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2004: Quality in Practice in Amsterdam

Can the programme content be given greater depth, and can Wonca Europe conference programmes be made more structured and coherent? Can young general practitioners be involved more intensively to help nurture the exciting, dynamic developments in family medicine?

These were the key questions asked by the conference committee while preparing for the conference: a conference that took place in the knowledge that a Wonca World Conference was to take place in Orlando that same year, at a time when we were facing worsening economic conditions, waning enthusiasm for family medicine and low morale among general practitioners, not just in the Netherlands but throughout Europe.

Organising the conference

To ensure a more in-depth level of the knowledge offered, clinical expert groups with ties to international counterparts were involved in preparing the programme. They were tasked with programming the conference sessions according to a conceptual framework defined by the conference committee.

The result was a programme with three conference days, each emphasising a different aspect of family medicine. The first day focused on clinical skills. The second day considered communication and attitude. The final day looked at practice and organisational management.

Conference days one and three kicked off with opening addresses on that day's theme by keynote speakers. Rather than follow the Wonca Conference tradition of programming two keynote speakers in the opening session, the organisers opted to close the day with a talk by a planned keynote speaker. This gave each conference day a joint opening and closing moment, contributing in part to the high participant turnout throughout the entire day.

As noted above, each conference day had a different focus: clinical skills, communication and attitude, and on the final day, practice and organisational management. Bearing each day's focus in mind, sessions were planned in seven clinical sub-areas: respiratory medicine, cardiovascular medicine/diabetes, gastroenterology, palliative care, mental health care, locomotor system and urogenital disorders.

The programme featured a mix of session types. In addition to planned keynote speeches, the programme consisted of a variety of parallel sessions. New for this conference were the 'state of the art' sessions and debate sessions.



Quality in Practice

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Debate and state of the art in clinical sub-areas

During the debate sessions, proponents and critics of controversial subjects in healthcare were given a platform to air their views. Voting machines were used to determine the degree to which the arguments influenced participant opinion. Participants in the room were also given an opportunity to ask questions.

Debate sessions were held on antidepressant use, the polypill as prevention for cardiovascular disease, hormone replacement therapy and accountability for care provided in family medicine.

The sessions were chaired by members of the subcommittee or the core conference committee. The involvement of expert groups in the preparatory stages ensured the participation of renowned international experts in the debate and state of the art sessions. During the state of the art sessions, current developments in the relevant field were examined and recent scientific insights were discussed. Clinical relevance for daily family practice was presented in an authoritative manner resulting in clinical guidelines.

A more interactive approach was also sought for the poster presentations. Wherever possible the posters were grouped by clinical theme. The authors were present at their posters at the predetermined time to discuss or further elaborate on their findings.

During the moderated poster walk programme session, a small group was given a tour by an expert past a number of thematically linked posters. The author of each poster was given five minutes to present his/her study, followed by an opportunity for discussion. The moderated poster walks were a resounding success, generating lively interaction between authors and visitors.

All further types of parallel session ran according to the script drafted by the conference committee. Key to this was the required summary at the end of each session in the form of take-home messages.

Communication and attitude

The Dutch College of General Practitioners invested a great deal in the second day's programming, both financially and in terms of content. The goal was to stimulate the delegates to cooperate in an innovative manner and to discuss sensitive subjects in the area of communication and attitude in a safe, intimate manner. Paradoxically, this intimacy was achieved by seating all participants at tables

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in a large hall. An interactive programme was presented from a central stage, with speakers and video presentations that were more than adequate in stimulating discussions around each table. Voting machines were used to gauge participant opinion. This session required audiovisual support with simultaneous projection on four large screens, visible throughout the hall. The moderators were given extensive prior instructions and training for this demanding task. The participants' response was highly enthusiastic, and over the course of the day some 1500 delegates were continuously present at this session.

Junior doctor programme

The involvement of junior doctors and GP trainees was a key goal, not only to involve Dutch and other European junior doctors in international developments, but also to increase the level of enthusiasm among junior doctors in the Netherlands and involve them more closely in the profession's activities.

The Junior Doctor Programme began prior to the WONCA conference with a pre-conference attended by GP trainees from the Netherlands and other European countries. The focus was on the mutual exchange of experience of GP training in each participant's country. The GP trainees were divided into six groups supervised by six Dutch GPs and six EURACT representatives. The theme was taken up enthusiastically by the participants, and a consensus emerged on what GP training should look like in European countries. Recommendations were adopted regarding the manner in which this was to be achieved.

Additionally, a Declaration of Intent was presented to the WONCA organisation proposing the creation of a sub-organisation for aspiring GPs. Invitations for the Junior Doctor Programme were distributed among scientific sister organisations, who were each given the opportunity to send three aspiring GPs. The GP training programmes selected the Dutch participants in cooperation with the LOVAH (Dutch organisation of GP trainees). The SBOH (employer of GP trainees) financed the Junior Doctor Programme and subsidised the Dutch GP trainees' conference registration fee, a key precondition for its success. 66 GP trainees from 12 countries participated in the Junior Doctor Programme.

Contact with Dutch GPs

The Wonca site offered international visitors an opportunity to file a request for accommodation with a Dutch colleague in order to limit the cost of attendance. Dutch GPs could also use the website to offer participants a place to stay and to correspond direct with interested parties. In total some 100 international participants stayed with their Dutch colleagues under the aegis of the Hosted Housing programme.

The goal of practice visits was to give Wonca Conference participants the opportunity to acquaint themselves personally with their Dutch colleagues and with Dutch general practice.

During these practice visits mutual experiences were exchanged in the areas of practice organisation, the use of practice nurses, co-operation between GPs and physiotherapists and the organisation of evening and weekend shifts.

Conclusion

Quality in Practice 2004 in Amsterdam introduced important innovations for Wonca Europe conferences. The state of the art sessions and the involvement of clinical expert groups in particular have become permanent fixtures in the programme. The joint session on communication and attitude was the greatest challenge, and is still garnering enthusiastic responses. Given the necessary degree of preparation and the organisational and technical requirements, this session will be difficult to follow up. Small group debate sessions at individual tables did subsequently take place more frequently in one form or another.

The involvement of junior doctors signals the advent of a European junior doctor organisation and the permanent involvement of young physicians in Wonca Europe's activities. This is, without a doubt, the greatest victory for the future of European family medicine. In our own country this activity meant investing in relations with trainees and junior doctors, and a resultant permanent change in the position of this group of young physicians within the profession. Wonca 2004 was an investment in the future.

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