

Changes to the News section

Readers of the News section of the journal will have noticed some changes in recent issues. We have, in line with our previously declared intention to diversify our content, begun to publish news from a wider variety of sources including newly emerging primary care networks and from individuals reporting news from countries throughout the WONCA Europe region. Unfortunately, we do not yet have the wherewithal to increase the number of pages in the journal to accommodate all these new reports. As a compromise, from this issue onwards, we plan to publish a summary or taster of the news reports in the print journal and post the full report and any additional material on our website (<http://www.ejgp.com/>). The accumulation of a backlog of news items has meant that this strategy has had to be implemented after reports had been submitted for this issue. My apologies to any authors of reports who find their report abbreviated but I hope this will not discourage you from submitting news items to the journal. Indeed, I hope that now *all* reports will be highlighted in the print journal, you will be encouraged to submit reports.

Colin P Bradley, Chief Editor.



News from WONCA Europe

Family medicine for a new millennium

Numerous family doctors from Europe and other countries of the world gathered in Ljubljana from 18 to 21 June 2003 and discussed the new challenges waiting for them in the new millennium. The major international annual congress of general practitioners/family doctors traditionally gathers a great number of participants. The organisers from Ljubljana managed to beat the cosmopolitan London, which recorded a much lower participation last year.

Out of 1500 participants, some 600 submitted abstracts of suggested papers or posters within the required deadline. The Organising Committee led by Professor Igor Švab spent several months meticulously separating the chaff from the wheat. Of the abstracts received, 80% met the strict professional criteria adopted by the WONCA association. It is encouraging that there is a growing number of Slovene abstracts among them each year. The abstracts were evaluated by prominent representatives of family medicine from all over Europe; the technical side of evaluation was carried out by means of a special programme via the world wide web, which is a novelty in the evaluation of abstracts on congresses.

The abstracts were linked to the leading topics of the congress: changing lifestyle, treating acute problems, doctor-patient communication, new technologies, quality at primary level and humour in family medicine. The organisers invited a famous editorialist for each leading topic. The congress was really very extensive and encompassed an enviable number of high-quality contributions and workshops.

Danica Rotar Pavli_, WONCA Europe 2003 Chair of Public Relations Committee.
E-mail: danica.rotar@guest.arnes.si.

In the Resources section of [ejgp.com](http://www.ejgp.com), you will find a summary of the most interesting and well-accepted highlights from this congress.



News from EGPRN

Changes in EGPRN

Some important decisions were taken during the 56th meeting of our organisation in Ankara, 7 to 11 May 2003. These decisions reflect internal and external processes that have challenged and stimulated our organisation. All decisions have gone through an 18-month period of setting-up a framework of change, thinking, re-thinking, a special task-force meeting in London (February 2003) and meetings of the EGPRW council in Bled (Oct 2002) and Ankara (May 2003). It will be obvious that time was needed to make these decisions. For you as a member we hope that these changes will enable you to get more benefit from our organisation and from attending one of our upcoming meetings. All changes will be introduced by a step-by-step approach and we have set internal time points for implementation.

A new name for EGPRW

As a logical result of all the changes, EGPRW has decided to change its name into **European General Practice Research Network**, so EGPRN. We are convinced that with this new name the activities of our organisation will be better recognised.

Please feel free to ask your national EGPRN representative for further information or contact me or other

members of the Ex Board. As always you can also address your questions to our secretariat.

Jan-Joost Rethans, chair EGPRN
*Skillslab, Institute for Medical Education, Faculty of Medicine,
Maastricht University.*

In the Resources section of ejgp.com, you will find information on other changes regarding the EGPRN and on three ongoing European surveys that EGPRN is currently undertaking.

You will also find an account by **Dr Haluk Caglayaner**, Family Physician and Vice Editor of the Turkish Journal of Family Medicine, Istanbul, on his impressions as first-time participant in an EGPRN meeting.



News from EQuiP

This month we have a report on quality improvement activities from Italy. Italian GPs have harnessed technology to establish a virtual network to implement quality initiatives in the Italian general practice setting.

Netaudit - a simple way towards research and audit for GPs in less than 3 hours!

There are no university departments of general practice in Italy. This results in limited opportunities for scientific research and problems in carrying out quality improvement initiatives in the general practice setting. A number of Italian GPs have formed a small group network (Netaudit) to promote quality assurance methodology using the internet as a resource. Netaudit was established in February 2001 following an initiative of Drs Franco Del Zotti and Ezio Brizio. At present there are 120 members with 18 local coordinators distributed throughout Italy. The main focus of the network is on audit of common general practice activities. Quality indicators are derived from evidence-based medicine literature. When moving from one audit process to the next emphasis is placed on the importance of completing the quality cycle with subsequent implementation of change in the care of patients.

Five major audit projects have been completed to date: Net-METFO (use of metformin in obese diabetic patients), NetASA (aspirin treatment in patients with previous myocardial infarction), NetASMA (asthma therapy), NetINSU (insulin and type 2 diabetes) and RAMISTAT (use of ace inhibitors and statins in patients with high cardiovascular risk).

The main requirement for participation in the Netaudit network is to have at least 400 patients, 70% of which have computerised records. There are no limitations on the type of software used as the computerised records

are only accessed for simple statistical queries. GPs' computerised patient records are used for audit research following defined criteria. There is no automatic data transmission from these records, so the data remain anonymous. Although each GP contributes no more than 2-3 hours to this activity a large amount of data is generated due to the participation of all 120 GPs.

Success of this network depends on the following: competence of the technical coordinators; a website (<http://netaudit.cjb.net>); two closed telematic lists: coordinators (netaudit@egroups.com) and members (netaudit@egroups.com); web tutorial on PC and Net activities (how to use e-mail, etc.) and/or the use of free-ware quality software (Epidata) for questionnaires or specific research protocols; an audit web-book created by Marco Grassi for 'netaudit members' with monthly new chapters; and the use of a bilingual newsletter to publish the results: 'QQ' (<http://www.rivistaqq.it>).

Dr Angelo Campanini, Italian EQuiP delegate.

In the Resources section of ejgp.com, you will find a report a quality improvement initiative in Spain. The Quality Commission of the Catalan Society of Family Medicine has developed four useful books on quality activities over the past 12 years which illustrate the variety of activities and challenges in quality improvement work.



News from EURIPA

2003 has been an important year for Rural Health in Europe. It will culminate with EURIPA co-hosting the 6th WONCA World Rural Health Conference in Santiago de Compostela at the end of September. We would like to thank all of those who have contributed to this massive effort in organising the conference. EURIPA would also wish to thank semFYC in Spain for their support as main hosts. A regular series of bulletins about the conference have been distributed around the world during the year and these bulletins can be accessed on the Institute of Rural Health website (<http://www.irh.ac.uk>). More information about the conference can also be found on the conference website (<http://www.ruralwonca2003.net>).

From the inception of the WONCA World Conferences on Rural Health in Shanghai in 1996, a key outcome of each conference has been a contribution to the development of rural health policy around the world. Delegates at this Conference will also have the opportunity to contribute to a review and update of

the present WONCA Policy on Rural Practice and Rural Health, and to contribute to the development of an 'Emerging Themes' agenda. During the conference sessions, chairs will be asked to monitor and record the presentations and the debate that arises. The organisers will collect all the identified issues and a small working group has been established to monitor the contributions. We will also collect messages posted on the 'Conference Wall' in the plaza section of the conference. Delegates will be encouraged to post comments and important issues on the wall! The group will produce a short report, which will be delivered at the closing ceremony. Those moving on to Portugal for the post-conference satellite session will debate these issues further in small groups. We hope to develop a final publication outlining the emerging themes in rural health that will be addressed over the next few years by the Working Party on Rural Practice and Rural Health. It is hoped that the 'Emerging Themes' agenda will have a strong European focus and EURIPA intends to use this document to produce a work plan to direct its activities over the next three years.

Funding and sustainability remain an important issue for EURIPA. The President was delighted to be asked to represent the collaborative organisations linked to the European Society in its constitutional review at the end of 2003. Rural was seen as an important cross-cutting core theme and we hope that this realisation will in the longer term lead to some secure funding in order to take EURIPA's ambitious agenda forward.

We are already in negotiation with next year's organisers in Amsterdam to establish a rural day. More details will be made available in future. Any of you wishing to contribute more to EURIPA are advised to access the website (<http://www.euripa.org>) or contact the EURIPA List Server Webmaster, Josh Hawes (josh@irh.ac.uk).

Dr John Wynn-Jones, president EURIPA.

News from Croatia

Training of teachers in general practice/family medicine Report from an expert meeting in Dubrovnik 5 - 9 May 2003

The Inter University Centre in Dubrovnik was founded in 1972 as an independent international institution based on membership of more than 200 universities, mostly from Western Europe and North America. Its aim is to promote international cooperation among universities. The idea was to bring together researchers, academics and students to exchange ideas,

knowledge and experience, and to work together in an atmosphere of tolerance, mutual respect and friendship.

Training of teachers in general practice/family practice started in 1983, as an annual course for GPs interested in teaching, research and development in the discipline. More than 500 teachers and researchers from across Europe have participated during a 20-year period.

Professors **Frede Olesen** and **Mladenka Vrcic-Keglevic**, both general practitioners, report on this year's course which was focused on teaching medical students the essentials of general practice/family medicine. They discuss what a course should offer and what a student should gain from it. Meetings such as the Dubrovnik course provide a good opportunity for doctors involved in teaching and training in general practice to discuss and reach a consensus on the goals for teaching, research and training in general practice.

In the Resources section of ejgp.com, you will find a fuller version of this report.

News from Israel

National Conference of Israeli Association of Family Physicians

The National Conference of the Israeli Association of Family Physicians was held on 30 April 2003, hosted this year by the Department of Family Medicine of Tel-Aviv University. This peripatetic conference is dedicated to the memory of the late Dr Sidney Newman (he changed his name to Shabtai Ben-Meir when he emigrated from Britain to Israel), who lived in a Kibbutz in Northern Israel and made a pioneering contribution to the development of general practice in the deprived immigrant community of Beisan Town (Bet Shean). I myself was his first general practice trainee in the mid-1970s. This year the conference had to be delayed for a few days due to the outbreak of hostilities in Iraq and the consequent state of emergency in Israel, where a repeat of the 1982 SCUD attacks was feared. A large gathering of doctors in one place was considered too risky. Despite the administrative problems, 450 doctors participated.

The plenary lecture dealt with the image of the medical profession - its depiction in the media, the bounds of legitimate public criticism, and self-advertisement of doctors and health services organisations. Over 70 papers were submitted to the scientific committee, many by trainees. Many of the papers presented at the conference demonstrated that family doctors are now doing collaborative research - with psychiatrists, infectious diseases specialists, geriatricians, paediatricians,

medical management, military medicine practitioners and medical educationalists.

There were also workshops on 'How to do quality assurance', 'Hypnosis', 'Coping with burnout', 'Coping with unemployed patients', 'Cross-cultural medicine', and 'Balint groups'. Dr Shlomo Vinker (vinker01@inter.net.il) who chaired the scientific committee and provided the summary, will happily provide abstracts on request - some in English.

Professor Michael Weingarten.

E-mail: weingml@post.tau.ac.il. Currently on sabbatical leave at the Department of Primary Healthcare, Oxford University.

In the Resources section of ejgp.com, you will find a fuller account of this conference.

News from Italy

Undergraduate teaching of family medicine in Italy: the Modena model

An undergraduate teaching module in family medicine is starting from 2002-2003 at the University of Modena. Eighty sixth-year students will be participating in this module, and 30 GP trainers have been prepared as tutors to teach in their practices for four weeks (about 80 hours). The other 20 hours will be for seminars and peer reviews.

A series of papers on this project and its system of assessment by students and tutors was presented at the WONCA Congress in Ljubljana. The module's teaching goal is that students become acquainted with family medicine, the tasks of general practitioners and their position as doctors.

The primary teaching goals are to explore the concept and practice of the 'whole person approach' to patient care; to achieve integration of different health workers into 2nd and 3rd level structures; and to provide care to patients on discharge from hospital and during rehabilitation in the context of the family and social setting. This module was discussed, approved and signed by the Italian College of General Practitioners and the University of Modena and Reggio Emilia. Strategic objectives are directed to maintaining a link between university and GP, to renew the GP's standing in the medical community, to give back value to general practice as a speciality, to improve the relationship between GPs and hospital doctors, and to enable students to become acquainted with family medicine before certification so that they can make a well-informed choices about their future.

To evaluate the teaching agenda, tutors will assess students on aspects concerning relationships (social skills) and technology (knowledge and practical skills). As evaluating instruments, questionnaires will be used after tests. Students will be asked to evaluate the course and the tutor. The course assessment is to find out where improvements are necessary, by a scale of consensus, evaluating post-test results and attendance rates. The evaluation of the tutor is to find weaknesses in the teaching, (which can be complemented by other formative courses) by a scale of agreement on practical activity and a questionnaire evaluating teaching by the GP. The results will be cross-matched to mean study scores and a scale evaluating the tutor on technical, professional and teaching competencies.

A department will be created as a bridge and reference structure in the primary care area, organised and recognised as the interface between family doctors, health authorities, hospitals and university, to stimulate working together and exchange of cultures and to set up projects on assistance, education, and evaluation on efficacy and quality. This department is to be managed by a staff of GPs working in clinical activities, teaching, prevention and research, and involving, as leaders, other GPs in projects and programmes. There is a lack of legislation on organisation in the healthcare sector at a national level, but we hope this will not jeopardise our system and we are seeking local agreements to support these new developments.

Francesco Carelli, national representative in EURACT Council.
Italian College of General Practitioners.

In the Resources section of ejgp.com, you will find an account by Dr Carelli on the progress of some ongoing modifications since his last report for EURACT Council in Dublin in September 2002.

News from Turkey

The discipline of Turkish Family Medicine

Turkey has a deep historical background and is the successor of different civilisations of Asia Minor. It is a bridge between Europe and the Middle East, both geographically and culturally, with its population of 70 million. Turkey has a complex healthcare and insurance system. **Hakan Yaman**, Associate Professor and Chair of Family Medicine at the University of Akdeniz, Antalya, and **Mehmet Ungan**, Associate Professor of Family Medicine at the Counselling and Health Centre, Ankara, describe this system and how it is financed. They discuss the development of family medicine into an academic discipline and the important role

the Turkish Association of Family Physicians has played in this process since its establishment in 1990. In Turkey, most of the primary care work is done by physicians without vocational training. The authors make a plea to the Turkish Health Ministry to strive

towards transferring primary healthcare to vocationally trained family doctors.

You will find their article in the Resources section of ejgp.com.

The logo for the European Journal of General Practice (EGPRN) is located in the lower-left quadrant of the page. It consists of the letters 'EGPRN' in a white, sans-serif font, centered within a dark green oval. The oval is surrounded by a cluster of small, light green dots of varying sizes, creating a textured, organic effect.

(Continued from page 117.)

Method: The survey was conducted in 21 PHCCs located in a rural city (Isparta) in Southern Turkey. All PHCC's were assessed according to the availability of emergency equipment (Airway, air mask, bag, intubation tube, aspiration device, oxygen system), emergency drugs (adrenalin, dexamethazone, diuretics etc.), IV parenteral solutions and diagnostic-therapeutic equipment (ECG, defibrillator etc). The basic life support knowledge of the staff (n=195), working in these PHCCs, was tested by a 10-item test.

Results: In just 2 (9.5%) PHCCs a complete emergency set (airway, bag, mask, IV parenteral solutions, emergency drugs and other diagnostic equipment) could be found. Other PHCCs had only emergency drugs available. Emergency equipment was easily reachable in 19 PHCCs (90.5%), in the remaining PHCCs the equipment was locked. The staff of

these PHCC's consisted of 43 (22%) doctors, 132 (67%) nurses/midwives and 20 (11%) health officers. Doctors scored the highest knowledge score (65.5%), followed by nurses/midwives (58.6% vs. 56.7%) and health officers (52.5%).

Conclusions: The results showed that PHCC's in our sample were not prepared for advanced life support. Knowledge scores revealed that the staff were in need of basic life support training. Further arrangements need to be stressed to make PHCC's in Isparta, Turkey 'emergency-friendly centres'. This will certainly lower morbidity and mortality of emergency patients.

Relevance to EGPRN: Primary care plays a leading role in basic life support as the first place of encounter in most countries. Little has been published on diagnosing this subject and discussion in our European forum would be profitable.