EQuiP

European Association for Quality and Safety in General Practice/Family Medicine

Newsletter
May 2019

Table of Contents (clickable)

PRIMARY CARE SUMMER SCHOOL #2

24-28 June 2019, University of Angers (France)

Invited Speakers

- Marie-Eve Poitras (Nursing), Université de Sherbrooke
- Pauline Boeckxstaens (Family medicine), University of Ghent
- Grace Turner (Epidemiology), University of Birmingham
- Chris Van Weel (Family medicine), Radboud University
- François-Xavier Schweyer (Sociology), School of Higher Public Health Studies
- Olivier Saint-Lary (Family medicine), University of Versailles Saint Quentin
- Yann Bourgueil (Public health), School of Higher Public Health Studies
- David Darmon (Family medicine), University of Nice
- Raphaël Jarrige, Regional Health Agency of Pays de la Loire
- Pierre Blaise, Regional Health Agency of Pays de la Loire
- Candan Kendir, 2018 Summer School Alumni

Programme

Half-day sessions will cover 4 main themes:

- International organizations of primary care
- Concept and role of primary care within health systems
- Innovations in primary care
- Research in primary care

The program will consist of various educational methods:

- Students' presentations
- Lectures
- Interdisciplinary project writing throughout the week
- Final presentation to decision makers
- Literature analysis
- Round tables
- Panel discussions with different stakeholders

International stakeholders will hold sessions from varied clinical and non-clinical disciplines related to primary care.

Courses organisation

Classes take place in the Department of Medicine of the Faculty of Health from Monday to Friday. You must participate in all courses.

The Scientific Coordinators of the Primary Care Summer School organise a convivial activity on Sunday 23 June - end of afternoon - that will open the school and introduce the scientific sessions. Please do your best to participate in this convivial activity!

Attendance

A certificate of attendance and 3 ECTS will be delivered at the end of the program.

Organizers

Department of General Practice,
University of Angers:

- Dr Aline RAMOND ROQUIN
- Dr Cyril BEGUE
- Dr Claire CAVELAN
- Dr Maria GHALI
- Dr Najia ADJEROUD
- Dr Camille CISLAGHI

Adverse Events in People Taking Macrolide Antibiotics vs. Placebo for Any Indication

- Cochrane Database of Systematic Reviews

By Malene Plejdrup Hansen, Center for General Practice at Aalborg University

Background
Macrolide antibiotics (macrolides) are among the most commonly prescribed antibiotics worldwide and are used for a wide range of infections. However, macrolides also expose people to the risk of adverse events.

The current understanding of adverse events is mostly derived from observational studies, which are subject to bias because it is hard to distinguish events caused by antibiotics from events caused by the diseases being treated.

Because adverse events are treatment-specific, rather than disease‐specific, it is possible to increase the number of adverse events available for analysis by combining randomised controlled trials (RCTs) of the same treatment across different diseases.

Objectives
To quantify the incidences of reported adverse events in people taking macrolide antibiotics compared to placebo for any indication.

Search methods
We searched the Cochrane Central Register of Controlled Trials (CENTRAL), which includes the Cochrane Acute Respiratory Infections Group Specialised Register (2018, Issue 4):

- MEDLINE (Ovid, from 1946 to 8 May 2018)
- Embase (from 2010 to 8 May 2018)
- CINAHL (from 1981 to 8 May 2018)
- LILACS (from 1982 to 8 May 2018)
- Web of Science (from 1955 to 8 May 2018)

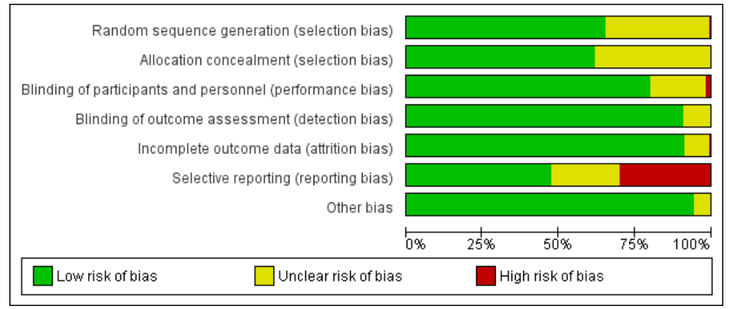
We searched clinical trial registries for current and completed trials (9 May 2018) and checked the reference lists of included studies and of previous Cochrane Reviews on macrolides.

Selection criteria
We included RCTs that compared a macrolide antibiotic to placebo for any indication. We included trials using any of the four most commonly used macrolide antibiotics: azithromycin, clarithromycin, erythromycin, or roxithromycin.

Macrolides could be administered by any route. Concomitant medications were permitted provided they were equally available to both treatment and comparison groups.

Data collection and analysis
Two review authors independently extracted and collected data. We assessed the risk of bias of all included studies and the quality of evidence for each outcome of interest. We analysed specific adverse events, deaths, and subsequent carriage of macrolide‐resistant bacteria separately.

The study participant was the unit of analysis for each adverse event. Any specific adverse events that occurred in 5% or more of any group were reported. We undertook a meta-analysis when three or more included studies reported a specific adverse event.



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Main results
We included 183 studies with a total of 252,886 participants (range 40 to 190,238). The indications for macrolide antibiotics varied greatly, with most studies using macrolides for the treatment or prevention of either acute respiratory tract infections, cardiovascular diseases, chronic respiratory diseases, gastrointestinal conditions, or urogynaecological problems.

Most trials were conducted in secondary care settings. Azithromycin and erythromycin were more commonly studied than clarithromycin and roxithromycin. Most studies (89%) reported some adverse events or at least stated that no adverse events were observed.

Gastrointestinal adverse events were the most commonly reported type of adverse event.

Compared to placebo, macrolides caused more (odds ratio = OR):
- Diarrhoea (OR 1.70, 95% confidence interval (CI) 1.34 to 2.16; low-quality evidence)
- Abdominal pain (OR 1.66, 95% CI 1.22 to 2.26; low-quality evidence)
- Nausea (OR 1.61, 95% CI 1.37 to 1.90; moderate-quality evidence)
- Vomiting (OR 1.27, 95% CI 1.04 to 1.56; moderate-quality evidence)

Gastrointestinal disorders not otherwise specified (NOS) (OR 2.16, 95% CI 1.56 to 3.00; moderate-quality evidence) were also reported more often in participants taking macrolides compared to placebo.

The number of additional people (absolute difference in risk) who experienced adverse events from macrolides was:
- Gastrointestinal disorders NOS 85/1000
- Diarrhoea 72/1000
- Abdominal pain 62/1000
- Nausea 47/1000
- Vomiting 23/1000.

The number needed to treat for an additional harmful outcome (NNTH) ranged from 12 (95% CI 8 to 23) for gastrointestinal disorders NOS to 17 (9 to 47) for abdominal pain; 19 (12 to 33) for diarrhoea; 19 (13 to 30) for nausea; and 45 (22 to 295) for vomiting.

There was no clear consistent difference in gastrointestinal adverse events between different types of macrolides or route of administration.

Taste disturbances were reported more often by participants taking macrolide antibiotics, although there were wide confidence intervals and moderate heterogeneity (OR 4.95, 95% CI 1.64 to 14.93; I^2 = 46%; low-quality evidence).

Compared with participants taking placebo, those taking macrolides experienced hearing loss more often, however only four studies reported this outcome (OR 1.30, 95% CI 1.00 to 1.70; I^2 = 0%; low-quality evidence).

We did not find any evidence that macrolides caused more cardiac disorders (OR 0.87, 95% CI 0.54 to 1.40; very low-quality evidence); hepatobiliary disorders (OR 1.04, 95% CI 0.27 to 4.09; very low-quality evidence); or changes in liver enzymes (OR 1.56, 95% CI 0.73 to 3.37; very low-quality evidence) compared to placebo.

We did not find any evidence that appetite loss, dizziness, headache, respiratory symptoms, blood infections, skin and soft tissue infections, itching, or rashes were reported more often by participants treated with macrolides compared to placebo.

Macrolides caused less cough (OR 0.57, 95% CI 0.40 to 0.80; moderate-quality evidence) and fewer respiratory tract infections (OR 0.70, 95% CI 0.62 to 0.80; moderate-quality evidence) compared to placebo, probably because these are not adverse events, but rather characteristics of the indications for the antibiotics.

Less fever (OR 0.73, 95% 0.54 to 1.00; moderate-quality evidence) was also reported by participants taking macrolides compared to placebo, although these findings were non-significant.

There was no increase in mortality in participants taking macrolides compared with placebo (OR 0.96, 95% 0.87 to 1.06; I^2 = 11%; low-quality evidence).

Only 24 studies (13%) provided useful data on macrolide-resistant bacteria. Macrolide-resistant bacteria were more commonly identified among participants immediately after exposure to the antibiotic.

However, differences in resistance thereafter were inconsistent. Pharmaceutical companies supplied the trial medication or funding, or both, for 91 trials.

Authors' conclusions
The macrolides as a group clearly increased rates of gastrointestinal adverse events. Most trials made at least some statement about adverse events, such as "none were observed".

However, few trials clearly listed adverse events as outcomes, reported on the methods used for eliciting adverse events, or even detailed the numbers of people who experienced adverse events in both the intervention and placebo group.

This was especially true for the adverse event of bacterial resistance.

Citation
Hansen MP, Scott AM, McCullough A, Thorning S, Aronson JK, Beller EM, Glasziou PP, Hoffmann TC, Clark J, Del Mar CB. Adverse events in people taking macrolide antibiotics versus placebo for any indication. Cochrane Database of Systematic Reviews 2019, Issue 1. Art. No.: CD011825. DOI: 10.1002/14651858.CD011825.pub2.

5-Day GP Global Programme
- 17-21 June 2019 in London

By Primary Care International (PCI), UK

Primary Care International
Strengthening family medicine worldwide

"Fantastic course, with a great succinct update useful for day to day practice. The consultation skills course was outstanding, I've used it to teach my Residents already! Well worth the trip."
(Dr Amar Sattar, Saudi Arabia)

Background
Specially designed for family medicine doctors practising internationally, this comprehensive 5-day course provides the renowned Red Whale GP Update overview of all the latest evidence-based updates in primary care – plus extended sessions on respiratory issues, women's health, effective consultation and managing musculoskeletal and chronic pain.

It has been awarded 30 CPD credits by The Royal Society of Medicine in accordance with its current guidelines.

The course is open to GPs/family doctors practising outside of the UK.

Pharma Free
Red Whale are proud to be completely free from pharmaceutical sponsorship.
We tell it like it is – not how big pharma would like you to hear it!

Days 1 and 2:
General Update (covers broad range of updates across a number of varying topics including cardiovascular disease, men's health, elderly medicine, cancer care, diabetes and gastroenterology. Also including a focused half day workshop on respiratory management.)

Day 3:
Effective consultation

Day 4:
Musculoskeletal issues and chronic pain

Day 5:
Women's health

Venue
The course will be held at the Wellcome Trust in central London, a leader of innovative thinking in global health.

And as well as being very relevant to clinical practice, we make it entertaining too – without compromising the content!

Everything we present is fully referenced – so if you want to do some more research or read the original article you can, but you don't have to.

Course fees are £995 per person.
If you book on a course you will also get:

- The GP Update Handbook – comprehensive and fully referenced covering all the most recent research and guidelines pertinent to primary care but interpreted for real life general practice.
- The Online Handbook – 12 months FREE access to our revitalised, fully searchable and most comprehensive online reference source ever, with more than twice the contents of the hard copy version. (Online access runs from the course date, or the expiry date for existing users).
- **www.gpcpd.com** our NEW online learning environment – 12 months FREE access so that you can continue your learning when it suits you – on a PC, tablet or smartphone.
- Focused Learning Activities – ideas that amount to much more than 50 hours of CPD credits and more importantly that will really impact on patient care – not just a series of tick box exercises.

Report on WHO consultative meeting (Nov 2018):
- Implementing WHO's Global Patient Safety Challenge: Medication without harm.

By C. Ruth Wilson, Professor Emerita & Past WONCA President North America, Department of Family Medicine, Queen's University, Kingston, Canada.

The third global challenge follows the first two global challenges. The first was on hand hygiene, and the second was on the surgical safety checklist. The third global challenge - medication without harm - focuses on polypharmacy, transitions in care, and high risk medications and situations.

The difficulty is that the third challenge is more complex than the first two. Although it was launched in 2016, political endorsement has been slower at the country level perhaps as a result. **Please read more**.

WONCA was the only Health Professional Organization represented at this consultative meeting. In total, 15 national experts, 10 national organizations, 9 international organizations and 5 WHO regions were represented.

I made a brief presentation on WONCA in general and on the work of our Working Party on Quality and Safety in particular. Thanks to Maria Pilar and Jose Miguel for their solid support in preparing the Power Point presentation. **Please find it here**.

Our contributions were well-received, and as there were no other representatives of health professional organizations, I was glad WONCA was invited. I chair the Board of the Institute for Safe Medication Practice (ISMP Canada), which was also represented at the meeting and had contributed to the technical documents.

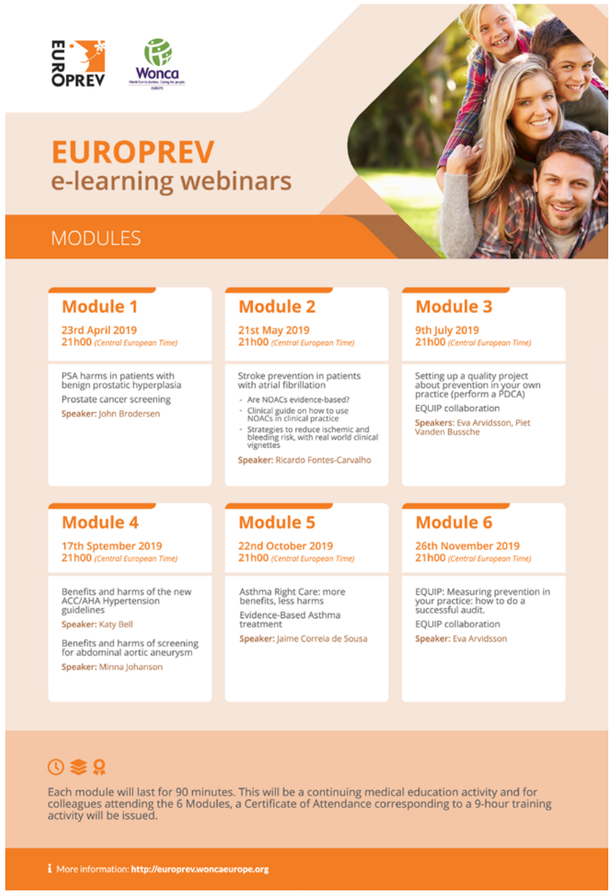
Sir Liam Donaldson, WHO Special Envoy for Patient Safety: "We don't hear much from WONCA, but I have always thought they were a key group".

Neelam Dhingra-Kumar: "WONCA is a key partner for us. We would like to see 'Five Moments for Medication Safety' posted in every GP office".

In general, progress has been slow on this challenge. None of the key documents has been released; still awaiting technical documents, research priorities, undergraduate patient safety curriculum on medication safety, evaluation framework, and the above-mentioned "Five Moments for Medication Safety".

Nevertheless, this is an area where family doctors can make a big difference in patient safety, and I am sure our continued involvement will be appreciated.

6 EUROPREV eLearning Webinars
- in close collaboration with EQuiP



Welcome to the six EUROPREV-EQuiP eLearning Webinars 2019 - a free medical education activity online. We will try to debate interesting topics related to preventive medicine, including quality and safety, from a very practical perspective.

"Congrats! This joint cooperation answers exactly to my thoughts after attending the WONCA Europe Krakow conference with overlapping discussions in the two networks"
(Emmily Schaubroeck)

During the webinars, participants will be able to participate and share their comments or questions through the chat platform. Below, you can consult the full program:

Each module will last for 90 minutes. This will be a valid continuing medical education (CME) activity - and for colleagues attending all six Modules, a Certificate of Attendance corresponding to a 9-hour training activity will be issued.

Register **here**.

Contact
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A New Generation of Quality Game-Changers?

By Felicity Knights, EQuiP-VdGM Liaison Officer

The EQuiP Annual Conference 2019, was held in beautiful Thessaloniki this March, and for all of us blessed to be there, it was a real joy to attend.

The topic of '*Healthy Practices – Healthy Professionals – Healthy Patients*' led to wide-ranging discussion on many of the key challenges facing our health systems across Europe, ranging from multimorbidity, to doctors as role models, to patient empowerment in the management of chronic disease.

As the representative of Vasco da Gama (also known as VdGM - the European Young Family Doctors Movement), I enjoyed all these themes. However, I was particularly pleased to note the number of young family medics and GPs-in-training attending and contributing to the conference – with contributions including both oral presentations and joint workshop facilitation.

It was fantastic to see younger and older GPs mixing together and sharing their passions, experiences, and ideas!

I also reflected that even five years ago, there may not have been such a high level of interest in quality and safety from many of my contemporaries. We are in exciting new times where investing in quality is being seen more and more as part of what it means to be a GP.

So how can we work together to support and empower this new generation of quality game-changers?

A key part of my role as VdGM-EQuiP Liaison is to ask you for your views on just this question! Those of us within the VdGM 'age range' (which encompasses GPs-in-training through to five years post-qualification) had the opportunity to gather and share our ideas briefly during lunch break.

However, I am always keen to hear further ideas as EQuiP and VdGM seek to collaborate further to improve the knowledge, skills, attitudes, awareness and opportunities of young family medics within quality improvement and patient safety.

It's great to hear that the EQuiP 2020 conference committee (in Utrecht) are already exploring ways in which to welcome young family medics into the program. Ideas range from separate sessions within the conference, to a prize for the best oral presentation, and a careers networking event. But I want to encourage each and every member of EQuiP to also reflect personally on how they can engage further with supporting the new generation of quality and safety game-changers.

If you are a more experienced EQuiP member, do you know any young GPs who you could encourage to get involved in quality and safety initiatives? It was fantastic to see that many of the young family medics at Thessaloniki had been encouraged and supported to attend by a more experienced GP already involved in EQuiP.

Therefore, I want to ask you if you are already involved in quality in your country – are there any local events, any national congresses or quality forums you could take a younger GP to?

Or why not attend WONCA Europe or EQuiP 2020 together?

If you are a young family medic interested in quality, why not email EQuiP, or get in touch with a more experience family medic you know is involved in quality to discuss what opportunities you might be able to engage in.

If you are a younger GP or still in training and haven't yet joined EQuiP then please do so! This is a great way to hear what is going on and keep in touch, all for the heavily reduced price of 40 euros/year (50% fee reduction). And please consider getting in touch with me about what support and resources you would like to see EQuiP developing.

I'd also recommend checking out the Vasco da Gama website (**http://vdgm.woncaeurope.org**) to see whether any of the opportunities listed are of interest to you.

Last but certainly not least, stay tuned for information about our next joint EQuiP-VdGM Summer School which is taking place before the 6th VdGM Forum in Turin – more information will be posted soon!

It's an exciting time for EQuiP as a whole, and I feel confident that as our network continues to grow and develop, our impact will only multiply as we look to further support and encourage those who will be leading the practices and quality initiatives of the future – a new generation of quality game-changers!

So what will you do today to empower a leader of the future?support and resources you would like to see EQuiP developing.

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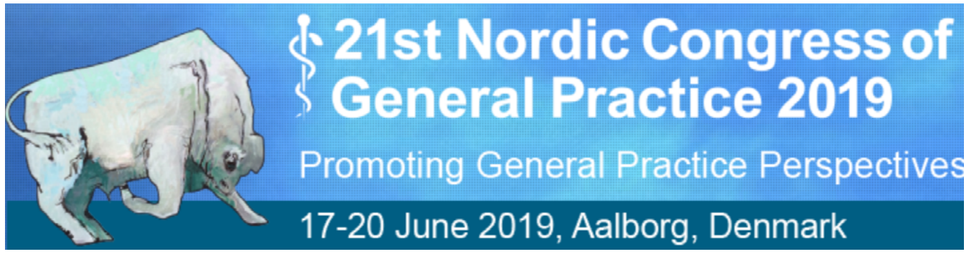
So what will you do today to empower a leader of the future?

Innovative quality lounge makes room for grass roots projects

- Nordic Congress of General Practice, Aalborg 17-20 June 2019

By Nord-KAP (Kvalitetsenheden for Almen Praksis i Region Nordjylland), DSAM (Danish College of General Practitioners) and HOC for NCGP 2019



As part of the Nordic Congress of General Practice a lounge area will be dedicated to presentation of grass roots projects originating from general practice with focus on quality and the way general practitioners work. The lounge area will be placed in an area with large participant flow.

In order to present a project you must:

- Register as a congress participant
- Use – as a minimum - the first and last slide of the congress template for your presentation
- Your presentation has to be compatible to Power Point 2016 or Windows Media Player

Join the quality lounge by register your project no later than 20 May 2019.

There will be no possibility to give an oral presentation at the Quality Lounge.

Our hope is to create an environment where the participants will stop, look at the presentations of practice-oriented quality development projects, talk to colleagues and the quality people in the area.

It is a unique possibility for clinicians to learn from experiences from other colleagues and to be inspired to make projects in own practice or cluster.

For researchers it is a unique possibility to be informed about and inspired by the ongoing projects in general practice.

The frame of a project presentation is 5 minutes on TV-screen as:

1. A slide/poster with or without speak or
2. Five slides with or without speak or
3. An animation/film clip

On the individual TV-screen the same presentation will be shown several times depending on the total number of presentations to be shown:

Example of a presentation - **click here**.

Presentation template (mandatory) - **click here**.

Submit no later than 3 June 2019 – **click here**.

Commercial companies, research groups or organizations without general medical anchoring will not be allowed to present projects in the area. We look forward to receiving your quality and safety project!