Newsletter
June 2018

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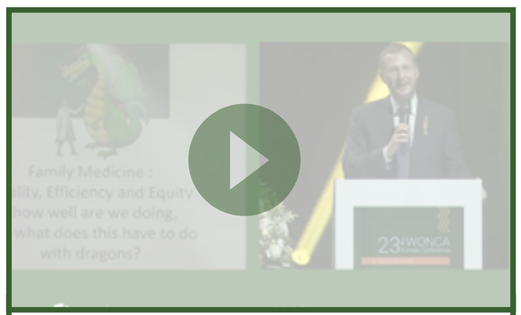
Presidential Reflections on
23rd WONCA Europe Conference

Dear all,

I really am lucky, proud and pleased to be your President. What a great success for EQuiP!

Thanks to the work of so many of you, we really were able to influence the 23rd WONCA Europe Conference, Krakow 2018 in a way we have never done before.

EQuiP was mentioned by the first keynote (Michael Kidd), the last keynote (Sara Willems) - and also during the Closing Ceremony when the Krakow declaration was presented.



First keynote (Michael Kidd)

'Equity' was the pivotal conference theme - and all this impressive work was emphasised once more in the Krakow declaration.

Who could have dreamed of this, when we started to discuss the topic in 2013 in Paris? Thank you so much, Hector and Sara.

Last keynote (Sara Willems)

We also received great feedback on our latest Position Paper on Quality Indicators, which will certainly be used in a lot of countries to reflect on their pay for performance schemes.

As far as I know, all our workshops went excellent with a lot of people attended them.

I received many positive reactions, people asked for more information and shared how inspired they left.

EQuiP has become a brand of top quality.
People associate EQuiP with excellence.

I have seen quite some people participating in more than one workshop, following that Safe EQuiP Track of Quality once again.

Piet Vanden Bussche
EQuiP President

Toumas Koskela's Reflections on:
23rd WONCA Europe Conference

Thank you for the chance to present in EQuiP workshops as a newcomer to EQuiP family. I enjoyed presenting with such experienced fellows like Piet and Ilkka.

I think the rhythm of our workshops was excellent and I believe that we were able to create a lot of inspiration through discussions in our both workshops.

From the workshop on 'Integrated care plans' I learned that this plan is for the patient and that the patient decides whom (s)he wants to share it with. Also, there should be an interface to the care plan for the patient (for communication and maintenance).

Link to slides.

From the fully booked workshop on 'Quality indicators', I learned that 'access' and 'continuity of care' are highly prioritized in PHC among GPs.

Link to slides.

Finally, my congratulations to Prof. Sara Willems. Your keynote was very clear and presented in an interesting way! Excellent!

Dr. Philippe-Richard J. Domeyers Reflections on:
23rd WONCA Europe Conference

By Dr. Philippe-Richard J. Domeyer, MD, MHA, MSc, PhD
Individual EQuiP member from Greece

Key take-home-messages from an oral presentation session
(Moderator)

FRI 17.15-18.30, SESSION V, ROOM E:
Quality improvement and patient safety

#1 Presentation "Quality Assurance of Medical Care in Patients with Atrial Fibrillation from a Primary Health Care Centre":

- It is imperative to maintain continuous quality assurance evaluations in order to review non-conformities to current guidelines and to implement correcting actions.

#2 Presentation "REducing Vitamin tEsting in pRimary care pracTice: the REVERT study":

- According to this two armed cluster randomised intervention study, where doctor and patient education regarding the vit. B12 and D ordering as well as benchmarking statistics were provided, preliminary evidence showed a significant reduction in the number of tests in both arms compared to the pre-intervention period.

#3 Presentation "What do we want to improve? Workers' election of improvement areas by means of a participative dynamic.":
The participation of primary care staff in choosing improvement areas is particularly important. Using the World Cafe methodology, a list of improvement areas can be generated.

- Next - with the use of the Hanlon Method - a prioritisation can be performed to end up with one or a few most improvement areas to deal with.

Key take-home-messages from an oral presentation session
(Presentor)

First study in the Greek literature and among the few in the international literature to provide a global perspective of sexuality-related issues of young students: Sexual activity, unwanted sexual behavior and regret for sexual intercourse in a Greek student population

PP slides on **Sexual activity, unwanted sexual behavior and regret for sexual intercourse in a Greek student population**

Key take-home-messages

- Important sex differences regarding:
  - ◊ Communication with family, friends and partners regarding sexual issues (women seem to be more uncomfortable with father – friends)
  - ◊ Regret about timing of first sexual intercourse (women more regretful)
  - ◊ Pressure to first sexual intercourse (women report increased pressure)
  - ◊ Dating time till first sexual intercourse (women declare more time)
- Shift of attitude of students from first to recent sexual relationship (become more "liberate"), concerning:
  - ◊ Regret about timing of first sexual intercourse
  - ◊ Pressure to first sexual intercourse
  - ◊ Dating time till first sexual intercourse
  - ◊ Use of effective contraceptive methods
- Most popular contraceptive methods: condom, "withdrawal"
- Ease of communication with parents emerged as consistent predictors and are related to a more pronounced sexual activity, as documented by the age at first sexual intercourse and the number of sexual partners ever
- Sexual coercion and regret about timing of 1st sexual intercourse with 1st partner are prevalent (one out of four respondents) and both related to having received pressure from the first partner to first sexual intercourse

Interview with EQuiP President-Elect

Zalika Klemenc Ketiš (Slovenia)

1) Why did you run for president?

Several months ago, the current EQuiP president Piet Vanden Busche suggested to me that I should run for the presidency. At first, I did not consider this very seriously as I thought there were also other good or even better candidates.

But eventually I realised that there were no other candidates willing to take this task so I started to consider it more seriously. I have been for some years a Teaching Quality Working Group Leader and for the past four years a member-at-large of the EQuiP executive board.

In 2016, I also took on the position of being an Executive Board member on behalf of EQuiP in WONCA Europe. I've been dealing with the quality and safety in Slovenia for the last 10 years, since 2015 I am the person responsible for the reforming of the quality and safety assurance and improvement system for Slovenian Family Medicine Practices.

In all these functions and tasks I've been doing made me realise I would like to try to make a difference also at the international level - and an offer to take on the presidency of the EQuiP sounded challenging to me, so I decided to take this opportunity.

It is of course also a great honour for my country Slovenia to be a president of an international organisation, which would enhance the visibility of Slovenian family medicine nationally and internationally.

So, all these factors contributed to my decision to give it a try. I would also like to thank Piet for his great support, which contributed hugely to the decision I took.

2) What tasks will you focus on right away?

First, we need to divide the tasks among the EQuiP executive board (to define the honorary secretary and the honorary treasurer). Then, we have to prepare the EQuiP conference in Thessaloniki. I would also like to finish the Teaching quality and safety agenda which has been one of my main tasks for the last three years. A very important point is also to increase the membership.
Other goals include the establishing of the EQuiP international summer school, possibly with Vasco da Gama. This summer school would be an English version of the well-established French Summer Schools, which have been running for some years with a great success.

I would also like to revive the research capacities within EQuiP, maybe together with EGPRN.
I think it is time for a new European study from the field of quality and/or safety.
Here, I would also like to strengthen the cooperation between EQuiP and academic departments in Europe which is also one of the main topics I've been working on inside WONCA Europe Executive Board.

Of course, I would very much like that EQuiP continues with all the activities it has been doing.

Last, but not least, I will have to come up with a new tradition. Piet introduced a tradition of giving Belgian chocolates to the organisers of meetings and conferences. Even though there are some very god chocolates also in Slovenia, I will have to seek another tradition.

3) What is your vision for EQuiP in the near and the distant future?

I see EQuiP as an important player on the international field of quality and safety.

I see it as a strong organisation with a reach to every individual country and organisation dealing with quality.

I also see EQuiP as an important network doing education on quality and safety and providing new scientific evidence to the field of quality and safety.

EQuiP should be a source of knowledge, tools and opinions on the important issues regarding quality and safety and should provide help to the countries in need of developing their quality and safety system in the field of family medicine.

Quality Guide for Estonian Family Medicine Practices
- Renewal 2018

By Katrin Martinson, MD, family doctor
Estonian Society of Family Doctors

Résumé
In 2009, the Quality Guide for Estonian Family Medicine Practices was born as a standard for practice management. It was written by Estonian family doctors for our own practical needs, but we got the ideas from Australian and UK practice guidelines on that time.

On the bases of this standard, the practice accreditation system in Estonia was built. It consists of self-assessment of the practice, audit by collegues and feedback as peer-review for practice. From 2014, the practice accreditation is a part of Quality Improvement System in primary care in Estonia.

The renewal of the standard became step-by-step necessary, time passes quickly and things change. We started to think about rewriting the document in the spring of 2017. There was a working group of 5 collegues involved and - as a group leader - I want to thank them all for their great job. Here are they named family doctors: Le Vallikivi, Mari Soots, Elle Mall Keevallik and prof. Ruth Kalda from Tartu University.

In renewal process the document was taken into pieces and put back into whole.

Content
There are major 4 parts in Quality Guide for Estonian Family Medicine Practices 2018:

- Access to practice (consisting: first contacts with pracitice, primary triage, registration, clinical assistent as a teammember, home – visits, shared information with patients and information via practice's homepage)
- **Practice organisation** (personnel, teamwork, new teammembers, safe data management, working permises and accessories, clinical supporting processes in practice)
- **Quality of care** (health promotion and prevention, evidence based decisions, continuity and coordination of care, personcenteredness, quality improvement and innovation, patient safety system in practice and qualification of staff)
- **Teaching practice, research in practice** (teaching environment for medical students, residents, nurses and midwives, research in he practice).

There are also a tabel of indicators and example of patient feedback – questionnaire added to standard.

Patient Safety and eHealth
We are especially proud and happy to discribe and start to implement the patient safety system in primary care in Estonia. And also for promoting digital referals and e-consultation from specialist to specialist.

In this document we also touch the theme of practices finance-planning. The importance of this is reasonable as all the practices in Estonia are privately owned.

Dissemination
The Quality Guide for Estonian Family Medicine Practices 2018 renewal was published in Estonian language in digital and paper-form. There will be also a Russian version in digital form soon. And we sincerely hope to find finances for English translation to present it also in Europa.

For the financing of renewal of the document we have to thank Estonian Ministery of Social Affairs, Estonian Health Insurance Fund and Estonian Society of Family Doctors.

Structured Small Group Work in Primary Care on:
Meeting Patients who are Lesbian, Bisexual, or Gay

*By **NFAs reference group for lesbian and gay health***

Many lesbian, bisexual, or gay people (LGB-persons) in Norway live ordinary lives with few or no special stresses related to sexual orientation. At the same time, research shows that attitudes within the general population can still influence living and health conditions for these groups in a negative way.

Minority stress can occur if one is unsure about whether they will be accepted by others for who they are, or when important aspects of their identity are expected to be invisible. There are still many situations where LGB-people in Norway keep their sexual orientation hidden.

General practitioners need knowledge that can make it easier to include patients from marginalized groups and meet their specific health problems with caring and research-based practice.

The program for this specialty group, which is developed by NFAs reference group for lesbian and gay health, will give you an academic basis for this task.

Resources

Link to Structured Small Group Work on **how to meeting patients who are lesbian, bisexual, or gay** made by the Norwegian NFA reference group for lesbian and gay health.

Link to **PP slides in English** intended for Small Structured Group Work on meeting patients, who are lesbian, bisexual or gay.

Link to the article **Trans people are being let down by the Health Service** in English.

EQuiP Equity Consensus Statement #10

EQuiP Peer-Reviewed Article in French

“Identification et gestion de l’erreur en médecine de premier recours”

*By Héloïse Froesch-Gay, **Alexandre Gouveia**, Philippe Staeger*

Journal: Forum Med Suisse 2018;18(1314):297-303.
Link

Attaque

Les erreurs médicales menacent la sécurité des patients, y compris lors de leur suivi au cabinet du médecin de premier recours.

La solitude du praticien pèse sur sa capacité à affronter une erreur et impose une gestion transparente et systémique de la situation, complétée par la recherche active du soutien des pairs.

Conclusion

La recherche sur la sécurité des patients en médecine ambulatoire, et particulièrement au cabinet du MPR a beaucoup progressé cette dernière décennie.

Elle reste toutefois orientée essentiellement sur l’épidémiologie et l’identification des erreurs, souligne l’importance de trouver un consensus sur la taxonomie, les définitions et le décompte des erreurs au cabinet, et montre l’hétérogénéité des résultats liées aux différences de mesures.

A ce jour, peu de recommandations en matière de gestion des erreurs au cabinet existent. Pourtant elles sont nécessaires car les erreurs y sont fréquentes et leur impact peut être majeur, sur les 1ère comme sur les 2ème et 3ème victimes.

La dimension et l’organisation du cabinet ne permettent pas une gestion identique à celle proposée à l’hôpital, mais rapporter les erreurs dans un CIRS et dans un environnement comme les cercles de qualité, qui favorisent l’analyse et le soutien, semble essentiel.

Sur la base de l’épidémiologie, un accent particulier doit être mis sur les mesures préventives des erreurs de médication et de diagnostic.