CME and continuous professional development European experience and SEE

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"General practice is the easiest job in the world to do badly, but the most difficult to do well."

Professor Sir Denis Pereira Gray

Learning is a life-long process.

Childhood ...



medical school

(should teach FM to give an overview)



(at least 3 years – at least ½ in GP setting)

practice

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach
- 5. To be orientated towards community
- 6. To use holistic modelling

 To manage complaints in primary care first contact

coordination utilization

- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach
- 5. To be orientated towards community
- 6. To use holistic modelling

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care doctor – patient relationship circumstancies autonomy
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach
- 5. To be orientated towards community
- 6. To use holistic modelling

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills management of patients' information use of interventions use of time uncertainty
- 4. To use comprehensive approach
- 5. To be orientated towards community
- 6. To use holistic modelling

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach multiple complaints co-ordination
- 5. To be orientated towards community
- 6. To use holistic modelling

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach
- 5. To be orientated towards community inequalities and differences legal issues
 - health needs limited resources
- 6. To use holistic modelling

- 1. To manage complaints in primary care
- 2. To be person centred in delivering care
- 3. To apply specific problem solving skills
- 4. To use comprehensive approach
- 5. To be orientated towards community
- 6. To use holistic modelling whole person subjective values and beliefs evidence based th.
 - = bio-psycho-social model

ESSENTIAL APPLICATION FEATURES

Contextual aspects

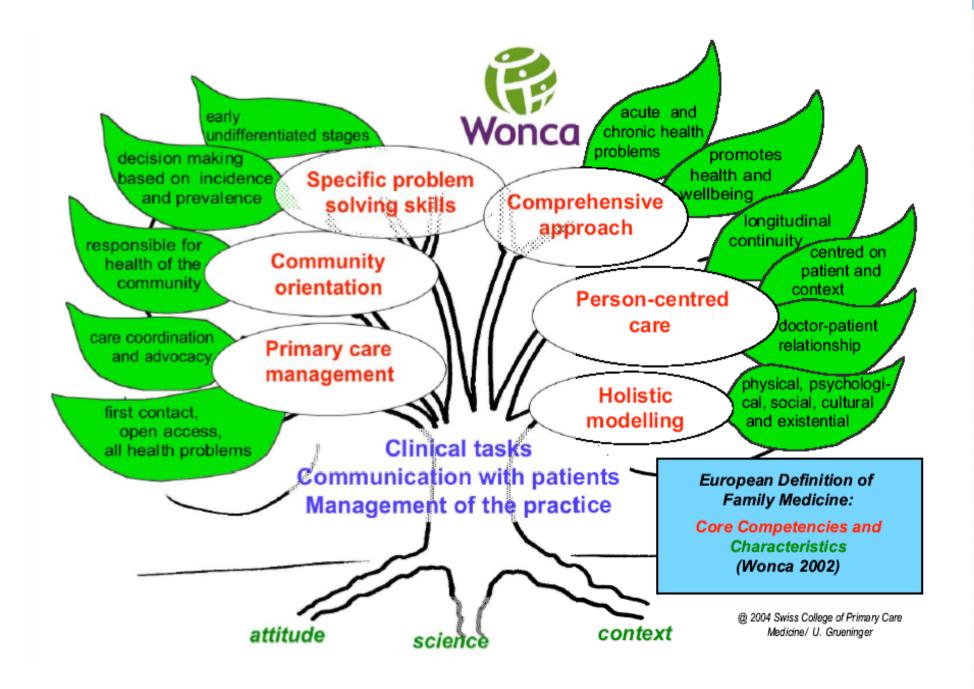
(local community, culture, facilities, workload, financies, legislation, ...)

Attitudinal aspects

(professional capabilities, values and ethics; GP's private life, ...)

Scientific aspects

(critical approach to work, evidence-based practice, ability to learn and maintain quality improvement, ...)



Learning is a life-long process.

childhood ...



medical school

(should teach FM to give an overview)



vocational training or specialization

(11 characteristics in 6 core competencies)



practice (with CME – CPD continous professional

<u>pment</u>

towards EXCELLENT

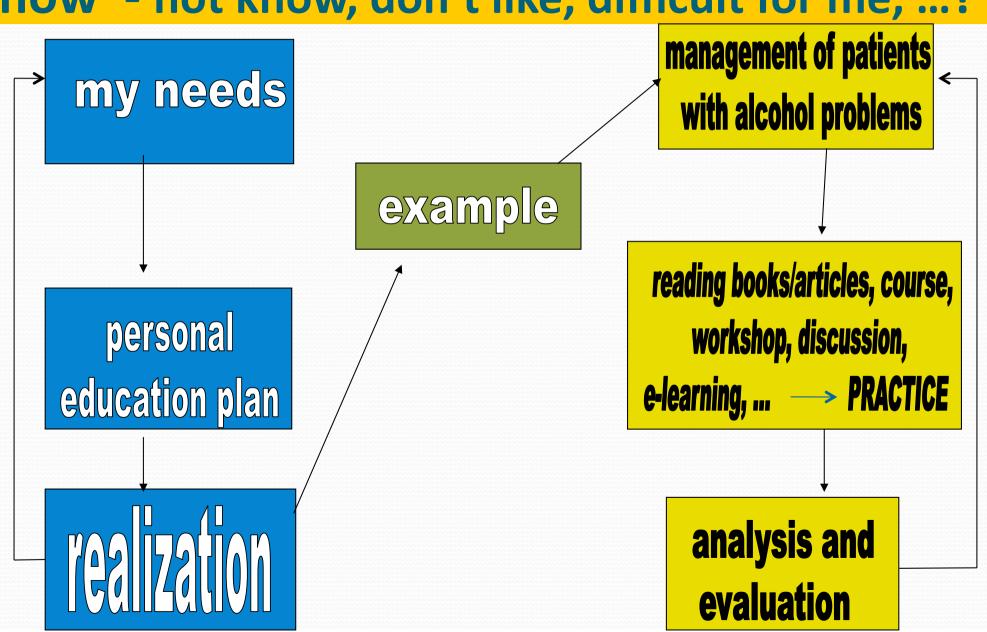


POSSIBLE LEARNING ACTIVITIES

lectures, round tables, workshops, courses, practical training, work in small groups, oral presentations, posters

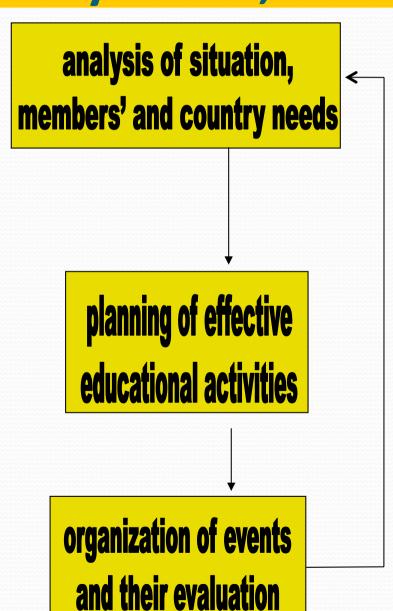
studying a literature, audit, educational visits, article, protocol, incident, information leaflet, guidelines, case report, family report, role playing, quality circle, Ballint group, internet for CME and CPD, etc.

What do I need to supplement or renovate now - not know, don't like, difficult for me, ...?



What are the educational needs of our members, what's new, country needs, ...?

PROFESSIONAL ORGANISATIONS



How to be successful?

- 1. strong GPs' professional organisations (enthusiastic, altruistic, capable to listen and coordinate differences)
- 2. professional dedication to quality of care
- 3. shared responsibility for policy
- 4. strong academic position (education, research)
- 5. organized training opportunities (continuos, needs based, monitored, teaching methods reflect learning needs)
- 6. good public image

some CHALLENGES and/or PROBLEMS

PHARMACEUTICAL INDUSTRY

- production of medicines
- sponsoring education

BUT also

- influence prescribing
- influence guidelines
- misuse of educational events for own promotion



some CHALLENGES and/or PROBLEMS (2)

MULTIMORBIDITY

- chronic deaseses
- demografic trends



H 80

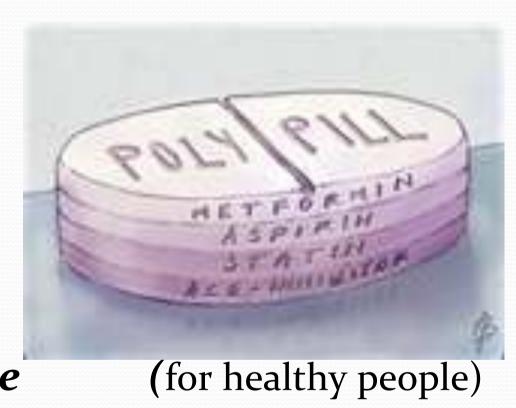
the art of coordination of multiple M 54
 different problems in accordance M 81
 with possibilities K 29

Chris van Weel:

• "A GP has to be an expert for the management of multimorbid chronic patients."

some CHALLENGES and/or PROBLEMS (3)

MEDICALISATION
before conception
pregnancy
delivery
childhood
adolescence



Who is healthy anyway?

What are normal changes through lifetime?

some CHALLENGES and/or PROBLEMS (4)

"INFORMATION OVERLOADING"
traditional knowledge
 parents, friends
 books
 journals
 internet



How to orientate?

some CHALLENGES and/or PROBLEMS (5)

"INFORMATION TECHNOLOGY"

doctor - patient doctor - computer - patient patient - computer - doctor patient - doctor

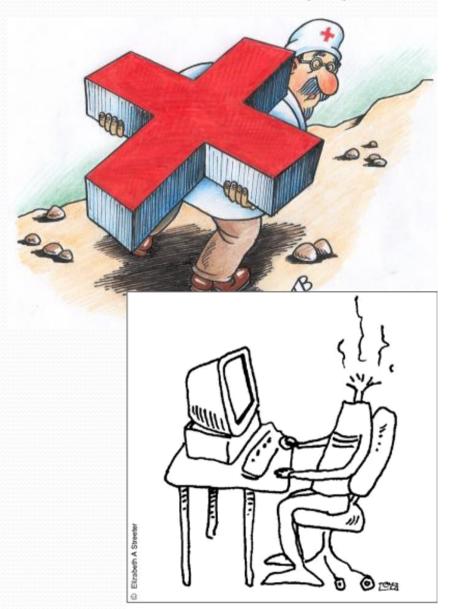
Communication?



some CHALLENGES and/or PROBLEMS (6)

OVERLOADED DOCTORS

Burning out?



Burnout

so: Why to stay in FM anyway?

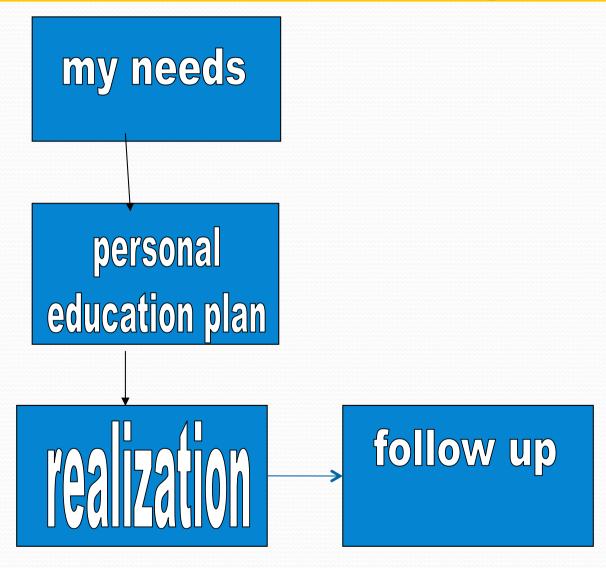
- we love it
- happy to get knew knowledge, skills, experiences
- we care for patients' suffering
- we love to help them
- patients' gratitude gives us hope and satisfaction
- we are not alone there are many of us
- BUT: also patients have to take their part of responsibility

The age of primary care is **in front of us**, not behind us.*

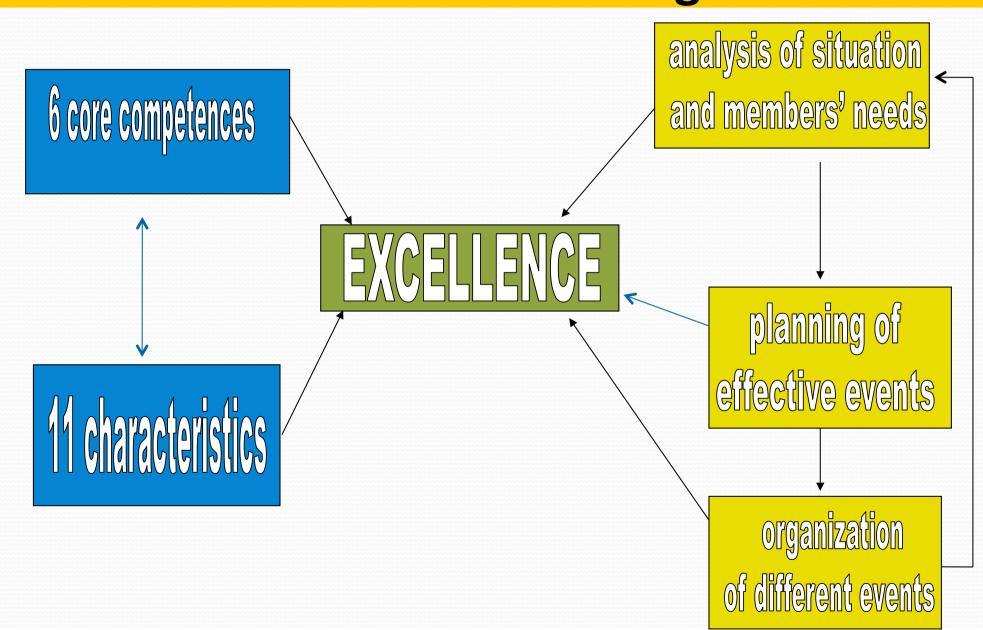


Larry Green, October 4, 2007. BMJ Listserver discussion

Where am I now and where I would like to go to?



Where Europe and SEE countries are to go to? EURACT educational agenda



What is my - OUR way?

my – our patients

my – our colleagues

politicians

myself - ourselves

PROFESSIONALISM

QUALITY

EXCELLENCE