reading.



Nele Michels,
Euract Council representative of Belgium

New EURACT Honorary Secretary

I am a General Practitioner/Family Doctor at a Family Health Unit in Leiria, Portugal. Since 2005 I've been involved in undergraduate and postgraduate teaching of General Practice and Family Medicine, mostly through workplace-based teaching. I studied Medicine at the Faculty of Medicine of the University of Coimbra and did my specialty training in the same city. I have a post-graduate degree in Epidemiology and am currently a PhD student at the Faculty of Health Sciences of the University of Beira Interior, in Covilhã, Portugal. My main research interests are epidemiology, medical education, patient centred care and health systems. My thesis project is on patients' medication adherence.

Following Luis Filipe Gomes' footsteps, I have been a EURACT Council member, representing Portugal, since 2013. I had the privilege to chair the Member Services Committee until our Spring meeting of 2019. More recently, I have also chaired a task-group for the EURACT Leonardo courses about assessment. At a national level and with the amazing help of Luis Filipe and other Portuguese colleagues, we have been replicating all the EURACT courses at a regular and steady pace, spreading EURACT's teaching and learning philosophy and strengthening the network of high quality teachers.

After six years as a EURACT Council member, and with Mario Sammut's second 3-year period as Hon. Secretary expiring, I decided to apply for the post in the election that was held in Riga, at EURACT Council's Spring meeting. I believe that my experience in the council and in my national activities have provided me with the necessary knowledge to assume a more active role within EURACT. Being one of Mario's many admirers, I wish to continue his excellent work.

I believe that EURACT helps develop its Council members into leaders in the field of General Practice/Family Medicine teaching and in the development of the specialty in their countries. I wish to collaborate in providing the Council members with opportunities for growth and leadership experiences that will guide them to be successful in this sense.



Denise Alexandra Cunha Velho,
representative of Portugal

New Euract Council Members

Odd Martin Vallernes (Norway)
Karena Hanley (Ireland)
Arabelle Rieded (Switzerland)

Renzo De Gabriele (Malta)
Yolanda Ortega Vila (Spain),
Dragana Trifunovic Balanovic (Serbia)

Mariia Litviakova (Russia)
Maria Wendler (Austria)
Nasatasia Trifonic (Bosnia Herzegovina)

Short reports of Task Forces

Provision of Educational Resources

Some Task Force members have left EURACT Council, and we thank them for their contribution, particularly Maja Racic who is still working online with us from US. We had the pleasure to welcome the participation of two new Council members who have joined our work: Arabelle Rieder and Odd Martin Vallernes.

Martine opened with a summary of the Task Group aims and goals in order to explain to the new comers the common decision to concentrate on developing the concept and the use of blended learning methods in the teaching/learning of Family Medicine, especially for non-clinical topics such as those dealing with the principles and philosophy of Family Medicine (included in the Minimum Core Curriculum published by EURACT). The assumption supporting this limiting decision is that there are already many existing E-learning courses for clinical topics. Blended methods including the use of small groups debates, interactions and collaborative learning are more suitable to improve communication skills, the management of cultural and ethical issues, pluralism 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 to teachers willing to develop modules using blended methods.

- Martine reported have received very positive echoes from the workshop presented at Leuven Conference: "Blended learning material in family medicine education - now!"
- The Roadmap for blended learning material preparation relevant to the goals and context of Family Medicine, is the main document produced by the Task Group, is led by Natalia Zarbailov and nearly completed for uploading to internet site and for publication. It includes short exemplified illustrating 4 topics of the Minimum Core Curriculum:
 - Topic 1: Continuity, comprehensive, coordination of care
 - Topic 2: Holistic approach. Bio-psycho-social model
 - Topic 6: Decision-making based on prevalence and incidence of target
 - Topic 5: Management of multiple health problems, identifying priorities
- Survey of existing (non-clinical) blended courses/modules relevant to Family Medicine. The purpose of the survey, led by Radmila Ristovska, is to collect information on what, how and how much are blended teaching methods in use in Family Medicine in EURACT countries. A first draft of

the questionnaire has been submitted and approved by EURACT EB. In Riga's meeting, all participants worked on further revising the questionnaire. Next step will be to conduct a pilot survey among Council members, and later forward it to all EURACT members and other FM teachers in Europe countries. The issue of support from EURACT for the statistical analysis of the data has been submitted and will be considered by EB.

- Development of a bank of relevant content material and resources about blended learning, hybrid courses, flipped classrooms, interactive E-learning and technologies (under progress).

All present members were very active and committed to the success of the Task Force. Martine stressed her commitment to assure the continuation of the roadmap and the survey, although asking for a replacement by a new chairman:

Pavlo Kolesnyk and Arabelle Rieder have agreed to take it over as co-chairmen.

We wish them all success.

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

Assessment Course Task Group

The next course will be in Lisbon, 10-12 October 2019. We expect 36 participants, 24 paying and 12 sponsored by EURACT. The materials and slide templates have been revised with the authorisation of the authors.

We tackled important logistic and financial difficulties. We will need a national organization for support. The predicted expenditure is between 10 and 12 thousand euros with a predicted income of 9000€ from EURACT and all of the participants' fees.

Denise Velho will be head of the local organizing team. With the help of Dimitrios Dervas' she will create a webpage for the course with all the information. The faculty will include Esra Saatci, Nele Michels and Nynke Scherpbier de Haan.

After the Lisbon course we will discuss the improvements needed for future editions. Since the present chair, Denise, is now Hon. Secretary, Renzo de Gabriele will be the new chair for the Assessment Courses Task Group.

Denise Velho,
Chair of the Task Group, representative of Portugal

Messages from Committees

CPD/CME Committee

Agenda:

- Two workshops for Bratislava have been developed:
What is the best teaching method in family doctor's training?

The aims of the workshop are:

- To provide concise information about teaching methods in FM/GP education
- To raise awareness of advantages and limitations of various teaching methods in FM/GP education
- To empower trainers to choose the most appropriate interactive methods for teaching the certain topics in FM/GP education

Methods: Working in small groups, brainstorming, presentations.

- Continuing Medical Education: a view from EURACT on transfer, motivation and andragogy?**

The aims of the workshop are:

- To introduce, discuss and work with theory on andragogy, motivation and transfer of CME for GPs.
- To explore how to apply educational theory to the delivery of CME in a way that supports learning which is of use in patient care.

Methods: Introductory lecture, small-group work, constructing a case, presentations, evaluation.

- Short Guidance document on „Best Practice in CME/CPD“

CPD/CME policy statement document summarising up to date knowledge on CPD/CME in Europe

- This has been produced in draft form and was approved by the Committee
- It will now be sent to people outside of Euract Council to have feedback and broader consensus

- Expanded Guidance document on „Best Practice in CME/CPD“

This document will complement the document „Best Practice in CME/CPD“. It will summarise the evidence base for the delivery of effective CME for GPs/FD and

will provide guidance on the planning design, delivery and evaluation of CME.

- We have already discussed following chapters in Leuven Council meeting and they have to be developed further:
 - 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 describe the advantages and disadvantages of these options
 - Options for the delivery of educational interventions to meet specific primary healthcare needs reflecting changing society
 - How to assess the effectiveness of educational interventions
 - To add 6th chapter: Specific areas of low resource countries, isolated doctors
 - To add 7th chapter: Differences of delivery of CPD/CME between Europe and world. (What is specific for Europe CPD/CME)
 - To add 8th chapter: Technology/social media, Whats up, viber communications, mindlines etc.

- Plan of responsibilities and three year action was postponed to the next meeting in Sofia.

Goals:

- Identifying important topics for CPD/CME (eg. teaching exchange, e-health, diabetes)
- Creating a platform for comparative data (in concordance with EB)
- Developing strategies for educational interventions for changes on a national level

There is another general issue about how to change systems both within our practices and at local and national level - the committee will develop learning materials on this topic.

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

Specialist Training Committee

- Position paper on GP/FM and the difference between GPs and FDs have been discussed. EB noticed the need to express EURACT's opinion on this matter. We decided to produce a position paper (one page) in which we especially express the necessity for being certified as a GP or FD when working as a doctor in primary care. This means that GP/FM is a specialist discipline and thus a specific postgraduate training is needed. We stress the fact that both terms GP (general practice) and FM (family medicine) can be used and they are not the same as a "general" doctor, i.e. a doctor certified from undergraduate medical education.

- WONCA workshop Bratislava: "Bringing theory of our Educational Training Requirements document into practice". Expected participants are educators/trainers/trainees - will be divided into 3 groups: (1) goal-oriented learning, (2) workplace learning, and (3) trainee-centeredness. Each group produces very practical action points (top 3) to end with a top 10 of implementable action points.

- Educational Training Requirements (ETR).
 - In the next years we will work at an up date of our report - possibly this will lead to a new definition of what GP/FM is. We agreed on arguments pro and will ask EURACT EB and the council to support us.
 - Nele Michels has contact with Ana L. Neves, who has received a WONCA scholarship 2018-2021. Her research project focuses on data mapping European Specialty Training (views of trainees and teachers on ST). We all agree to collaborate, although negotiation about collaboration is needed.
 - Hospital training is not covered by Ana's project. Proposals to work on this topic: by (PhD) students (the Netherlands & Belgium) plus personal development as a GP while being on a hospital rotation. This could be our own ST project: "A qualitative exploration of the hospital rotation experience for the doctor in postgraduate GP training". Tasks to find of 1-2 trainees who can take this research project, and apply for funding (EGPRN, European).

Nele Michels,
Chair of the Committee, representative of Belgium

Short reports of Task Forces

Recruitment Task Group

All members of the RTG agreed at the beginning that recruiting GPs as EURACT members is nowadays a problem.

Main targets for membership are:

- Individuals
- Organisations in Collaboration (OicS)
- Countries

A fruitful discussion on possible recruitment obstacles and solutions was provided:

- A matter of "policy"/attitude:**

The example of France (linguistic exclusion from x-GP Association President). Moreover, it is well known that not all council members and not all the time, act according to EURACT Council Member Job Description: "Council members should promote the interests of EURACT in their own country and recruit members and teaching organisations". There are at the time being 8 EURACT countries with no more than 10 members.

- A matter of procedure:**

Cost issues: Some countries consider that their individual annual fee is not affordable, independently of their gross domestic product (GDP) at purchasing power parity (PPP) per capita as estimated by the IMF.

Details asked for membership/Approval from National Representative: Membership procedure is not so direct, quick and transparent. Some candidates for membership would like to become members quickly (just with one click) and not twice a year, and some consider the approval by the national representative to be meaningless and possibly offensive, as they do not realize that the national representative only certifies their involvement in GP/FM education and nothing else

- A matter of image:**

Above all, recruitment is about attracting inspired GP's, not just picking someone from a list of doctors. The choice

has to come from both sides: EURACT and GPs.

- A matter of communication strategy:**

The big challenge is how can EURACT convince the best GP profiles to join the Association? This is where the "seduction" starts.

The RTG members suggested possible solutions:

- Work on our brand name - Euract**

- Image / Strong identity:** The image and a strong identity plays an important role for recruiting strategy. Awards such as "Great community to Join/Work" can strengthen EURACT brand and may allow us to attract new members.
- Communication EURACT:** to Academies/Colleges/Associations and other scientific bodies
- Communicate positions clearly but carefully:** EURACT has to communicate about clear positions/advantages, so that we can target the best GPs according to our needs. It is actually a communication strategy simply stating the reasons why a GP should be member and work for EURACT rather than for any other GP body. Hence, there is no need to give promises that our outside of reality (The seduction phase)
- EURACT's + perception -> Member's status/image construction (inside/outside):** Communication contributes to the construction of our member's status/image and creates a positive perception of our association as a scientific body, both internally and externally EURACT.

- Give an affective dimension to recruitment**

- Family environment:** Besides the position and associated missions, a friendly work environment can be a decisive factor for some. The new generation of GPs wants to combine professional and personal life, which requires some adjustments
- Promote the working atmosphere:** through social and

scientific events. There is nothing better than a pre-conference party or a workshop (VdGM) to get to know possible new members. But do not push it too far, members should be motivated to work.

- Attractive interventions**

- Videos from "old" members of EURACT on the website/FB/Twitter
- Online courses (credits for members)
- Free access to journals or educational tools on our website
- CME credits (in courses and also in conferences)
- Active Rep in the Council
- Back-up from EURACT when there is a lack of time to recruit - Active buddy in the Council
- Establish annually awards (based on specific criteria) for the educational work of EURACT members (e.g. "Teacher of the year", "Best Teaching Practice", "Best Teaching project")

We also referred to the approach of countries that according to WHO are not EURACT member countries at the moment. These are:

Andorra, Armenia, Azerbaijan, Belarus, Cyprus, Iceland, Kazakhstan (in process), Kyrgyzstan, Luxembourg, Monaco, San Marino, Tajikistan, Turkmenistan, Uzbekistan.

As we have done in the past, members of EURACT council whose countries are neighboring with the countries mentioned above, have to approach their Colleges/Associations of GPs directly, and encourage them to become members by giving them the appropriate information. RTG is going to make a list of neighbouring countries, and distribute it to all council members, so that a first approach is reached before the next council meeting in Sofia.

RTG is also going to work on recruitment solutions during next months and present a more concrete action plan to the council. We would appreciate all council members support and ideas on recruitment issues

Dimitrios Karanasios,
Chair of the Task Group, representative of Greece

Task Group for Appraisal of Teachers

The activity on the appraisal site has been disappointingly limited since our Council Meeting in Antwerp, where we made changes in the requirements of being appraised as well on the expert level as on the competent level.

Especially it has been disappointing that there has been very little activity among the Level 3 graduates from the recent Level 3 course (Malta/Thessaloniki). These graduates have been informed about the new requirements post-Antwerp.

The most positive event since Antwerp has been the appraisal of one more Expert Teacher (from Netherlands). Congratulations to Nynke Scherpbier de Haan!

In Riga we discussed different strategies to revitalize the appraisal portfolio – and after brainstorming and discussion we ended up with these proposals:

- Regarding increase of motivation:
 - Obligatory part of Leonardo level 3 course
 - Priority access to any EURACT course other than Leonardo level 1 course
 - Priority to get sponsorship for any EURACT event (including courses and conferences)

- Waiving contribution to any sponsored fees for courses
- Important questions to EURACT Council:
 - Why so few Council members (only 7) completed the appraisal process?
 - Without being apprised how it is possible to serve the national members?
 - Could Council member be re-elected without demonstration of the personal competences?
 - Is there a need for a Motivational workshop for all council members during the next Council Meeting? This was agreed by the EURACT EB and time will be allocated at the meeting in Sofia.
 - And we will further have to work on:
 - Promoting the use of the portfolio
 - On the website make tools to ease the process available

Roar Maagaard,

Chair of the Task Group, representative of Denmark

Tools to support an appraisal submission

We have received feedback that it would be helpful to have some standard tools to help people gather the evidence for the appraisal portfolio. We are pleased to announce that the process of developing these tools has begun. We now have available a Multi-source Feedback tool for collecting

feedback from colleagues and also a tool called GP STAT which is designed to evaluate small group learning. We are grateful to Rory Stewart from Ireland for permission to use GP STAT. You can find the link to these tools here: <https://euract.woncaeurope.org/appraisal-portfolio>

EURACT courses and conferences

28th Janko Kersnik EURACT Bled Course 'Teaching and Learning about the Tyranny of Health in Family Medicine' 17th-21st September, Lake Bled, Slovenia

This well established course is aimed at educators in primary care who are involved in teaching at the university or practice level. It is expected that both experienced teachers and those at the beginning of their educational careers will find the course useful.

Full details can be found here:

<https://www.bled-course.org>

EURACT Assessment course 10th-12th October 2019, Lisbon

This course will provide participants with an overview of current recommended practice in educational assessment and how to apply this in training in GP/FM for both undergraduate and postgraduate trainees.

Full details including information about the sponsorship available for EURACT members can be found here: <https://euractlisbon2019assessment.com>

EURACT Third Educational Conference 25th-26th September 2020

This conference is currently in the planning stage with the Austrian Society of FM [OGAM]. It is hoped that WONCA Europe's rural forum [EURIPA] will also be a partner at the conference. The proposed title is: 'The Future of Education for GP/FM Meeting the Challenges of Access and Diversity in rural and urban settings'. The website for this conference will be launched in the autumn.

28th JANKO KERSNIK INTERNATIONAL EURACT BLEED COURSE | Bled, Slovenia: September 17-21st, 2019

Teaching and learning about the tyranny of health in family medicine

Health is an important value in our society and medicine has an important role to play in preserving and restoring health. However, there are trends in society, like healthism, that place disproportionate emphasis on health using both lifestyle changes, such as diet and exercise, and the resources of medicine, such as medication and surgery, in order to express this. In this course, we will attempt to define a balanced view of health and disease in order to help doctors cope with the unbalanced demand for health at all costs in their practices. We will stress the importance of this topic in the education of medical students and trainees.

At the end of this course the learner will be able to design a teaching module on the tyranny of health in family medicine.

At the end of the course the learner will:

- Be able to identify and define the types of healthism encountered in the practice in family medicine.
- Be able to identify and define the role of quaternary prevention in teaching and practicing family medicine.
- Be able to list the harms of healthism.
- Be able to list the strategies used to cope with healthism.
- Be able to teach an approach to healthism to students and trainees.
- Value the need for a balanced view of health and disease in family medicine.

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

Course Directors are: Yonah Yaphe (Community Health, School of Medicine, University of Minho, Braga, Portugal), Alan Shirley (Programme Director Sheffield GP Specialty Training Programme, Flowers Health Centre, Sheffield, UK), Davorina Petek, Medical Faculty, University of Ljubljana, Slovenia) and Ruth



Photo: Eva Cedišnik Gorup

Kalda, (Medical Faculty, University of Tartu, Estonia), Mateja Bulc and Vesna Homar (Medical Faculty, University of Ljubljana, Slovenia).

Organising Committee are: Vesna Pekarović Džakulin and Nena Kopčavar Guček (both Medical Faculty, University of Ljubljana, Slovenia) and Leopold Zonik (Executive Manager of Bled Community Health Center).

During conference we will enjoy sightseeing in Bled, a visit to the Bled Health Centre, cultural events, a vine inspection, a farewell dinner, and a few surprises.

During the fieldwork session you will have the opportunity to visit the practices of local family doctors and the Community Health Center in Bled.

The Course will be in Hotel Jelovica Bled, d.o.o. Cesta svobode 8, 4260 Bled, Slovenija.

The course fee is 350 EURO (V.A.T. included) and will include organisation of the course, course atten-

dance, fieldwork, refreshments during the breaks, lunch from Tuesday to Friday and the participation in exciting social events including a farewell dinner.

EURACT members pay a reduced fee of 300 EURO (V.A.T. included) and Vasco da Gama members pay 200 EURO. A limited number of sponsored places are available through the EURACT sponsorship programme. Deadline for application is June 10th, 2019. Details are available at www.euract.org.

The interested participants should send their Course applications (Course application form on <http://www.bled-course.org>), until August 20, 2019, to NINA ŠTOJS, Zavod za razvoj družinske medicine/Institute for development of Family Medicine, Poljanski nasip 58, 1000 Ljubljana, Slovenia, 00 386 1 438 6914, e-mail: nina.stojis@zrdm-idfm.si.

Welcome!

Mateja Bulc, Vesna Homar, organisers of the Bled Course, Slovenia