

Newsletter

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The EQuiP Conference in Utrecht postponed to 26-27 January 2021

By EQuiP 2021 Organisation

Dear participant of EQuiP2020,

We are pleased to announce the new dates for the EQuiP Conference: Tuesday 26 and Wednesday 27 January 2021. This will be the only EQuiP Conference until 2022.

We sincerely hope these new dates match your schedule:

- If so, you don't have to do anything at this point. We will transfer your registration automatically to 26-27 January 2021.
- If you are not available to attend on these new dates, you will be able to cancel your registration at no cost until 15 May 2020. You may also transfer your registration to someone else. To cancel or transfer your registration, please send an email to: Equip@yourbackoffice.nl.

Cancelling first and then registering again will bring additional costs to the organisation. So we kindly ask you only to cancel if you can't attend EQuiP2021.

If you have booked your accommodation through the ITB Booking Office, we will automatically transfer your booking to the new dates or cancel it if needed and organise a refund for any costs already made.

Please be aware of the option to rebook a previously bought airline ticket or a self-made hotel booking before the expected price increase will be implemented.

In addition to this, most airlines also have arrangements to convert booked flights into a voucher.

We were extremely looking forward to the EQuiP Conference and we will use that energy to turn it into a massive success.

We will start focussing on the programme and adjust it to current events, we will of course be taking the subject 'COVID-19' into consideration.

We wish you all the best and good health and are looking forward to seeing you in Utrecht on 26 and 27 January 2021!

Best regards, EQuiP 2021 Organisation



WONCA COVID-19 RESOURCES

By WONCA World

WONCA Coronavirus (COVID-19) resources

WONCA has established a new page on its website specifically offering COVID-19 resources which we hope members might find useful:

https://www.globalfamilydoctor.com/Resources/COVID19.aspx

Through this webpage our aim is to provide a series of articles relevant to family doctors about COVID-19.

We will also provide links to WHO and other reputable websites which contain valuable information for family doctors having to deal with COVID-19 cases.

Further, it features messages and articles from our President, references and resources from a number of our member organizations, including AAFP and RCGP, as well as our WONCA Africa president - Prof. Shabir Moosa - and a whole host of other links including stories from family doctors from a number of countries.



WONCA Webinar Series on COVID-19

As the threat and spread of COVID-19 continues its path, and rapidly changing circumstances, we know already that we are facing unprecedented challenges for the foreseeable future.

Our family doctors around the world have risen to the challenge of this global pandemic. So we need to share our experiences, make sense of what we can and look forward to a less frightening future.

To level up of WONCA support to our Member Organizations, from region to region, and among professional health care team, staying up to date information through social media links and connections is one of our key strategy.

Following a successful recent pilot, WONCA plans a series of webinars on a variety of topics, to be held each Sunday in April at 1300 GMT.

Please check your local time from this link: www.bit.ly/wonca-covid19-01-time

The first formal session (Sunday 12th April) will be to hear from President, President-elect and representatives from all 7 WONCA regions on the current situation with regard to COVID-19.

Future sessions will include:

- Sunday 19th April: *Mental health aspects*
- Sunday 26th April: *Education and training*
- Sunday 3rd May: *Family violence*

To attend the first WONCA webinar on Zoom: www.zoom.us/j/459308055

The livestream on the Facebook page of the World Organization of Family Doctors is also available: www.facebook.com/woncaworld



World Family Doctor Day 2020: Family Doctors on the front line

By Ulrik Bak Kirk, EQuiP Manager

Family Doctors on the front line

COVID-19 has been declared a pandemic by WHO, and is affecting everyone in every part of the globe.

Family doctors are on the front line of medical care – both during the acute phase and also in dealing afterwards with the sequelae of the illness.

Qppropriately, the theme for World Family Doctor Day 2020 is: "Family doctors on the front line".

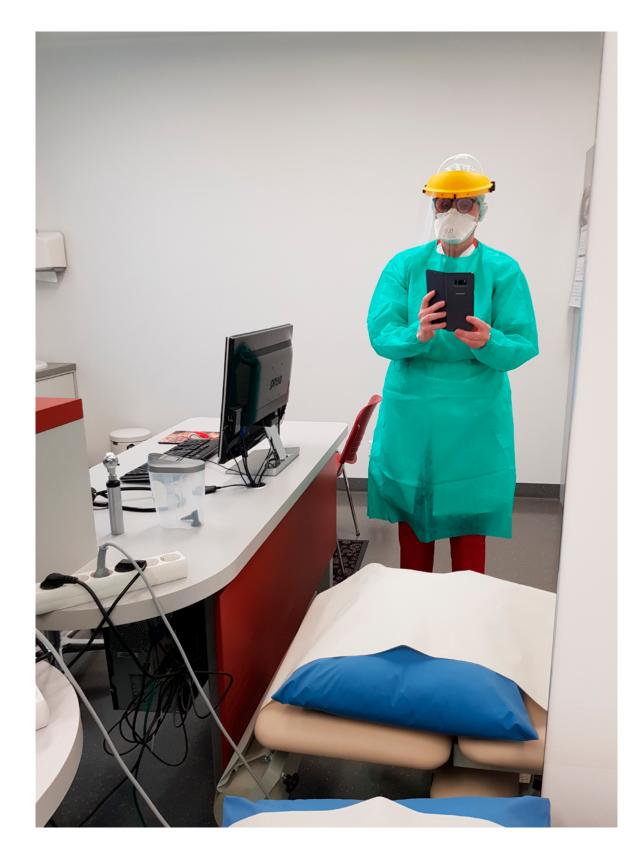






Country Case Report: Estonia

By Katrin Martinson, Estonian Delagate to EQuiP



We have had to reorganise our practice work extensively, shifting half of the staff to distance-work with telephone and laptop. The other half remains at work in practice, where they do telephone-related work, but they also assess patients, who need to be seen by doctor/nurse. These two teams change after about 10-14 days.

We have devided the working day into two: A clean and an infectious part. We have learned to use self-defence-measures and equipment.

We start the working day with a staff-meeting via Skype at 08:00 to be aware of updates and to discuss relevant news related to the COVID-19 situation.

This stimulates the feeling of **togetherness** - that we are still together as a team - despite most of our staff works from home as stated above.

We encourage our colleagues to rest, to take active part in team psychological councelling if needed, and we also bring daily lunch snacks for the team working in practice.

All in all, we feel supported by the Estonian Society of Family Doctors, who keeps us informed and plays an important role in crisis management and coordination in the extraordinary times.



EQuiP Policy Impact

By Ulrik Bak Kirk, EQuiP Manager

32 Newsletters (2.792 clicks)

The 31 EQuiP Newsletters have been accessed at least **2.792 times**, since we initiated tracking on 26 September 2018.

Read more and access the Newsletters on the EQuiP website: https://equip.woncaeurope.org/policy/32-newsletters-2013-2020

7 Conference Statements, 2014-2019

WONCA Europe Bratislava 2019 Statement: The human side is of profound value to patients and physicians alike.

WONCA Europe Krakow 2018 Statement: Everyone has the right to timely access to affordable, preventive and curative health care of good quality

Statement of WONCA Europe Prague Conference 2017: Growing together in diversity for the benefit of all Europeans

EQuiP-WONCA Europe 2017 Dublin Declaration: Patients should have access to safe, equitable, affordable and highquality health care services in Europe

WONCA Europe Copenhagen Conference 2016 Legacy Document: European Family Doctors call for Joint Action with Heads and Hearts

WONCA Europe 2015 Istanbul Statement: *A statement on the refugee crisis*

WONCA Europe 2014 Lisbon Declaration: Primary health care is a basic human right in every society

Read more and access the Statements on the EQuiP website: https://equip.woncaeurope.org/policy/7-conference-statements

7 EQuiP Position Papers, 2010-2020 (467 clicks)

The goal of the EQuiP Position Papers are to convince all primary care stakeholders that the opinions presented are valid and worth listening to:

- EQuiP Statement for Family Doctors during COVID-19 Pandemics Released March 2020.
- EQuiP Position Paper on Equity (in Slovak) Released November 2018.
- EQuiP Position Paper on Measuring Quality in Primary Health Care Released June 2018.
- EQuiP Position Paper on Equity (in French) Released May 2018.
- EQuiP Position Paper on Equity a core dimension of Quality in Primary Care Released November 2017.
- WONCA Policy Statement on eHealth Released 2016.
- EQuiP Position Paper on Measuring Quality in Health Care Released 2010.

The 7 EQuiP Position Papers have been accessed at least **467 times**, since we initiated tracking on 26 September 2018.

Read more and access the Position Papers on the EQuiP website: https://equip.woncaeurope.org/policy/7-position-papers

The European Teaching Agenda on Quality and Safety in Family Medicine (52 clicks)

The European Teaching Agenda, released 22 November 2019, is divided into:

- A general part: An overview of different models of quality and safety competencies in family medicine is given, followed by aims and learning outcomes of quality and safety education. Also, an overview of tools and methods for quality and safety education as well as an overview of the assessment tools and methods for quality and safety education is provided.
- A competencies part: Six quality and safety competencies are described, with the focus on learning objectives and the teaching and assessment of tools and methods. The competencies are: Equity and ethical practice, effectiveness and efficiency, continuing professional development, methods and tools, leadership and management, patient care and safety.
- A glossary of terms at the end.

The European Teaching Agenda on Quality and Safety in Family Medicine is an educational framework for teaching the core competencies of quality and safety at the speciality training level. It is designed to serve as a basis for curriculum developers at the speciality training level to set the learning aims and methods, and the assessment aims and methods. It is *not* designed as a curriculum and it should not be seen that way.

The European Teaching Agenda on Quality and Safety in Family Medicine was approved and endorsed by EQuiP, EURACT, and WONCA Europe.

The The European Teaching Agenda on Quality and Safety in Family Medicine can be found here: http://bit.ly/European-Teaching-Agenda

The European Teaching Agenda has been accessed at least **52 times**, since we initiated user tracking on 22 November 2019.

Read more about the European Teaching Agenda on the EQuiP website: https://equip.woncaeurope.org/policy/1-european-teaching-agenda

The Technological Legacy of COVID-19 in Primary Care

By Ana Luisa Neves, Harris Lygidakis & Gianluca Fontana

FOR DECADES, DIGITAL HEALTH has promised to help address many of the challenges of primary care. Digital-first approaches, using either telephone, video or online technologies to deliver care, have the potential of improving efficiency and patient safety, and reducing health inequities by increasing access to care (1).

However, despite the promise, adoption rates have remained slow. The COVID-19 pandemic has abruptly changed the landscape. Many countries have released national guidance reshaping primary care delivery, introduced remote triage and consultation systems (2).

In a few weeks, primary care physicians have swiftly transitioned from face-to-face contacts to digital-first solutions — and many patients have willingly accepted the change.

Right now, these approaches may be the safest alternative for both patients and healthcare staff. In many cases, they may also represent a new way to place a strong focus on the patient-doctor relationship°, to listen to patients' stories and provide reassurance, without the distractions of the classic face-to-face consultation.

The COVID-19 outbreak has also exposed some of the current weaknesses of the system: to scale up digital-first solutions, healthcare systems now have to mobilise to identify and allocate resources, improve technical infrastructure (3), provide training and support (4), assist those with lower digital health literacy, adjust rules and regulations, strengthen governance, and overcome the boundaries of interoperability.

Primary healthcare systems need to be deliberate and have clear plans to ensure that this devastating pandemic leaves a positive legacy.



In the current, "emergency" phase, while maintaining their focus on responding to the outbreak, health systems need to partner with researchers to rigorously evaluate the impact of the changes in practice – and draw lessons for the long term.

This should be followed by a transition phase, carefully planned and managed, to support the stable adoption of solutions that proved their value, without having to go through all the bureaucratic steps that were in place before the pandemic.

This should be done in a safe and considerate way, building up patient digital literacy and involving healthcare staff in design and maintenance, which should be helped by the fact that many technologies have gone through unexpected real-world trials during the emergency phase.

If the transition phase is managed correctly, primary care can arrive at a "new normal": a safe, interconnected, technology-enabled model of delivery, supported by ongoing monitoring of the new solutions, an updated regulatory and inspection approach, and open standards.

The pandemic is changing the face of primary care, but changes will not necessarily last after the outbreak is resolved. Health systems are set up to support the traditional ways of delivering care. The same powerful forces (behavioural, regulatory, financial) that slowed the uptake of technology will push us back towards the way things were before COVID-19 as soon as the emergency is over.

There is an ethical imperative to learn from this massive real-life experiment, and use this once in a generation opportunity to take the best technology has to offer and change primary care for the better.

Reference

1. Mold F, Hendy J, Lai YL, de Lusignan S. Electronic Consultation in Primary Care Between Providers and Patients: Systematic Review. JMIR Med Inform 2019;7(4):e13042.

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- 3. Donaghy E, Atherton H, Hammersley V, et al. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. Br J Gen Pract 2019;69:e586-94.
- 4. Greenhalgh T, Koh GCH, Car J. Covid-19: a remote assessment in primary care. BMJ 2020;368:m1182.

Ana Luisa Neves is a GP and Research Fellow at the Institute of Global Health Innovation, Imperial College London, where she focuses on use of digital technologies to deliver better, safer, and more patient-centred care. She is a member of the Executive Board of the European General Practice Research Network.

Harris Lygidakis is a GP and PhD student at the Department of Behavioural and Cognitive Sciences of the University of Luxembourg, participating in the development of an integrated mobile-health and community-health-worker program in nine areas in Rwanda. Harris will be transitioning into his new role as CEO of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians beginning November 2020.

Gianluca Fontana is the Director of Operations and a Senior Policy Fellow at the Centre for Health Policy, part of the Institute of Global Health Innovation, Imperial College London. He leads a multidisciplinary team of academics, clinicians and practitioners focused on creating evidence for health policy and education programmes in the areas of patient safety, digital health, end-of-life care and mental health

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