



From closed quality group to
open network

▶ *click this button
to proceed to
the next page*



// 1. About

- 1.1 The organisation
- 1.2 The executive board
- 1.3 The new president of EQuiP
- 1.4 Social media and videos
- 1.5 Vasco da Gama
- 1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

About EQuiP

The aim of EQuiP is to contribute to the achievement of high levels of quality and safety of care for patients in general practice in all European countries.

EQuiP will endeavor to achieve this by offering a structure for collaboration and exchange of expertise and methodology and by initiating projects on development and evaluation with regard to Quality Improvement (QI) and Quality Management and Development, which will be used here as the most comprehensive definition.

Quality and safety development for general practice is a continuous process of planned activities based on performance review and setting of explicit targets for good clinical practice with the aim of improving the actual quality of patient care.

This understanding of Quality Development focuses on a critical look at the actual performance of general practitioners and their practices rather than on competence alone. The members of EQuiP assume that this Quality Development should be the responsibility of the medical profession.

Members of EQuiP base their work on quality improvement and patient safety being:

- A professional responsibility
- A process
- Covering all aspects of patient care
- An integrated part of medical education
- A routine part of daily practice
- Patient centered
- Enhancing the appropriate use of medical services
- Acknowledging the specific strategies of Family Medicine/General Practice
- Making decisions explicit
- No punitive

In collaboration with...

[European Institute for Health Records](#)

[World Health Organisation](#)

[World Organization of Family Doctors \(WONCA\)](#)

[Wonca Europe](#)

[European Journal of General Practice](#)

[European General Practice Research Workshop \(EGPRN\)](#)

WONCA and WHO are collaborating to strengthen Primary Care around the World.



// 1. About

1.1 The organisation

1.2 The executive board

1.3 The new president of EQuiP

1.4 Social media and videos

1.5 Vasco da Gama

1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

The organisation

Introduction and background

At the WONCA Council Meeting prior to the 12th World Congress held in Jerusalem in 1989, the Improvement of Quality Working Party was set up as a result of the acknowledgement of the growing significance and importance given to this issue by Family Doctors worldwide and to the work that many of WONCA's member institutions were carrying out to develop initiatives on the subject in their own countries. The work group was created as a sub-committee of the Permanent Medical Education Committee.

The incentive group emerged at subsequent meetings, counting among its members on Prof. Richard Grol, title professor of Quality Assurance at Nijmegen University (Holland), and Chairman of the European group. In 1990, the Chairman of EQuiP sent a letter to the different Family Medicine associations in the WONCA member countries, introducing EQuiP and inviting them to join by appointing two Delegates. Dr. Grol was replaced by Prof. Joachim Szecsenyi, professor of Quality Assurance at Heidelberg (Germany), in EQuiP meeting in Lisbon November 2002.

At the meeting in Kos (Greece) September 2005, Prof. Martin Marshall (United Kingdom) took over as chair of EQuiP from Prof. Joachim Szecsenyi. In March 2006 Prof. Martin Marshall accepted a post as "Deputy Chief Medical Officer" of the National Health Service (NHS) in Great Britain and presented his resignation. At the Istanbul (Turkey) meeting, in May 2006, EQuiP delegates decided that Prof. Joachim Szecsenyi would lead the organisation again for the next years.

In 2007, Prof. Tina Eriksson was elected president and she took over office at the closed meeting in Bucharest, November 2008.

The structure of EQuiP

EQuiP consists of an assembly and an executive council. The EQuiP executive is formed by the President, the Honorary Secretary, the Honorary Treasurer and the delegate in WONCA Europe Executive and 1-3 members at large. It is entrusted with the structure, relations with WONCA, budget, quotas and social aspects.

The assembly is formed by the delegates in representation of the different national organisations members of WONCA Europe. The maximum number of representatives per country is two.

At the assembly meeting in Turkey in the spring of 2006 a decision to work on an EQuiP constitution was taken. A group of delegates were appointed to draw up a draft constitution.

Drafts were discussed at and altered after four consecutive assembly meetings in Spain 2006, the Czech Republic 2007, France 2007 and Norway 2008 until it finally was adopted by the EQuiP assembly at a closed meeting in Bucharest, November 8, 2008.

José Miguel Bueno Ortiz

The visual history of EQuiP



Dr. Joachim Szecsenyi (left) hands a book to Dr. Grol (right) to commemorate his hand over of EQuiP presidency in the EQuiP conference in Lisbon (Portugal) 1994.



Prof. Martin Marshall takes over the presidency in Kos, Greece 2005, but resigns shortly thereafter because of other duties.



At the meeting in Bucharest Romania November 2008, Prof. Joachim Szecsenyi (left) hands over the responsibility for EQuiP to Prof. Tina Eriksson, after the first elections of executive and chair of EQuiP.



// 1. About

1.1 The organisation

1.2 The executive board

1.3 The new president of EQuiP

1.4 Social media and videos

1.5 Vasco da Gama

1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

The executive board



EQuiP president Tina Eriksson, GP, PhD

President of EQuiP and board member of WONCA Europe Board
member of Danish Society of Quality in Health Care - DSKS

c/o Danish College of General Practice
Øster Farimagsgade 5
Postboks 2099
1014 K - Copenhagen
Denmark

T: +4549139499
M: +4523838865
Mail: eriksson@dadlnet.dk



Member at large Dr. Zlata Ozvacic, MD, GP, PhD

Assistant Professor
Department of Family Medicine
A. Stampar School of Public Health
School of Medicine
University of Zagreb
Rockefellerova 4

10 000 Zagreb
+385 1 4590 158
zlata.ozvacic@mef.hr



Honorary secretary Dr. Andree Rochfort

Irish College of General Practitioners

4/5 Lincoln Place
IRL-2 Dublin
Ireland

Phone office: +353 (1) 676 37 05
Fax office: +353 (1) 676 58 50
Mobile: +353 87 7519307
E-mail: andree.rochfort@icgp.ie
Homepage: www.icgp.ie



Member at large Zalika Klemenc Ketis

Assistant Professor, MD, PhD

Slovenian Family Medicine Society
Dunajska 162
1000 Ljubljana
Slovenia

+386 41 516 067
zalika.klemenc@um.si



Honorary treasurer Dr. Prof. Zekeriya Aktürk

Atatürk University
TR-25240 Erzurum

+90 442 231 72 28
+90 442 231 29 41
+90 442 236 09 68
zekeriya.akturk@gmail.com
www.aile.net or www.tahud.org.tr



Member at large Prof. Dr. Hector Falcoff

SFTG Société de Formation

12 Rue Lahire
F-75013 Paris

+33 1 45 86 43 03
+33 687 325 842
falcoff@club-internet.fr





// 1. About

1.1 The organisation

1.2 The executive board

1.3 The new president of EQuIP

1.4 Social media and videos

1.5 Vasco da Gama

1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

The new president of EQuIP

Interview with the coming president of EQuIP

1) Why did you run for president?

I was candidate for presidency of EQuIP because some members who I value highly repeatedly asked me to do so.

This gave me the self confidence to go for it. And apparently a majority of the assembly members thought I could do it.

It would not be possible to do it without the support of the faculty of the university where I work, the support of my colleagues in the practice and the support of Domus Medica, the organizational member for whom I am the representative.

I hope I can meet the expectations of the members of the assembly and continue the very important work Tina started. I want to emphasize the importance of her presidency. She led EQuIP through a very crucial transition period in a brilliant way. Now it is a stimulating, enthusiastic group of people from all over Europe and it is a great honor to become their president.

2) What tasks will you focus on right away?

The months to come are for me a very important 'learning' phase. Tina is still in the lead and I can watch how she does it and learn a lot from her. I think it will be very important to support ongoing projects as much as possible.

The board is planning a strategic weekend in the months to come. This is good to be able to know each other a little bit better and to stimulate the team spirit. There we will try to set priorities for the next years and present them to the assembly in Switzerland.

3) What challenges does EQuIP face now and in the future?

The challenges for EQuIP in the future may be: can we manage to keep overview and bring together all aspects of Quality in Primary care, emphasize how they are interconnected and show what the basic underlying vision and knowledge is.

Can we stay and become more influential by cooperating with other networks and take up a leading role when the theme of Quality is at stake? How can we spread the quality virus in primary care all over Europe by teaching, in CME and highlighting good practices?

4) What is your vision for EQuIP in the near and the distant future?

Personally I think it is important to open the network, gather as many people and organizations who are interested in Quality in primary care as possible, and convince them to become member.

I think it will be crucial to strengthen the networking by realizing a modern communication system and continue the effort of interesting, stimulating open meetings every spring.

The summerschools are also very important to learn young people about Quality and EQuIP. they are the future of our organization.

New president of EQuIP's CV

- Born in 1961 as the first son of a quality controlling engineer

- General Practitioner since 1985, working in a multi-disciplinary group practice in Lichtervelde (semi-urban village in the western of Flanders)

- 1999- 2006: President of Flemish Parliament of General Practitioners

- 2006 -2008: President of the College of Flemish General Practitioners (Domus Medica)

- Since 2008 part-time lecturer on quality of care and chronic care in the Department of Family Medicine and Primary Care at Ghent University (Belgium)

- Member of the Council on Quality Promotion of the Belgium National Institute for Health and Disability insurance (NIHDI)

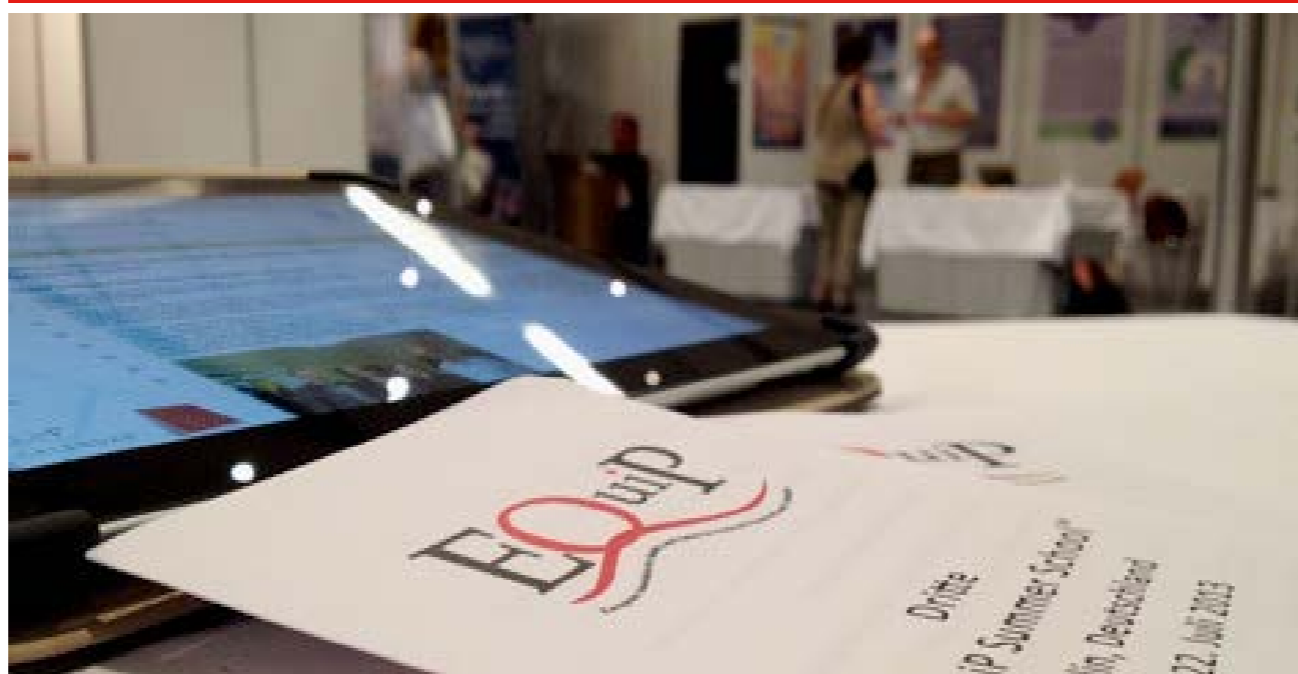
- In 1997 participant at the Equip Summer School Maastricht

- Since 2008 Equip member, as Belgian representative and coordinator of the Equip Teaching Quality Project

- Special interest in translating quality into day to day practice management, seamless care, teaching quality and equitable care

- Co-author of the book "Dokteren met kwaliteit" (Quality in medicine)





// 1. About

- 1.1 The organisation
- 1.2 The executive board
- 1.3 The new president of EQuiP
- 1.4 Social media and videos**
- 1.5 Vasco da Gama
- 1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

Social media and videos

Dissemination of knowledge

EQuiP emphasizes the dissemination of knowledge, and it is important for EQuiP that the knowledge generated through events reaches the broadest audience possible.

Consequently, EQuiP has been audio and video recording (pod- and webcasts) main EQuiP events from the 40th EQuiP assembly meeting in Zagreb 3-5 November 2011, which will give you the opportunity to listen even though you were unable to attend or you would like to hear some of the points once again.

EQuiP on the social media

Discover and subscribe for EQuiP's [YouTube channel here](#)

Per 18th of November 2014 the EQuiP YouTube videos have had 10.811 views.

You can also participate in discussion [via LinkedIn here](#) and [Facebook here](#)



// 1. About

1.1 The organisation

1.2 The executive board

1.3 The new president of EQUIP

1.4 Social media and videos

1.5 Vasco da Gama

1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

Vasco da Gama

The Vasco da Gama Movement is the WONCA Europe Working Group for New and Future General Practitioners. EQUIP feels it is important to involve young doctors in EQUIP and involve them in future Quality Improvement (QI) projects or Practice Safety (PS) projects.

Christina Svanholm, a young GP trainee, was welcomed as representative for Vasco da Gama in EQUIP at the Assembly Meeting 5-6 April 2013 in Paris.

Vasco da Gama has an active Facebook group, which will be an interesting social media source of communication between the two groups and network. It is also relevant to involve and invite Vasco da Gama members to the EQUIP summer schools. In 2013 these are held in Berlin (July) and France (August).

Vasco da Gama also has an [YouTube channel](#)



The name of the great Portuguese explorer, who discovered the sea route towards India almost five hundred years ago, has been employed by the Vasco da Gama Movement (VdGM), the working network within WONCA Europe, dedicated to trainees and junior General Practitioners / Family Physicians (GPs/FPs).

As they set out for their own exploratory voyage in the discipline of General Practice / Family Medicine (GP/FM) in Europe, the Movement functions as a communication platform and encourages their first steps by providing support and information.

Since its inception in Lisbon in 2005, links have been established with most GP/FM associations to create a European Council of representatives. Each year VdGM hosts an international meeting, known as the 'pre-conference', which takes place a day prior to the WONCA Europe conference.

The Movement has five working theme groups that constitute the pillars of its initiatives:

- Education & Training,
- Exchange,
- Research,
- Beyond Europe and
- Image

These often work in collaboration with their equivalent WONCA Europe special interest networks. Some of the activities of the theme groups include the improvement of the quality of GP/FM training programmes, the establishment of a network for research projects and the promotion of Rural Medicine.

Moreover, the Junior Researcher Award has been launched following the movement's continuous effort to promote a new generation of FPs that combine clinical work and research. VdGM also offers the unique opportunity for trainees and juniors to spend two weeks with a GP/FP from another country through the Hippocrates Exchange Programme.

The most formative exchange experiences are awarded with the Hippocrates and Claudio Carosino Prizes each year.

Furthermore, our Movement has established the VdGM Fund, which was born from the observation of the unbearable inequalities and the on-going economic crisis, which afflicts our continent and prevent many colleagues from joining international activities.

Thanks to generous donations, VdGM has managed to offer bursaries in support of young and future colleagues.

Our mission is a global one and entails the foundation of a forum for collaboration to improve GP/FM.

Through our activities we aim at empowering the future generations of GPs/FPs to lead the development of primary health care at a regional, national and international level.

For more information on VdGM activities, please visit www.vdgm.eu and follow us on:

- [Twitter](#)
- [Facebook](#)
- [Linkedin](#)



// 1. About

1.1 The organisation

1.2 The executive board

1.3 The new president of EQuiP

1.4 Social media and videos

1.5 Vasco da Gama

1.6 Interactive PDF?

// 2. Projects

// 3. Members

// 4. Events

// 5. Future

Interactive PDF?

What is an interactive PDF?

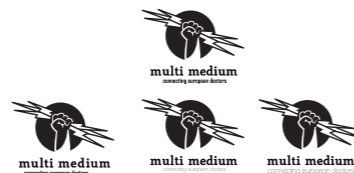
Have you considered replacing the old, analogue information leaflets with a digital, visual presentation of your cutting-edge knowledge, products and efforts instead?

Well, maybe you should. The quality and interactivity of online books by far exceeds the printed ones – and then it adds some.

The new concept of an interactive PDF introduces new opportunities in regards of combining video, audio, photos, animations, text and hyperlinks to construct a creative whole, which is greater than the sum of its parts.

Furthermore, it is possible to extract user statistics to some extent. This is essential for measuring effect. Since the interactive PDF can be embedded with videos and hyperlinks, it is possible to monitor video views and link usage. Normally, one creates a YouTube or Vimeo account in order to have a content container for the audio-visual productions. From here it is quite practical to both embed and monitor the video views. In the latter case one can analyse user traffic on the website.

[Read more on http://multi-medium.wix.com](http://multi-medium.wix.com)



Design, usability and visual communication

“Where am I in this PDF? Hmm, I can see the page number, but what is that information good for, as the number doesn’t tell me where I am relative to the other parts of the PDF...”

This scenario has happened to Peter a few too many times and he always cursed and threatened the designers of those PDFs with voodoo dolls for not using the PDF medium to its full potential.

Fortunately, years later, Peter’s anger is under control and the voodoo dolls have been discarded. Now being a multi media designer by profession, with a focus on visual identity, visual structure (layout) and usability has given him the tools and knowledge to shape pixels to enhance your visual experience within PDFs with whatever content into an experience that just **feels** right.

Let Peter’s pixels guide you and you will never get lost again. As a continuation of his creation of visual identities, he’s also a photographer specializing in making clients’ personalities become clear to the viewer.

See more on Peter’s company website:

[Read more on pxlweavers.wix.com/home](http://pxlweavers.wix.com/home)

// Peter Lübber

History, videos and social media

History and Media. The past and the present simultaneously. Being a master student in both at the University of Copenhagen is actually quite paradoxical, but a common denominator for Ulrik is clear: To disseminate stories from human life with exciting angles, which capture the interests of recipients.

The 6th EQuiP Invitational Conference in Copenhagen in April 2011, which Ulrik – among others such as Tina Eriksson – was responsible for organising, was truly a crossroads, since it proved to be the beginning of quite a journey. In the last three years EQuiP has been one of the most precious partners in Ulrik’s (social) media skills development, as well as the Danish College of Family Medicine (DSAM) and the Danish GP trainees.

Now, Ulrik is the EQuiP Secretariat Manager. The transition from a closed quality group to an open network thus depends heavily on the professional use of communication both internally and externally. It is a win-win situation.

Read more on Ulrik’s Danish company website:

[Read more on my Danish company website: www.confcast.dk](http://www.confcast.dk)

Ulrik Lystbæk Kirk





Education and Culture DG

Lifelong Learning Programme



Projects

WONCA Europe is the European section of the World Organisation for National Colleges and Academies of General Practice/Family Medicine. EQuiP is the European Association for Quality Improvement and Patient Safety in General Practice/Family Medicine and is one of the network organisation of WONCA Europe.

Tools and methods

In EQuiP's understanding Tools and methods include instruments that measure quality, methods to monitor quality and methods to improve quality.

EQuiP has been involved in developing and disseminating a number of tools for quality improvement in general practice, such as EUROPEP, EPA (European Practice Assessment) and IGPMM (The International General Practice Maturity Matrix).

Those instruments were developed in collaboration with European research groups, especially the TOPAS collaboration, and development of new tools for QI in such collaborations continues to be a priority for EQuiP.

However, EQuiP aims at make validated and valuable tools for quality improvement easily accessible to GPs and others involved in quality improvement, regardless of whether EQuiP has been directly involved in their development or not.

Finished projects

In the last two year EQuiP has been involved as partner in the Leonardo da Vinci (EU) project Innovative lifelong learning of GPs in QI supported by information technology (inGPInQI).

The general intention of the inGPInQI project is to improve the existing training programs for both GPs and teachers in family medicine (FM) in the field of QI by implementing new innovative didactic tools and methods in existing educational systems in Europe supported by Information/Internet Technology (IT).

One of the products of the project is 'The Guidebook on Implementation of Quality Improvement in General Practice' which aims at helping regular GP to develop the necessary knowledge and skills in order to understand and manage basic quality improvement methods.

[Link to English GuideBook here](#)

Main project areas

- Patient satisfaction
- Organisational development
- Tools and methods for quality improvement
- Accreditation
- Ethics of quality improvement
- Payment systems, pay for performance
- Aggregated quality data
- Patient safety
- Equity as a dimension of quality
- Teaching quality and safety
- Chronic care



// 1. About

// 2. Projects

2.1 EUROPEP

2.2 Organisational Development in Family Medicine

2.3 inGPinQI

2.4 PECC-WE

2.5 Quality Circles

// 3. Members

// 4. Events

// 5. Future

EUROPEP

The EUROPEP instrument is a 23-item validated and internationally standardized measure of patient evaluations of general practice care. An international consortium of researchers and general practitioners, linked to EQuIP, developed the instrument in the years of 1995 - 1998.

The instrument has been used in about 20 countries and is available in Dutch, Danish, English, French, German, Hebrew, Italian, Norwegian, Portuguese, Swedish, Slovenish, and Turkish.

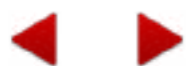
The instrument was developed from the beginning as an international instrument, using rigorous translation and validation procedures. We aimed at use for educational purposes in practices and regions as well as nationwide surveys and international comparisons.

A series of studies were performed for its development, including an international study on patient priorities and studies to examine proto-versions of the questionnaire.

A large number of scientific publications using EUROPEP has been published. Since its development, the Europep instrument has been used in many local, regional and national projects. Some countries use it on a very large scale. An email discussion in 2006 among a group of users of the instrument led to a minor revision. In several rounds of proposals and responses consensus was achieved on the revision of the current Europep questionnaire. The English source version of the Europep 2006 instrument is ready for use and can be found in the attached manual.

Contact person for enquiries is Dr. Michel Wensing.

[EUROPEP 2006 report](#)



// 1. About

// 2. Projects

2.1 EUROPEP

2.2 Organisational Development in Family Medicine

2.3 inGPinQI

2.4 PECC-WE

2.5 Quality Circles

// 3. Members

// 4. Events

// 5. Future

Organisational Development in Family Medicine

The International Family Practice Maturity Matrix (IFPMM)

The Maturity Matrix is an organisational assessment aimed at stimulating practice-led quality improvement in primary care. To allow this assessment tool to be implemented in different primary care contexts across Europe an international version has been developed and is now being tested in a collaboration between Cardiff University, the European Association for Quality in General Practice (EQuiP), and the Centre for Quality of Care Research (WOK) in Nijmegen.

It had been translated and tested in the following countries: Belgium, Croatia, Germany, Greece, Kosovo, Nigeria, Norway, Portugal, Slovenia, Spain, The Netherlands, United Kingdom in 2007-2008.

The IFPMM is a method to facilitate organisational development using group-based formative assessment and benchmarking. The IFPMM instrument is copy-right free and can be accessed by registering a username and password on the website. On receipt of an activation code and activating your account you can download the IFPMM instrument in the language of your choice. Currently, the IFPMM is available in Albanian, Croatian, Dutch, French, German, Greek, Italian, Norwegian, Portuguese, Slovene, Spanish, Swedish and Turkish.

[All information regarding the design and use of the IFPMM can be found here](#)



The European Practice Assessment (EPA)

The EPA instrument is an internationally standardized and validated instrument for assessing practice management in primary care practices. It was developed by an international group of researchers, linked to EQuiP, and the Bertelsmann Foundation, Gütersloh Germany.

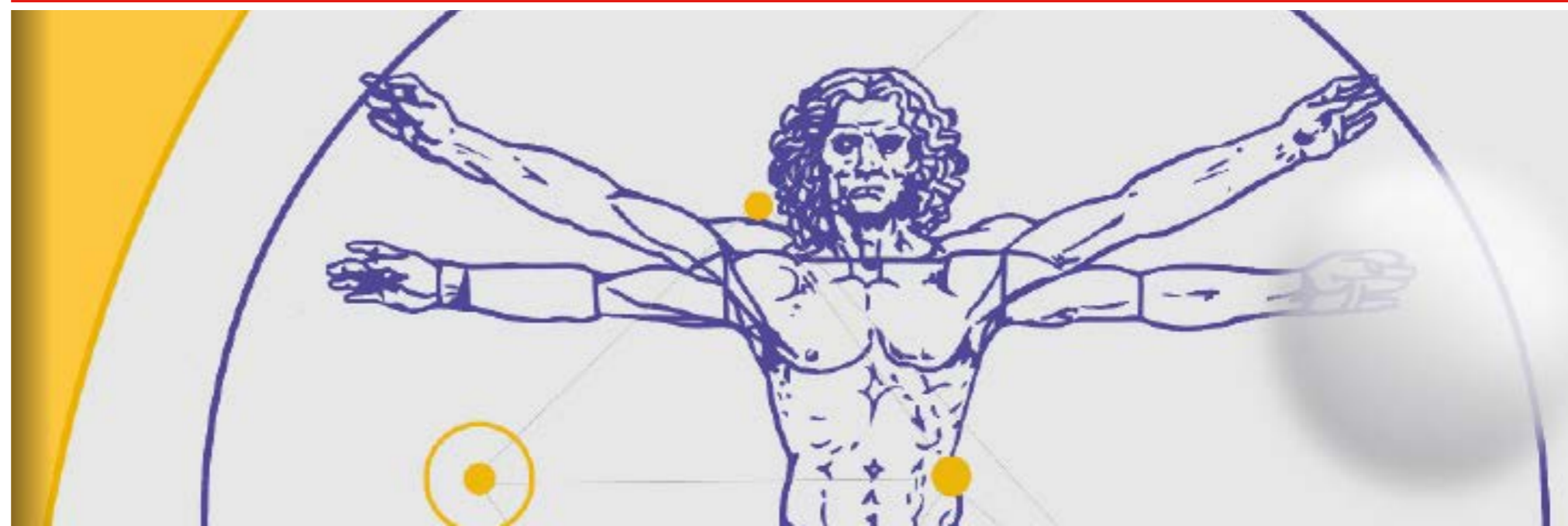
The EPA indicators have been developed in an international study (2001-2004). The national implementation of EPA lies within the responsibility of the individual countries. During the pilot study 50 practices were included for each country.

Since the pilot study, EPA was used in the following countries: Belgium, Germany, Netherlands, Slovenia, and Switzerland. Furthermore Romania as a new country has started a pilot study using EPA and several more new countries think of using EPA, or already made project plans (e.g. Saudi Arabia and Qatar). Read more [here](#)

Here you can see [slides from Sara Willms' presentation](#) on new EPA results from 2011.

[EPA information paper english 2008](#)





// 1. About

// 2. Projects

2.1 EUROPEP

2.2 Organisational Development
in Family Medicine

2.3 inGPinQI

2.4 PECC-WE

2.5 Quality Circles

// 3. Members

// 4. Events

// 5. Future

inGPinQI (Innovative lifelong learning of GPs in QI supported by information technology)

The aim of the Leonardo da Vinci (EU) project Innovative lifelong learning of GPs in QI supported by information technology (inGPin-QI) is to improve the existing training programs for both GPs and teachers in family medicine (FM) in the field of QI by implementing new innovative didactic tools and methods in existing educational systems in Europe supported by Information/Internet Technology (IT).

The project is focused on: (1) hypertension and (2) diabetes mellitus which appear as the most important problems of public health in Europe.

Results

Two reports with the systematic overview of the existing training programs in QI and successfully implemented quality projects (which adopt a broad view of the magnitude and nature of quality), that will be developed in the project – helps us in creating an important European perspective that couldn't be achieved based on experience from one country only.

Data included in the reports may be used to stimulate interest of family medicine teachers on QI topics.

A description of quality projects undertaken in general practice, presentation of the best examples with analysis of its success factors can help in informing them about valuable developments.

That mapping done in our project will give the basis for developing the following project results:

- Guide Book containing guidelines on effective development and implementation of QI programs on EU level.
- New guidelines for the management of: (1) arterial hypertension and (2) diabetes mellitus.
- A VET training course and learning materials on QI for family medicine teachers.
- A distance-learning course for GPs on QI.
- A web-based tool for measuring the GPs' educational needs on QI in family medicine.

[Link to English GuideBook here](#)

Partnership

Partnership of the project consist of 6 Partners from 5 countries: PL, CZ, DK, NL, SI. The partnership is built on the basis of searching of active partners in project area in the EU. All partners have a wide practical and theoretical experience in teaching and quality improvement themes, necessary to cover project activities and to achieve results envisaged. A various character of partners (universities, associations, SME, international organizations) ensures a complex approach to achieving project goals.

EQuiP comprises 2 delegates appointed by the European Colleges of Family Practice on the ground of their expertise in practical tutorial or research related expertise in Quality in General Practice. [Read more here](#)

Videos

Presentation of EQuiP's Leonardo da Vinci project (English) [here](#)

Presentation of the results of EQuiP's Leonardo da Vinci project (English) [here](#)

Publications

[Role of European academy of teachers in family practice](#)

[Perceptions on Competencies of GPs in Albania](#)

[Quality Improvement Competency Gaps In Primary Care](#)

[Development of a Competency Framework](#)

[Teaching quality improvement in family medicine](#)

Tomasz Tomasiak



// 1. About

// 2. Projects

2.1 EUROPEP

2.2 Organisational Development in Family Medicine

2.3 inGPInQI

2.4 PECC-WE

2.5 Quality Circles

// 3. Members

// 4. Events

// 5. Future

PECC-WE (Patient Empowerment in Chronic Conditions - WONCA Europe)

On September 9th 2011, the minor revision of the WONCA Europe definition of general practice included as its 12th characteristic "Promotion of patient empowerment and self-care". There is a need to enable GPs to fulfill this specific element of general practice.

In order to create a structured approach in primary care to effective patient self management of chronic conditions, it is necessary to specifically assess which educational interventions aimed at health professionals in primary care produce improvement in effective self management by patients of their own chronic conditions.

Work Package 1a: Systematic review

Aim:

- To inform the development of a template educational package (WP2) for primary healthcare professionals across Europe, to assist these health professionals in empowering patients to improve patient self-management of their chronic conditions (non-communicable disease).

Core findings:

- Training primary healthcare professionals is critical for patient empowerment in chronic disease.
- Key elements of training include motivational interviewing, goal setting, reflective listening and patient partnerships.

Status: Completed.

Final Analysis and Write Up stage by ICGP June 2014.

Work Package 1b:

Create an online repository of Information for Education, further research, and exploration of the concept of patient empowerment

Status: Ongoing.

Work Package 2: Development of the evidence based summaries and educational framework

- An online course has been produced as a product of WP2 based on WP1 outputs. This consists of online access to slides including animated dialogue between patient and primary care health professional and links to two videos of consultations specifically created for this project, one between a GP and patient and another between a practice based/ community based nurse and the same patient (actor).
- Publishing of this e-learning course/tool was possible using the authoring tools of Duodecim e-learning portal. Access the trial version here:

• PC

• Tablet

This was demonstrated during Wonca Europe Lisbon 2014 at the Wonca Open Forum Meeting and at the EQUIP Workshop on Patient Empowerment on Saturday morning 11.00.

Further translation of the course into other languages is planned during 2014.

• In German

Status: Completed.

Work Package 3: Evaluation of the online course for Patient Empowerment for Patient Self-Management of Chronic Conditions

Aim:

- To design
 - a) an explorative evaluation (mostly focus groups or meetings) analyzing the data, supporting EQUIP to design
 - b) a systematic evaluation of the self management package in different European countries, managing the pilot/the survey in German practices, to manage the data, analyzing the data, drafting papers.

Andrée Rochfort



// 1. About

// 2. Projects

2.1 EUROPEP

2.2 Organisational Development
in Family Medicine

2.3 inGPInQI

2.4 PECC-WE

2.5 Quality Circles

// 3. Members

// 4. Events

// 5. Future



Quality Circles

Dear EQuiP member,

We would like to update the following publication: The development of quality circles/peer review groups as a method of quality improvement in Europe. Results of a survey in 26 European countries (M Beyer, FM Gerlach, U Flies, R Grola, with contributions by Z Królb, A Munckc, F Olesend, M O'Riordane, L Seuntjensf and J Szecsenyi).

Several characteristics of general practice which might favor the development of QCs/PRGs were identified in the survey and they were validated through additional questions to national experts and written material.

7 possible characteristic factors included:

- Employment conditions of GPs (employed/self-employed)
- The type of remuneration (salary)
- Capitation fee/fee for service
- Predominant practice organization (sole practitioner/group practice, health centre)
- The gatekeeping role of GPs
- The existence of a practice list
- The proportion of vocationally trained GPs in primary care.

The authors allowed us to use their original questions which we updated so that the factors above can be rechecked and others may be recognized and evaluated. If QCs are not used in your country, please, fill in the coming questionnaire anyway, we appreciate your answers. The results of the survey on structured small group work ought to be ready for the meeting on that topic in April 2015 in Switzerland.

Best wishes,

Adrian Rohrbasser and Ulrik Bak Kirk

What are Quality Circles (QCs)/Peer Review Groups (PRG)?

Quality Circles (QCs) /Peer Review Groups (PRG) are small groups of 6 to 12 professionals working in general practice who meet at regular intervals to consider their standard practice.

QCs select the issues they want to deal with themselves and decide on their method of gathering data as well as deciding on a way of finding solutions to the problems. Participation and certain topics may be mandatory for accreditation or for reimbursement by health insurance companies.

The groups provide a social context for reflective practice and allow the dissemination of knowledge to the work practices of the participants. The method they choose usually comprises a combination of different types of intervention such as educational material which is discussed in a workshop-like atmosphere, contact with local knowledge experts, audit and feedback with or without outreach visits, facilitation and local consensus processes. Educational material and data support may be offered by different organisations.

The groups are led through the circle of quality by facilitators who try to keep the members focused on the issue without controlling them, respecting the contribution of each individual and taking into consideration the dynamics in QCs.

Please, fill in the QCs survey [here](#)



// 1. About

// 2. Projects

// 3. Members

3.1 Individual membership

3.2 Organisational membership

3.3 Application Procedure

3.4 Membership fees

// 4. Events

// 5. Future

Membership

At the 43rd EQuiP Assembly Meeting 5-6 April 2013 Ulrik Lystbæk Kirk was welcomed as manager/administrator for EQuiP. The development of his role in EQuiP has evolved over recent meetings to manage the administration of EQuiP in between the twice yearly meetings, and also to develop the EQuiP website and update it for members and for public access.

Ulrik Kirk has also been involved as administrator, coordinating the work of the Working Group for Revision of the Constitution to accommodate individual and organisational membership. He has been working closely with president of EQuiP, Tina Eriksson, on proposals for fee structures, meeting structures for the twice yearly meetings, and on the EQuiP newsletter.

EQuiP organises a members' meeting each spring open to all EQuiP members. EQuiP organises a meeting for the EQuiP council members and the advisory board only each autumn. The EQuiP council meeting is organised by the national EQuiP council members of the host country in collaboration with the EQuiP secretariat.

Membership: What's in it for me?

EQuiP offers a platform of the knowledge base and for the discussion between GPs, researchers and organisations involved in quality and safety of family medicine. EQuiP is currently engaged in a number of projects in the field of quality and safety in Europe.

Members of EQuiP enjoy a number of benefits:

- You will become a member of the largest and best functioning GP based network on quality and safety in the world.
- You will get to know colleagues from European countries working in the field of quality and safety.
- You will have the possibility of taking part in conferences and meetings of EQuiP at a reduced price.
- You receive four yearly newsletters.



The very first individual member of EQuiP

Dr. Ayşe Çaylan from Turkey was welcomed as the first individual member of EQuiP as she joined EQuiP during the 42nd Assembly Meeting of EQuiP in November 2012 in Erzurum, when EQuiP was opened to individual membership and to organisational membership.

See why Ayşe Çaylan from Turkey became the very first individual member of EQuiP [here](#)



Application procedure and membership fees

You may apply for membership by using [the application form](#) on the EQuiP webpage. The EQuiP executive must accept each application for membership.

You are expected to pay for membership in advance. All EQuiP council members must also pay membership fees. Membership fees are defined by the EQuiP executive board.

Please be aware that you are not an EQuiP member unless this process has been completed and cannot participate in any formal proceedings. You will also forfeit your membership if you do not pay your subscription in the appropriate calendar year.

We wish you great success with your application, and that you will enjoy your membership.



// 1. About

// 2. Projects

// 3. Members

3.1 Individual membership

3.2 Organisational membership

3.3 Application Procedure

3.4 Membership fees

// 4. Events

// 5. Future

Individual membership

Who can apply?

General practitioners (practicing or academic) may become individual EQUIP members. Medical doctors and other health professionals (academics, staff members and patients) involved in quality development in general practice may be extraordinary members.

Individual and extraordinary EQUIP members must reside in one of the European WONCA membership countries. However, the EQUIP executive may decide to grant membership to applicants residing in countries outside Europe and also to applicants residing in countries that are not WONCA Europe members.

The EQUIP executive board must accept each individual and extraordinary membership.

What's in it for me?

EQUIP offers a platform of the knowledge base and for the discussion between GPs, researchers and organisations involved in quality and safety of family medicine. EQUIP is currently engaged in a number of projects in the field of quality and safety in Europe.

Members of EQUIP enjoy a number of benefits:

- You will become a member of the largest and best functioning GP based network on quality and safety in the world.
- You will get to know colleagues from European countries working in the field of quality and safety.
- You will have the possibility of taking part in conferences and meetings of EQUIP at a reduced price.
- You receive four yearly newsletters.

The very first individual members of EQUIP

Dr. Ayşe Çaylan from Turkey was welcomed as the first individual member of EQUIP as she joined EQUIP during the 42nd Assembly Meeting of EQUIP in November 2012 in Erzurum, when EQUIP was opened to individual membership and to organisational membership.

See why Ayşe Çaylan from Turkey became the very first individual member of EQUIP [here](#)



Furthermore, EQUIP is very honored to welcome professor Sara Willems as individual member of EQUIP. In 2011 she was appointed as the first professor in Health Equity at Ghent University.

In April 2011 at the EQUIP Invitational Conference in Copenhagen, Sara Willems together with Piet van den Bussche & Dirk Avonts held the workshop "Do we treat all patients equal? Equity as a criterion to evaluate quality of primary care". [See webcast here](#)

In April 2013 at the 43rd EQUIP assembly meeting in Paris on "Equity as a Dimension of Quality in Primary Care", Sara Willems gave two presentations on:
1) Introduction: Frame, definitions, issues [see PP slides here](#) and [see webcast here](#)

2) Equity in primary care in Europe: First results of the QUALICOPC study [see PP slides here](#)

Application Procedure and Membership fees

You may apply for membership by using [the application form](#) on the EQUIP webpage. The EQUIP executive must accept each application for membership.

You are expected to pay for membership in advance. All EQUIP council members must also pay membership fees. Membership fees are defined by the EQUIP executive board.

Please be aware that you are not an EQUIP member unless this process has been completed and cannot participate in any formal proceedings. You will also forfeit your membership if you do not pay your subscription in the appropriate calendar year.

EQUIP organises a members' meeting each spring open to all EQUIP members.

We wish you great success with your application, and that you will enjoy your membership.

Tina Eriksson

Andrée Rochfort

José Miguel Bueno Ortiz



// 1. About

// 2. Projects

// 3. Members

3.1 Individual membership

3.2 Organisational membership

3.3 Application Procedure

3.4 Membership fees

// 4. Events

// 5. Future

Organisational membership

Who can become and organisational member?

Institutional members can be scientific societies of GPs and other organisations and institutions involved in quality development and patient safety in GP/FM or primary care.

What's in it for me?

EQuiP offers a platform of the knowledge base and for the discussion between GPs, researchers and organisations involved in quality and safety of family medicine. EQuiP is currently engaged in a number of projects in the field of quality and safety in Europe.

Organisational members of EQuiP enjoy a number of benefits:

- You will become a member of the largest and best functioning GP based network on quality and safety in the world.
- You will get to know colleagues from European countries working in the field of quality and safety; institutional representatives have a seat in the EQuiP advisory board.
- You will have the possibility of taking part in conferences and meetings of EQuiP at a reduced price.
- You receive four yearly newsletters.

Organizational members 2014

The Finnish Medical Society [Duodecim](#)

The Coordination of Croatian Family Medicine: [KoHOM](#)

General Practice in Belgium:

[Domus Medica](#)

General Practice in Norway:

[Norsk Forening For Allmenntmedisin](#)

General Practice in Portugal:

[Associação Portuguesa de Medicina Geral e Familiar](#)

General Practice in Slovenia:

[Zdravstveni Dom Ljubljana](#)

General Practice in Spain:

[semFYC \(Sociedad Española de Medicina de Familia](#)



The very first organisational member of EQuiP

The Finnish Medical Society Duodecim is a scientific society with almost 90% of the Finnish doctors and medical students, altogether over 20.000, as members.

Duodecim Medical Publications Ltd. carries out the Society's mission to publish medical information.

The company is the leading Finnish publisher in the field of medicine providing the latest knowledge for health care professionals as well as for the general public interested in health care issues.

EQuiP is very proud and happy to pronounce [Duodecim Medical Publications Ltd.](#) as its very first organisational member.



Application Procedure and Membership fees

You may apply for membership by using [the application form](#) on the EQuiP webpage. The EQuiP executive must accept each application for institutional membership.

You are expected to pay for membership in advance. Institutional membership fees are defined by the EQuiP executive board and are tri-annual.

EQuiP organises a meeting for the EQuiP council members and the advisory board only each autumn. The EQuiP council meeting is organised by the national EQuiP council members of the host country in collaboration with the EQuiP secretariat.

Tina Eriksson

Andrée Rochfort

José Miguel Bueno Ortiz





// 1. About

// 2. Projects

// 3. **Members**

3.1 Individual membership

3.2 Organisational membership

3.3 Application Procedure

3.4 Membership fees

// 4. Events

// 5. Future

Application Procedure 1-2-3

Step 1:

Apply for EQuIP membership

EQuIP has opened for memberships, and you may apply for membership by using [the application form](#)

The EQuIP executive must accept each application for membership.

Step 2:

Pay in advance for the EQuIP membership

If the EQuIP executive accepts an applicant, a letter of confirmation with bank account informations etc. will be sent to whom it may concern.

You are expected to pay for membership in advance. All EQuIP council members must also pay membership fees. Membership fees are defined by the EQuIP executive board.

Step 3:

Receive official statement on the EQuIP membership

Once the accepted applicant has paid the membership fee, (s)he is officially an EQuIP member, and s(he) will receive an official document stating so.

Please be aware that you are not an EQuIP member unless this process has been completed and cannot participate in any formal proceedings. You will also forfeit your membership if you do not pay your subscription in the appropriate calendar year.

We wish you great success with your application, and that you will enjoy your membership.



// 1. About

// 2. Projects

// 3. Members

3.1 Individual membership

3.2 Organisational membership

3.3 Application Procedure

3.4 Membership fees

// 4. Events

// 5. Future

Membership fees

EQuiP Membership Fees

Fees	Membership Type	
	INDIVIDUAL MEMBERSHIP	INSTITUTIONAL MEMBERSHIP <i>1 delegate/meeting</i>
<u>Institutional membership fees – 3 years</u>		
Group 1: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Israel, Italy, Luxembourg, Netherlands, Norway, Slovenia, Spain, Sweden, Switzerland, United Kingdom	--	€ 500 (Group 1)
Group 2: Belarus, Bulgaria, Croatia, Cyprus, Estonia, Greece, Hungary, Latvia, Lithuania, Malta, Poland, Portugal, Slovak Republic, Turkey,	--	€ 400 (Group 2)
Group 3: Albania, Bosnia-Herzegovina, Georgia, Macedonia, Moldova, Montenegro, Romania, Russia, Serbia, Ukraine	--	-- (Group 4)
Group 4: Students, Vocational Trainees and Members of the Vasco da Gama Movement		
	€ 60 (Group 1)	--
	€ 50 (Group 2)	--
<u>Individual and/or extraordinary membership fees - 1 year</u>	€ 40 (Group 3)	--
	€ 30 (Group 4)	--



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fisingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future

Events

EQuiP Conferences

EQuiP has so far organised Open Invitational Conferences in order to offer a platform of exchange of expertise for researchers and policy makers in all European countries, which are involved in quality improvement in Family Medicine.

1st EQUIP Invitational Conference: Quality Improvement in Family Practice: New Developments. Zürich, Switzerland, 1997.

1st European Network Organisations Open Conference WONCA'99. Palma de Mallorca, Spain, 1999

2nd EQUIP Invitational Conference: Quality in Family Practice. From ideas to implementation. Lisbon, Portugal 2002

3rd EQUIP Invitational Conference: Quality improvement in General Practice/Family Medicine. Is it still a hobby? Heidelberg, Germany, 2003

4th EQUIP Invitational Conference: From Theory to Practice. Brussels, Belgium, 2004

5th EQUIP Invitational Conference: The impact of Health System Reform on Quality in GP/FM. Barcelona, Spain, 2006.

6th EQuiP Invitational Conference: Copenhagen, Denmark, April 2011 Value for money in general practice - management and public trust. Copenhagen, Denmark, 2011.

See Ulrik Kirk's video previews with key note speakers Martin Roland and Iona Heath as well as conference videos from the [EQuiP Invitational Conference 2011 here](#)



EQuiP Assembly Meetings

The 40th EQuiP assembly meeting in Zagreb 3-5 November 2011 was truly special in various ways. All the way through the main focus and theme of the meeting was practice accreditation – from the national updates, the interaction with the Croatian primary care organizations, the open part of the meeting and the group work afterwards.

The open part of the meeting was a new initiative, and it proved very valuable with interesting presentations on the accreditation systems in the UK, the Netherlands, Germany, Estonia and Croatia.

This meeting was also the first one with audio and video recordings (pod- and webcasting).

Read much more about these thematic assembly meetings in this interactive PDF.

Now, EQuiP's new and open conferences aim at presenting cutting edge knowledge on quality of primary care/family medicine to a selected audience of the administrators and politicians involved in the European primary sectors.

Tina Eriksson

// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



47th EQuiP Meeting in Fischingen (Switzerland) 23-25 April 2015

The 47th EQuiP Assembly Meeting will be held in Fischingen in Switzerland from 23-25 April 2015. The theme will be Knowledge Translation in Primary Health Care: Focus on Quality Circles.

Ongoing quality improvement is fundamental to modern family medicine; it is about providing person-centred, safe and effective care, and efficient use of current resources in a fast-changing environment. There are diverse methods, tools and approaches to quality improvement.

Quality Improvement (QI) is an organised and data-guided activity which brings about positive change in the delivery of care; sharing with Knowledge Translation (KT) the desire to increase the prospect of favourable patient outcomes. Whereas QI affects local problems like perceived inefficient, harmful or badly-timed health care, KT deals with generalizable concepts to increase and disseminate knowledge. In other words, KT is the synthesis, dissemination and exchange of knowledge to provide effective health care, and QI is the process at the local or organisational level where quality issues arise..

Knowledge and skills acquired during medical education are insufficient for maintaining an adequate level throughout a professional career. Therefore, continuous development requires continuous medical education (CME).

CME is a form of education where physicians acquire new knowledge from research and publications. Incorporation of new medical knowledge into the professional role that allows delivery of good-quality patient care is called continuous professional development (CPD). CME and CPD are necessary prerequisites for both QI and KT.

The emphasis of this conference is on Quality Circles (QCs), small groups of 6 to 12 professionals from the same background who meet at regular intervals to consider their standard practice. The focus of discussion is usually a critical evaluation of a key aspect within the multifaceted nature of quality in health care.

QCs are commonly used in primary health care in Europe to consider and improve standard practice over time. They represent a complex social intervention that occurs within a fast-changing system. Numerous controlled trials, reviews and studies have shown small but unpredictable positive effects on behaviour change. Although QCs seem to be effective, stakeholders have difficulties understanding how the results are achieved and in generalising them with confidence.

The objective of the conference is to document the range of components that characterise QCs, their underlying mechanisms and the local context in which they are conducted. The patterns in which components act both independently and inter-dependently within

QCs have to be investigated and mapped in relation to variations in these underlying mechanisms and the local context. A survey on QCs in European countries will be repeated.

The aim is to identify optimal conditions for success which may then inform participants as they manage and maintain current QCs and plan future ones to improve clinical practice. Basically, it is about unpacking the black box to see what variations of the programme work for whom and under what contextual features by looking at numerous projects that have been undertaken.

Successful projects may show what works, whereas unsuccessful projects will show what does not work. Oral presentation of the projects will be followed by discussions in small groups. Workshops on various aspects will give insight into different issues QCs work with.

Relevant resources

- [Download application](#)
- [Read announcement](#)
- [Read more here](#)

Please, fill in the QCs survey [here](#)



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

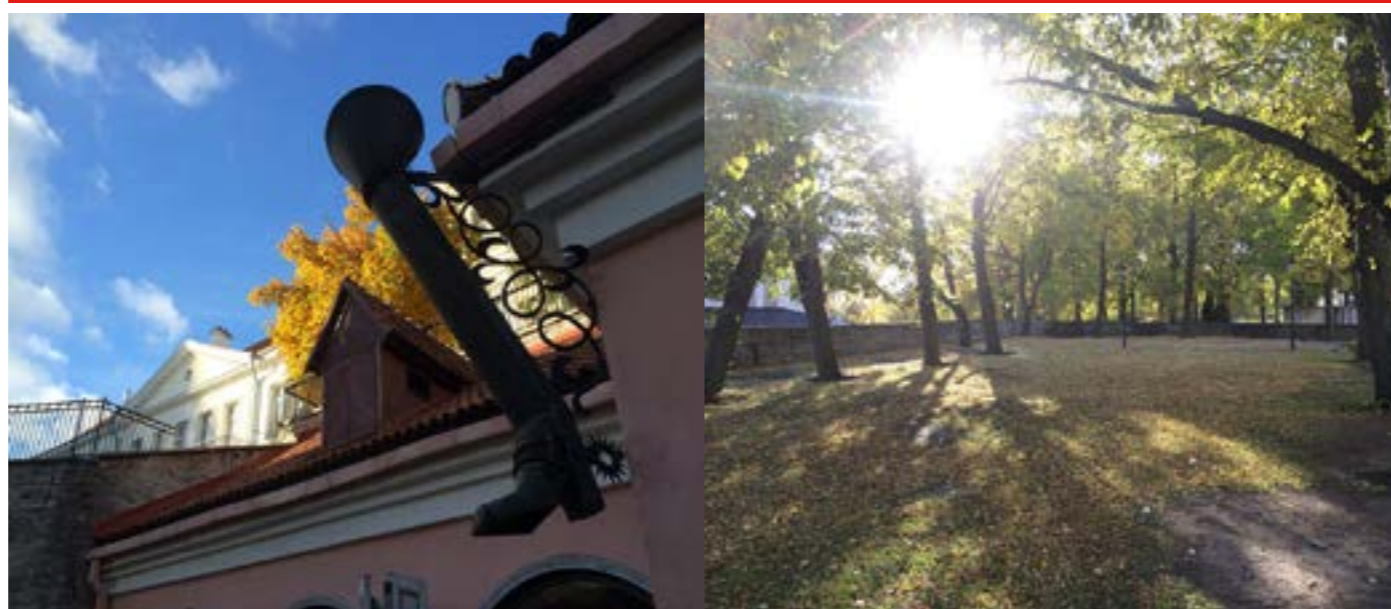
4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



46th EQuiP Meeting in Talinn (Estonia) 16-18 October 2014

Autumn 2014, Tallinn, Estonia

Ladies and gentlemen,

It is our honour to invite you to the 46th EQuiP Assembly Meeting being held in Tallinn in Estonia from 16-18 October 2014, and to the conference with the title **Digital prescribing in primary care: A tool for prompt service or a challenge to quality evaluation?** taking place as part thereof.

Digital prescriptions are one of the tools we as Estonian doctors use in our everyday work to prescribe medicines to our patients. They came into our lives in 2010, accompanied by debates, complaints and problems in the first few months of their use.

Today we are accustomed to prescribing digitally – it represents a fast and accurate way of issuing medications to patients and allows doctors to monitor medicines that have been prescribed and purchased. But what else has it changed? What is the European experience of digital prescribing?

This is an issue we want to talk about and share our views on.

We hope this autumn event in Tallinn will be a memorable and inspiring one.

See you at the conference!

Yours,

Katrin Martinson & Le Vallikivi

On behalf of the board of the Estonian Society of Family Doctors

[Read much more about the event here:](#)





45th Assembly Meeting in Ljubljana: Interprofessional Management of Patients in Family Medicine

The 45th EQuiP Assembly Meeting was held in May 8-10th 2014 in Ljubljana, Slovenia. The theme was Interprofessional Management of Patients in Family Medicine.

This correlates well with the three competences of family physician:

- To use a comprehensive approach
- To be oriented towards community and to utilise a holistic model of care.
- This approach encompasses managing both acute and chronic health problems, applying health promotion and disease prevention, managing and coordinating health promotion, prevention, cure and care, and reconcile the health needs of individual patients and the health needs of the community.

To accomplish the above mentioned tasks, there is a need for team work in family practices, and between family practices and the community, which includes the transfer of some tasks and performance to other member of family physicians' team and involving the multidisciplinary team in the community, for example, nurse practitioners managing chronic patients and performing preventive activities, clinical pharmacists managing the problem of polypharmacy, patient groups, voluntary agencies and team members promoting and managing patient self-management of their illnesses, social workers managing the social problems of patients etc.

Interprofessional management of patients in family medicine therefore offers quality management of patients and even more potential for quality improvement.

[See photos from the EQuiP Meeting here:](#)

Videos

- Diederik Aarendonk:
[Team work -- the future of primary care](#)
- Balázs Hankó:
[Recent developments in pharmaceutical care](#)
- Guido Schmiemann:
[Communication in serious adverse drug events](#)
- Eva Arvidsson:
[Management of chronic patients in Sweden](#)
- [Panel Discussion](#)
- Janko Kersnik:
[Interprofessional collaboration in family practice in Slovenia](#)
- Metka Žitnik Šircelj:
[Patients' attitudes towards nurse practitioners in family practice in Slovenia](#)
- Zalika Klemenc Ketiš:
[Patients' evaluations of multidisciplinary care](#)

// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



44th Assembly Meeting in Bologna: Patient Empowerment

Gianluigi Passerini - *Chronic diseases management, multimorbidity, resources limitation and quality in Italian General practice / Family Medicine*

Angelo Campanini - *Primary Care in Emilia Romagna*

Ilkka Kunnamo - *Visions for EquiP Duodecim projects*

Adrian Rohrbasser - *Quality Circles (Continuing Medical Education, CME) and Quality Improvement*

Ernesto Mola - *Patient Empowerment Concepts*

Andrée Rochfort - *The Patient Empowerment in Chronic Conditions project, EquiP / Wonca Europe (PECC-WE)*

Stefano Del Canale - *A Comprehensive Approach to Reducing Hospitalisations in Chronic Health Failure patients: a pilot project in Parma, Emilia Romagna Region, Italy*

See webcasts from selected presentations here.



[Access programme and relevant PP slides here.](#)



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



© WONCA

WONCA World 2013 in Prague 25-29 June 2013

This year's WONCA World conference in Prague was a very fruitful event, I think to everyone who participated but to me in particular. Many thanks to Bohumil Seifert for a very well organized event.

In my memory of the conference four events stood out:

- As the first, I will mention the opening event an outstanding performance was of the local band of hand-capped youth – the TAP TAP, composed from hand-capped people of Jedlickuv ustav. The presences of the group set a great and inviting and including atmosphere and the performance was uplifting.

- The second event of personal importance to me was the key note lecture by professor Igor Švab. He stated: "By putting too much focus on measurable standards and by forgetting the personal approach, we are denying our patients our feelings, our wisdom, our caring, our love, the very values that are needed in a world dominated by productivity and profit. Using rationalistic measures only is not enough in explaining quality and contribution of family medicine". For those of you who did not attend the Prague conference, Igor's speech was recorded and can be found at:

<http://wonca2013.tone.cz/>

- The third was the workshop by Andree Rochfort on the afternoon of Tuesday, June 25 "Sharing the skills to survive in a rapidly changing medical workplace". The message from the audience of international GPs was that the main stress factor in their present work life derives from quality measurement and accreditation programs.

Especially top-down approaches with little influence of the GPs and staff were conceived as problematic for job satisfaction, doctor-patient relations and recruitment of young GPs to GP/FM.

- The fourth was meeting the members of the WONCA World Working Party of Quality and Safety (WWWQOS). Members from Africa and Asia strive to improve care, to develop indicators of care, to measure care, to get access to evidence based guidelines, to teach quality and safety, because in many of their setting this is totally absent.

So on one hand, the measurement, the evidence based approach is of course needed. On the other hand, when applied, GPs become stressed, frustrated and overwhelmed by the bureaucracy of it all.

Bridging that dilemma is perhaps the most important task for EQUIP in the years to come. At the WWWPQS meeting, President Michael Kidd participated and urged the group to write up a policy statement before the end of the conference.

Through the great work of Alexandre Gouveia the draft statement attached here was written up. We feel that we succeeded in balancing the need for QI and Safety to patient centeredness, respect of patients' privacy and confidentiality, prioritizing quality and safety work and emphasizing the need of local leadership in the clinics of that work. You may find the draft policy statement here. Comments are very welcome.

In order to meet the needs of GPs who are at the beginning of the travel to quality and safety, we have the support from WWWPQS, also financially to create a repository of quality and safety tools on the EQUIP and WWWPQS websites.

The results of the Leonardo da Vinci project, the Linnaeus project and Canadian Cheryl Levitt's extensive work on quality indicators may be examples of work, that may be very good starting points.

Tina Eriksson



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



43rd EQUIP Assembly Meeting in Paris 5-6 April 2013: Equity

The main focus and theme of the 43rd EQUIP assembly meeting in Paris 5-6 April 2013 was Equity as a Dimension of Quality in Primary Care.

Huge variation exists in the care that patients with the same health problem receive. These variation may reflect good medical care, adapted to patient needs, which may be different.

However, sometimes variations in care between patient groups find their origin in social processes or are the result of underlying social mechanisms: Unequal access to care for patients from different ethnic or socio-economic groups or differences in treatment between groups without any medical evidence.

According to Barbara Starfield and the International Society for Equity in Health (ISEqH) equity in health care implies that there are no differences in health care where health needs are equal (horizontal equity) or that enhanced health care is provided where greater health needs are present (vertical equity).

Inequity in health care refers to variations in health care which are not the result of variations in the patient's need for care but from the patient's social status, income, ethnic background, gender, intelligence level, or ability or willingness to participate in the management of their own conditions.

See the [programme with slides here](#)

Hector Falcoff
Isabelle Depui

Webcasts:

[Sara Willems - Frame, definitions, issues](#)

[Yann Bourgueil - How primary care may reduce disparities? samme some Sara](#)

[Tim Doran - May P4P improve equity in primary care?](#)

[Gladys Ibanez - Why and how do we need to register the social status in the medical record? samme som Tim](#)

[Dorotheie Rambaud - The EQUIP delegates perception of equity in primary care](#)

[Laurent Rigal - Assessment of the equity of preventive care among GPs in training practices](#)

[Piet van den Busche - Teaching Equity in Health Care](#)

[Christos Lionis - The crisis and the equity of health care \(Greece\)](#)



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



42nd EQUIP Assembly Meeting in Erzurum 23-25 November 2012: Patient Safety

The main focus and theme of the 42nd EQUIP assembly meeting in Erzurum 23-25 November 2012 was Patient Safety in Family Practice.

We continued the new initiative from Zagreb and Stockholm - the open part of the meeting - and once again it proved very valuable with interesting presentations on recent developments in the health system of Turkey.

See the [programme with slides here](#)

Webcasts:

[Rabia Kahveci - Patient Safety in Turkey](#)

[Zekeriya Aktürk - Recent condition of family physicians in Turkey and future projections](#)

[Serhat Vancelik - Recent developments in the health system of Turkey](#)

*Nezih Dagdeviren
Zekeriya Aktürk*



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



41st EQuiP Assembly Meeting in Stockholm 12-14 April 2012: Nationally Aggregated Data in Family Medicine

The main focus and theme of the 41st EQuiP assembly meeting in Stockholm 12-14 April 2012 was Nationally Aggregated Data in Family Medicine.

We continued the new initiative from Zagreb - the open part of the meeting - and once again it proved very valuable with interesting presentations on nationally aggregated data experiences and systems from the UK, Belgium, the Netherlands, Sweden, Denmark, Finland, Spain, Catalonia and Portugal.

See the [programme with slides here](#)

Eva Arvidsson

Sven Engström

Webcasts:

[Nigel Sparrow - the UK](#)

[Piet Vanden Bussche - Belgium](#)

[Rob Dijkstra - the Netherlands](#)

[Sven Engström - Sweden](#)

[Henrik Schroll & Janus Laust Thomsen - Denmark](#)

[Klas Winell - Finland](#)

[José Miguel B. Ortiz - Spain Toni Dideu - Catalonia](#)

[Alexandre Gouveia - Portugal](#)



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



40th EQuiP Assembly Meeting in Zagreb 3-5 November 2011: Practice Accreditation

The 40th EQuiP assembly meeting in Zagreb 3-5 November 2011 was truly special in various ways. All the way through the main focus and theme of the meeting was practice accreditation – from the national updates, the interaction with the Croatian primary care organizations, the open part of the meeting and the group work afterwards.

The open part of the meeting was a new initiative, and it proved very valuable with interesting presentations on the accreditation systems in the UK, the Netherlands, Germany, Estonia and Croatia.

See the [programme with slides here](#)

*Zlata Ozvacic
Venija Cerovecki Nekic*

Webcasts:

[Dr. Zlata Ozvacic Adzic, Dr. José Miguel Bueno Ortiz and Dr. Le Vallikivi - Practice Accreditation](#)

[MD Piet Vanden Bussche -
The patient perspective on practice accreditation](#)

[Dr. Zlata Ozvacic Adzic and Dr. Le Vallikivi - Why practice accreditation is important and useful](#)

[Venija Cerovecki Nekic - Plan and structure of accreditation process in FM in Croatia](#)

[Hrvoje Tiljak - Accreditation in Croatian family medicine - ideas and lessons from past experience](#)

[Katrín Martinson - Building the QS in FM, Estonian experience](#)

[Helen Lester - European accreditation schemes – the UK](#)

[Rob Dijkstra - European accreditation schemes – the Netherlands](#)

Podcasts:

[Dr. Zlata Ozvacic Adzic, Dr. José Miguel Bueno Ortiz and Dr. Le Vallikivi - Practice Accreditation](#)

[Helen Lester - European accreditation schemes – UK](#)

[Rob Dijkstra - European accreditation schemes – the Netherlands](#)

[Venija Cerovecki Nekic - Plan and structure of accreditation process in FM in Croatia](#)

[Hrvoje Tiljak - Accreditation in Croatian family medicine - ideas and lessons from past experience](#)



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future



EQuiP Invitational Conference April 2011

The EQuiP Invitational Conference in Copenhagen from 7-9 April 2011 focused on: "Value for money in GP - management and public trust".

EQuiP's invitational conferences aimed at presenting cutting edge knowledge on quality of primary care/ family medicine to a selected audience of the administrators and politicians involved in the European primary sectors.

There was no conference fee - participants and presenters of projects were invited. The conference was supported by the Danish Regions, The Danish College (DSAM), The Danish Union of GPs (PLO) and EQuiP.

EQuiP delegates were responsible for inviting a restricted number of participants from each of the member countries of WONCA-Europe.

Key note speakers were Frede Olesen, Andreas Christian Sønnichsen, Iona Heath, José Braspenning, Martin Roland and Richard Roberts.

See the entire conference [programme with slides here](#)

[See conference webcasts here](#)

[See conference pictures here](#)

*Tina Eriksson
Yuse de Boer*



// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fisingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future

EQUIP Summer Schools

Quality improvement (QI) has a high priority in health care. Many countries have also started programs to develop patient safety. Process and indicator development, benchmarking and implementation of changes are the essence in quality development work, where many are involved. EQUIP wants to support training of researchers in this specific field by organizing international courses.

In the early nineties, for several years, EQUIP organized a Summer School on Quality Improvement in Primary Care for young professionals. These Summer Schools were organized for EQUIP by the Universities of Maastricht and Nijmegen in the Netherlands and were very successful.

The First EQUIP Summer School 2009

In 2008 EQUIP decided to restart this initiative with the emphasis on Research in Quality Improvement. There is a need in several countries within the EQUIP family. The new tradition of summer courses, organised in different countries and on different locations, as to ensure people to have an easy access, started off successfully in Tuusula, Finland in 2009.

The first EQUIP Summer School on Quality Improvement in Primary Health Care took place in Tuusula (Finland) from 5-8 August 2009. The aims were to bring together twenty young PC professionals and teach them about research in Quality Improvement in PC, and to support and sustain networking between the participants. ‘

[Read more here](#)



The Second EQUIP Summer School 2011

The second EQUIP Summer School on Research and Developments in Quality Improvement in Primary Care took place in Ghent (Belgium) from 28-31 August 2013 in cooperation between EQUIP, Domus Medica and the Ghent University (Department of Family Medicine and Primary Health Care).



In this video Piet Vanden Bussche explains the background for the EQUIP Summer Schools and Dr. Jan Kovar shares his experiences from the Equip Summer School 2011 in Ghent in Belgium. [Read more here](#)

*Piet vanden Bussche
Jan Kovar*

The Third EQUIP Summer School 2013

The third EQUIP Summer School on Quality Improvement in Primary Care: Instruments, Evaluation, Research took place in Berlin (Germany) from 19-22 July 2013 in cooperation between EQUIP, Institute of General Practice and Family Medicine and the DEGAM.



In this video professor Frede Olesen (Denmark) explains, why he considers the EQUIP Summer Schools as one of the important initiatives in EQUIP for Quality Improvement: [Read more here](#)

*Hector Falcoff
Andrée Rochfort
Jochen Gensichen*





// 1. About

// 2. Projects

// 3. Members

// 4. Events

4.1 Fischingen, 2015

4.2 Talinn, 2014

4.3 Ljubljana, 2014

4.4 Bologna, 2013

4.5 Prague, 2013

4.6 Paris, 2013

4.7 The years 2011/2012

4.8 Summer Schools

// 5. Future

EQuIP Summer Schools 2014

Quality and Safety in health care are key factors of the re-organization of all the European Health Systems.

At the moment these dimensions have been addressed mostly in hospitals.

Their development in primary care raises many issues for professionals as well as researchers.

The EQuIP Summer Schools aim to enable health professionals to initiate or improve a QI project of their own. It is a 4 days residential training course, taking place in a friendly venue.

The program alternates lectures and workshops. High-level European experts in Quality, the diversity of experiences and perspectives contribute to rich and effective exchange of knowledge.

EQuIP Summer School in Denmark

This year the VdGM and EQuIP were collaborating on establishing an EQuIP Summer School in Denmark. From July 31 to August 3, the area of Middelfart in Denmark welcomed 18 participants from all over Europe.

Participation in this Summer School was totally free, and it included tuition, meals and accommodation.

- [Letter of Thanks from Dr. Susann Schaffer](#)
- [Letter of Thanks from Dr. Sandra Adalgiza Alexiu](#)



Testimonials from participants

“Location and facilities were very nice. The food, our professors, the quality and content of the classes, and the morning exercises were excellent.”

“What would be your maximum price for attending a Summer School? It depends of the country, where the summer school was going on.

As Denmark is very expensive country, I could never attend a summer school here if it would not be free or for a symbolic attending fee.”

“The teachers were extremely qualified and also very keen on teaching and pedagogical methods.”

“I had never heard about PICO’s method before, and I found it very useful to structure the aim and method of a quality improvement project or a research.”

“Presenting our questions and PICO’s and getting feedback and discussing them with the group and professors was especially good.”

“People, who participated, were very interesting and each and every one with a different experience and point of view, so we all learned a lot from each other.”





Future of EQUIP

As previously mentioned, quality and safety in primary health care is on the agenda of all stakeholders; policy makers, administrators, insurance companies, patient groups etc.

The themes are central in the discussions about all aspects of the organisation of the sectors, work modes, financial incentives etc. As GPs, we need our own networks of researchers and GPs working in the fields of quality and (patient) safety.

The issues of quality and safety are not straight forward, as the work of GP/FM is complex and many patients have several conditions to take into account. There is a growing knowledge on measuring quality and safety, but many questions remain to be asked:

- Does the focus on measurement change the consultation process itself with the individual patient, and is it for the better?
- Does quality measurement change the focus on the measurable parts of the consultations?
- Does quality measurement and pay-for-performance enhance or decrease equity of health care?
- What is really measurable, and to which extent are the results valid?

In a situation, where GPs all over Europe are faced with increasing demands for measurement of quality of care and transparency, EQUIP becomes increasingly important and a knowledge exchanging and generating network based on GPs and researchers in the field.

The most recent example hereof is the open letter to the OECD review team on Health Care Quality in Denmark, [Errors and Omissions on Danish GP](#) (20 April 2013), which was authored by the president of EQUIP.

Tina Erikson

