

EQuiP

30

years

exploring our **past**  
examining our **present**  
envisioning our **future**

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# Executive Summary

## Aim and purpose

### The EQuIP network and its purpose

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 endeavour to achieve this by offering a structure for collaboration and exchange of knowledge, expertise and methodology – and by initiating international projects within quality and patient safety.

### Quality improvement and patient safety

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

The members of EQuIP assume that quality development should be the responsibility of the medical profession.

### Research and knowledge transfer

EQuIP hosts 36 delegates from 25 European countries, personally responsible for at least 444 PubMed-indexed articles; research and knowledge transfer are integral parts of EQuIP's activities. EQuIPs comprises 62 individual members and 16 institutional members.

You can become a member right now and enjoy 50% reduction on EQuIP conference fees and more.



# Executive Summary

Tools, methods and outputs

## 4 internationally standardized and validated instruments

**EUROPEP:** 23-item internationally standardized measure of patient evaluations of general practice care. An international consortium of researchers and general practitioners, linked to EQuIP, jointly developed the instrument. [Read more here.](#)

**The European Practice Assessment (EPA):** Instrument for assessing practice management in primary care. It was developed by an international group of researchers, closely linked to EQuIP, and the Bertelsmann Foundation in Germany. [Read more here.](#)

**The International Family Practice Maturity Matrix (IFPMM):** Organisational assessment tool aimed at stimulating practice-led quality improvement in primary care. Read much more in [chapter 77](#) the World Book of Family Medicine: European Edition 2015.

**Patient Empowerment in Chronic Conditions - WONCA Europe (PECC-WE):** EQuIP won the bid for the WONCA Europe Anniversary Research Fund project in 2012, which led to the development of an online course on [Motivational Interviewing](#) as well as [scientific outputs](#).

## Outputs

- 1,065** Committed Facebook group members in 2020
- 223** Working group activities from 2011-2019
- 56** Meetings held and conferences conducted
- 31** Interactive newsletters published since 2013
- 29** Years of service improving quality and safety of care
- 25** European countries represented by 36 delegates
- 16** Anniversary articles published since 2016
- 11** International Summer Schools since 2009
- 7** Position papers & policy statements since 2016
- 1** European Teaching Agenda on Quality and Safety in 2019

# A short history of EQuIP

by EQuIP President (2018-2021): Zalika Klemenc-Ketiš

## EQuIP: Increasing brainpower, disseminating knowledge

EQuIP is a WONCA Europe network promoting quality and safety in family medicine with a focus on education and research on quality and safety in general practices. President Zalika Klemenc-Ketiš reflects on the evolution of the organization and looks ahead to next year's EQuIP conference. 'It's a great opportunity to get new ideas for EQuIP itself.' For a year now, Zalika Klemenc-Ketiš has been president of EQuIP, which she says is a great responsibility and opportunity. But it is a demanding one: Dr Klemenc is also an associated professor at the Faculty of Medicine University of Maribor as well as a family doctor and researcher in the Community Health Centre Ljubljana in the Slovenian capital.

*"I wanted to become president because there's still much work to be done on the topic of quality and safety, especially regarding research and education"*

she says. "As president, I have the chance to put my ideas into action. For example, we recently managed to finish the agenda for teaching quality and safety, working closely with Euract, another WONCA network. I'm quite proud of this important document because we didn't have anything like it before."



Video: Plural presidential perspectives

## Three phases

EQuIP wants to improve the quality and safety of patient care in general practices throughout Europe. It was founded in 1991, and Klemenc says it has gone through several phases.

In its first years, EQuIP focused on research and developing instruments for measuring quality and safety, including Europep, the questionnaire for measuring patient satisfaction. That's just one of EQuIP's brainchildren, as is the Maturity Matrix, a matrix for assessing one's practice.

The second phase was the reflection phase. "Then we established working groups on different topics and the EQuIP Summer School," Klemenc explains. "And now we are in the third phase, the networking phase. We used to be a closed group, but now any individual or organization can become an EQuIP member. We also try to cooperate with other organizations. We hope to increase the brainpower of our organization and disseminate more knowledge on safety and quality in general practices."

Klemenc also wants to re-establish research as an EQuIP focal point. "Research has always been part of our mission, but in the past few years, it received a little less attention. With EGPRN, another WONCA organization, we have now established a research working group on person-centred care."



# Interviews

Joachim Szecsenyi, 2002-2005, 2006-2008



“

*In this presidency the big points I remember are first:  
EQuIP turned from an organisation which was  
more informal to a more formal organisation, so we  
developed the constitutions of EQuIP*

- Joachim Szecsenyi

”

## Your presidency highlights

- EQuIP turned from an organisation which was more informal to a more formal organisation, so we developed the constitutions of EQuIP.
- We had a strong collaboration with WONCA Europe.
- It was also the start of the open invitational conferences, which were large successes.
- We also started the collaborative work on large scientific projects.
- The first scientific project was EUROPEP, which was EU-funded.
- Patient safety was a rather new topic in that period.
- And also the discussion about the good quality indicators and how can we combine quality and payment. It was a big discussion and a controversial discussion at that time.



**Video:** Presidency



**Video:** What characterised Quality and Safety

# Interviews

Martin Marshall, 2005-2006



“

*I was very committed to ensuring that, as an organisation, that we continue to learn from each other with very diverse set of countries represented, very diverse set of national leads from each country, but what we had in common was a passion for general practice and a passion to improve general practice*

- Martin Marshall

”

## Your presidency highlights

- To continue Richard Grol's commitment to ensure that we were an improvement body that was evidence-based. So trying to bring real rigor to improvement activity.
- I really wanted to make sure that everybody felt that they were part of this broader initiative.
- Meeting twice a year in exotic location around Europe was a wonderful sociable thing to do, what I really wanted to do was to make sure that we actually delivered work that non-members of EQuiP would notice.
- Yeah, so I think the principal highlight was introducing a kind of rigor to what we were doing, so improvement is regarded by many people as something that we do, something that we're supposed to do as professionals and what I want to say is that there's a science behind improvement.
- I think there have been some changes in a very positive direction within quality and safety, I think due to a larger commitment by people to improvement.
- I think we use a number of levers to get quality onto the agenda, to get it onto people's consciousness over the years.



Video: Presidency



Video: Presidency highlights



Video: What characterised Quality and Safety

# Interviews

Tina Eriksson, 2008-2015



“

*When I started, the most prominent works were on big schemes that were of measuring quality internationally and the ambition was to spread these schemes*

- Tina Eriksson

”

## Your presidency highlights

- We did the PECC-WE, which is mostly about doing patient safe centered consultations.
- A group did EQuIP back to basic training package.
- Organizationally, we were working on driving up a constitution and have that implemented.
- We implemented a successful meeting structure with the colleagues from Croatia that have hosted the EQuIP closed meetings every half year or every year ever since.
- Back then there was great belief that if we measured quality with quality indicators and made the knowledge that could come from that. If we made that open to general practitioners (GPs), it would help to change the quality so that we could do better quality in general in primary care.
- There were on many levels this tension between working together with the health care authorities on measuring and measuring inequality and sort of steering the GPs to do their work in specific ways that were thought to give more quality.



Video: Presidency



Video: Presidency highlights



Video: What characterised Quality and Safety



# Interviews

Piet Van Den Bussche, 2015-2018



“

*Then we went to Dublin. I think most of the conferences really were highlights and Dublin was a fantastic conference, really inspiring, a lot of young people coming there and we had this introduction of the idea of safety in general practice.*

- Piet Van Den Bussche

”

## Your presidency highlights

- EQuIP changed its very meaning and name from solely focusing on quality to quality AND safety.
- We re-organised a little bit the working groups to combine safety with professional health, including the perspective of work-life-balance and the wellbeing of the caregiver.
- I'm happy to see that equity was put on the agenda by EQuIP and found its way to WONCA Europe.
- I think we really developed a very nice position paper; it still continues to be very relevant and important.
- One of the highlights of my presidency was the keynote of Sara Willems at the 2018 Krakow WONCA Conference.
- We really had the discussion on measuring quality and how it's done in a proper way. To keep balance between processes and outcomes and how to organise your practice and reflect on that.
- The work done by Adrian Rohrbasser on structured small group work. I think it's very nice to have this expertise within EQuIP.



**Video:** Presidency



**Video:** Presidency highlights



**Video:** What characterised Quality and Safety

# Interviews

Zalika Klemenc-Ketiš, 2018-2021



“

*I think that in these past years EQuIP managed to develop, in terms of collaboration, research, education and also influencing international policies and development of family medicine in Europe*

- Zalika Klemenc-Ketiš

”

## Your presidency highlights

- I can hardly say that my presidency was calm and ran within my expectations because in the middle of my term the COVID-19 pandemic hit the world. The pandemic disrupted the usual work of EQuIP, and we felt this very hard because we were not able to meet in person.
- I think we adapted relatively quickly with the online meetings, but also found out that it was difficult to work without meeting in person.
- EQuIP collaborated with WONCA World Quality and Safety Group in producing webinars during the pandemic.
- We also collaborated with OECD in an interesting quality project on Patient Reported Indicators in Primary Care.
- In terms of research we collaborated with Ghent University and we produced the large pre-Covid-19 study, which includes more than 30 European countries and is aimed at measuring quality and safety in family medicine practices during Covid-19.
- Two EQuIP members participated in an EU-project under a form of primary care in Hungary.
- EQuIP together with EURECT also produced the teaching quality in safety agenda. This agenda is very important as we managed to suggest teaching topics and methods on a European level for teaching quality and safety at different levels of education.
- EQuIP also issued several statements in order to help our members to influence policy-makers in their countries.



Video: Presidency



Video: Presidency highlights

# Summer Schools 2009-2019

## 11 EquiP Summer Schools

Summer Schools are a traditional method for teaching research in quality improvement in primary care settings organised by the European Society for Quality and Safety in Family Practice (EquiP).

Summer Schools are organised in a four-day course, including a social program to support networking. The program alternates lectures, small group work, case studies, individual work and workshops. European experts on quality improvement and research are engaged as teachers and participants from different backgrounds contribute to rich exchanges.

*“ I gained a lot from the course content and the intense exchange with the teachers but I particularly loved getting to know so many passionate researchers with various backgrounds and diverse interests ”*

- Jasmin Knopp (Berlin, 2013)

The participants have to develop and present a personal plan/project of research in quality improvement in primary care and perspectives. The participants have built a solid European network that ensures multiple feedback on their own project when needed.

- #1 Summer School 2009: Finland (English)
- #2 Summer School 2011: Belgium (English)
- #3 Summer School 2013: Germany (English)
- #4 Summer School 2014: France (French)
- #5 Summer School 2014: Denmark (English)
- #6 Summer School 2015: France (French)
- #7 Summer School 2016: France (French)
- #8 Summer School 2017: France (French)
- #9 Summer School 2018: France (French)
- #10 Summer School 2019: France (French)
- #11 Summer School 2019: Italy (English)

[Read more about the English EquiP Summer Schools](#)

[Read more about the French EquiP Summer Schools](#)



# Invitational Conferences 1997-2011

## 6 EQuIP Invitational Conferences

EQuIP has organised a series of Invitational Conferences aimed at presenting cutting edge knowledge on quality improvement and patient safety 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.

- #1 Invitational Conference: Switzerland, 1997.
- #2 Invitational Conference: Portugal 2002.
- #3 Invitational Conference: Germany, 2003.
- #4 Invitational Conference: Belgium, 2004.
- #5 Invitational Conference: Spain, 2006.
- #6 Invitational Conference: Denmark, 2011.

The latest EQuIP Invitational Conference was held in Copenhagen from 7-9 April 2011, focusing on 'Value for money in GP - management and public trust'. The conference was supported by the Danish Regions, the Danish College of General Practitioners (DSAM), the Danish Union of GPs (PLO) and EQuIP. Keynote speakers were Frede Olesen, Andreas Sönnichsen, Iona Heath, José Braspenning, Martin Roland and Richard Roberts.

[Read more and access slides etc.](#) (pages 20-23)



# Meetings & Conferences 2011-2021

## EQuiP 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. 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.

## Link to ePDFs with PP slides, photos, audio and video recordings etc.

59th EQuiP Online Meeting: 2021

58th EQuiP Online Meeting: 2021

57th EQuiP Online Meeting: 2020

56th EQuiP Meeting (Croatia): 2019

[55th EQuiP Meeting \(Greece\): 2019](#)

Password: EQuiPThessa2019

54th EQuiP Meeting (Croatia): 2018

[53rd EQuiP Meeting \(Slovak Republic\): 2018](#)

Password: EQuiPBrati2018

52nd EQuiP Meeting (Croatia): 2017

[51st EQuiP Meeting \(Ireland\): 2017](#)

Password: EQuiPDub2017

50th EQuiP Meeting (Croatia): 2016

[49th EQuiP Meeting \(Czech Republic\): 2016](#)

Password: EQuiPPrag2016

48th EQuiP Meeting (Croatia): 2015

47th EQuiP Meeting (Switzerland): 2015

46th EQuiP Meeting (Estonia): 2014

45th EQuiP Meeting (Slovenia): 2014

44th EQuiP Meeting (Bologna): 2013

43rd EQuiP Meeting (France): 2013

42nd EQuiP Meeting (Turkey): 2012

41st EQuiP Meeting (Sweden): 2012

40th EQuiP Meeting (Croatia): 2011

39th EQuiP Meeting (Denmark): 2011

<http://bit.ly/EQuiP-Events-ePDF-2011-2016>

# EQuiP-WONCA Europe 2017

## Dublin Declaration



### EQuiP-WONCA Europe 2017 Dublin Declaration

The two-day patient safety conference for GPs from 30 European countries, hosted by the ICGP, adopted the Dublin Declaration to 'fight' for the improvement of patient safety and demand adequate resources for general practice to aid in the delivery of better healthcare.

The EQuIP Conference on Patient Safety, held March 3-4, 2017 in Dublin, declared that the 44 member organisations of WONCA (World Organisation of National Colleges and Academies for Family Practice) Europe highlight these two issues.

Dr Andrée Rochfort, Secretary of EQuIP - the Wonca Europe network organisation for quality and safety in primary healthcare - who was the Irish organiser of this international conference, said:

"The Dublin Declaration puts patient safety and fighting for adequate resources for safer healthcare at the heart of the work of the 44 member organisations represented at the EQuIP conference. The Declaration is the cornerstone of the 2017 conference."

The ICGP's Director of Quality Improvement explained that adequate resourcing of general practice was not just an issue for us here in Ireland, but was of central importance across Europe.

"Safety is not an impersonal series of metrics in management," Anna Stavdal, President of Wonca, observed. "It is an ethical choice of crucial importance every day for doctors and the people who come to them for personal care."

In addition to lobbying for adequate resources in general practice to deliver better safer healthcare, the Declaration, supported by the ICGP, EQuIP and WONCA, calls upon the organisations to acknowledge the unique context of general practice within the greater health system, and engage with patients.

It also urges members to encourage collaboration between governments, policy-makers and other stakeholders for further development of safety initiatives to protect patients and health professionals from harm.

They should also reaffirm the commitment of WONCA Europe to support and advise decision makers in line with WHO Technical Series on Safer Primary Care, address the lack of research and measurement of safety in primary care, and emphasise the importance of collaboration on integrating safety in medical education and training curricula and continuous professional development.

# EQuiP-WONCA Europe 2017

## Dublin Declaration

### The full Dublin Declaration

Patients should have access to safe, equitable, affordable and high-quality health care services in Europe. WONCA Europe, representing family doctors from 44 Member Organisations across Europe, states:

There can never be absolute certainty for safety in healthcare. However, there is a need to continuously strive to improve safety for patients due to the complexity of healthcare in general practice in primary health care, and in transitions between primary care and other health services. Healthy doctors are needed for safe care.

The President of WONCA Europe, Dr Anna Stavdal and the President of EQuiP Dr Piet Vanden Bussche call upon the Member Organisations to:

- Acknowledge the unique context of general practice within the greater health system
- Engage with patients
- Encourage collaboration between governments, policy-makers and other stakeholders for further development of safety initiatives to protect patients and health professionals from harm
- To fight for adequate resources in general practice to deliver better safer healthcare
- Reaffirm the commitment of WONCA Europe to support and advise decision makers in line with WHO Technical Series on Safety In Primary Care
- Address the lack of research and measurement on safety in primary care
- Emphasise the importance of collaboration on integrating safety in medical education and training curricula and continuous professional development

# Presidential Reflections on 23rd WONCA Europe Conference 2018

Piet Vanden Bussche

**Dear all,**

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

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

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

'Equity' was the pivotal conference theme - and all this impressive work was emphasised once more in the Krakow declaration. Who could have dreamed of this, when we started to discuss the topic in 2013 in Paris?

Thank you so much, Hector and Sara.

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

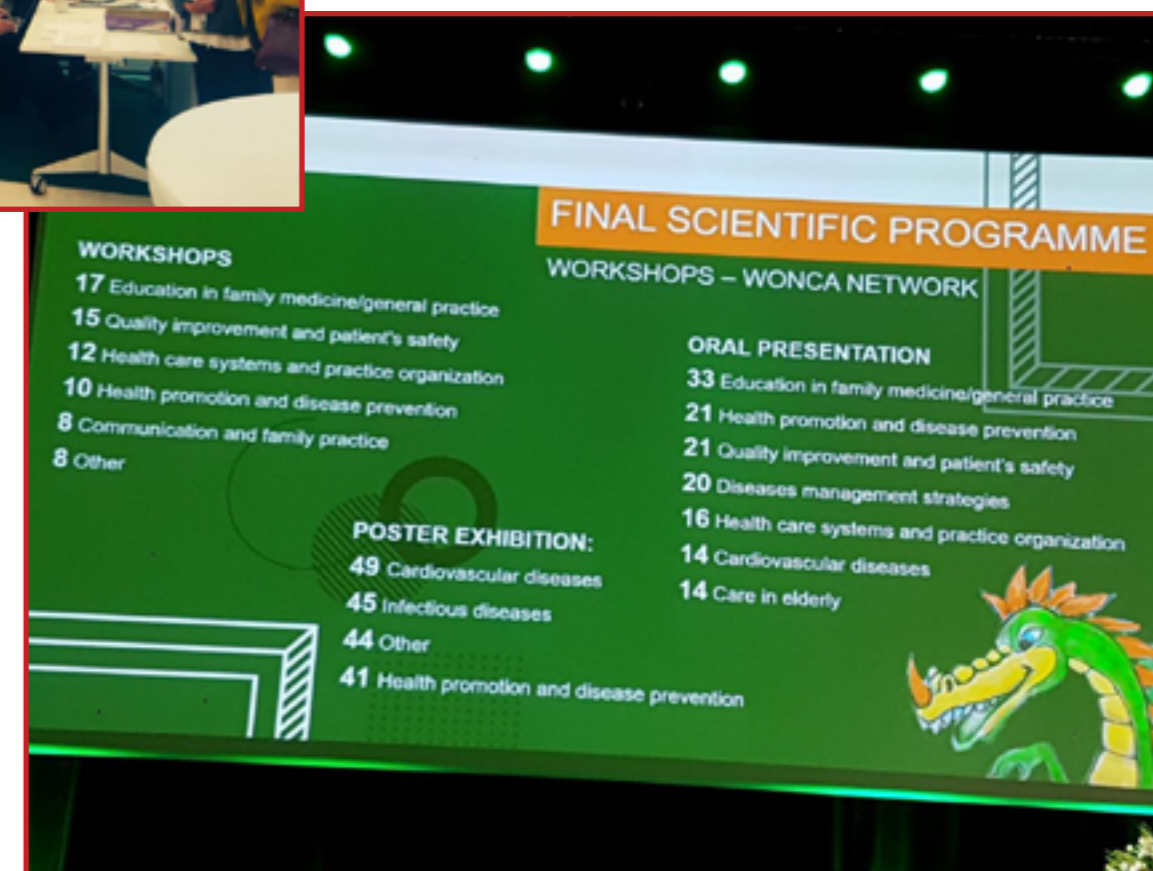
As far as I know, all our workshops went excellent with a lot of people attended them.

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

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

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

*Piet Vanden Bussche*  
EQuiP President





# EQuIP Position Papers 2010-2020

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



[EQuIP Statement for Family Doctors during COVID-19 Pandemics](#) (March 2020)

[EQuIP Position Paper on Equity \(in Slovak\)](#) (November 2018)

[EQuIP Position Paper on Measuring Quality in Primary Health Care](#) (June 2018)

Arvidsson E, Dijkstra R, Klemenc-Ketiš Z. Measuring Quality in Primary Healthcare - Opportunities and Weaknesses. Zdr Varst. 2019;58(3):101-103. Published 2019 Jun 26. doi:10.2478/sjph-2019-0013.

[EQuIP Position Paper on Equity \(in French\)](#) (May 2018)

[EQuIP Position Paper on Equity - a core dimension of Quality in Primary Care](#) (Nov 2017)

[WONCA Policy Statement on eHealth](#) (2016)

[EQuIP Position Paper on Measuring Quality in Health Care](#) (2010)

# Interviews

Joachim Szecsenyi, 2002-2005, 2006-2008



“

*I think that EQuIP should strengthen the collaboration with the national societies for general practice and primary care and also try to get more political influence.*

- Joachim Szecsenyi

”

## Characteristics of quality and safety anno 2021

- Priorities of healthcare providers changed from a focus on continuity of care to vaccination and testing.
- I personally feel that during the COVID-19 pandemic, there was less focus on quality and patient safety.
- How can we instill high quality standards for care when we have these changes in the environment and in the political discussion?
- I think that you should invite more policy-makers to future EQuIP conferences to get more impact.



Video: Influence



Video: Quality and safety now

# Interviews

Martin Marshall, 2005-2006



“

*There are lots of areas where there's significant procedural and cultural change that's necessary and using a quality improvement methodology to facilitate that process makes a lot of sense*

- Martin Marshall

”

## Characteristics of quality and safety anno 2021

- Some colleagues I know have described sustainability as an additional quality and safety dimension.
- If you incorporate sustainability in the other quality and safety dimensions and give it a high profile, you're much more likely to engage people with it, so I think that's exciting.
- I think shared decision making is one area where we, as quality improvers, need to really focus our attention. How do we improve the process of shared decision making? It's not easy to incorporate a data-driven evidence-based shared decision making process into what is a very rushed consultation.
- Another area I think is around integrated care, so in all of health systems, not all, but in a lot of health systems, general practice is relatively silent, it's kind of in a separate container from hospital services and community and government services - and that, I think, is bad for patients and it's bad for clinicians as well.
- So I think improvement work around how we can better integrate services, reduce fragmentation from the patient perspective in services, I think is really important as well.



Video: Influence



Video: Quality and safety collaboration

# Interviews

Tina Eriksson, 2008-2015



“

*When you want to influence something, it's important to make clear, make yourself clear what you want to influence and why. And, generally, I would say that EQuIP is a network of people working in this field*

- Tina Eriksson

”

## Characteristics of quality and safety anno 2021

- It's difficult work, because have to make a plans for everybody and it has to be plans that everybody can engage with.
- You also have to make sure that you are in some way using data, which is part of the scheme.
- I think that after having done the first years of trial and error with Quality Clusters in Denmark, we are now getting somewhere and it works.
- If you want to strengthen your influence, you have to strengthen your network.
- Maybe make networking between the national Colleges and representatives that are working on these schemes and let them come in to EQuIP in different ways.



Video: Influence



Video: Quality and safety now

# Interviews

Piet Van Den Bussche, 2015-2018



“

*We must ensure that the voice of EQuIP is heard  
in as many places as possible*

- Piet Van Den Bussche

”

## Characteristics of quality and safety anno 2021

- We can't escape the pandemic in this discussion. I think it's like a war, everything changed after the war and everything will change after the pandemic.
- I think the pandemic is a game changer and will have a lot of influence on how we will continue to reflect on quality and safety in the future.
- We need to reconsider the organisation of continuous professional development programmes and how we ensure that GPs evolve with continuous medical education into continuous professional development.
- The pandemic made us realize that we can organize continuous medical education in another way, we did not have to meet in large groups and listen. We have the opportunities of giving information in webinars and learning from our practices.
- We need to continue to invest in having people building their academic careers on themes of quality and safety.
- We need to continue working together with relevant networks, present our work at international conferences and, if possible, publish scientific and dissemination articles.



Video: Influence



Video: Quality and safety now

# Interviews

Zalika Klemenc-Ketiš, 2018-2021



“

*I think the biggest power of EQuIP is its members. They bring experiences from their countries, from their practices and only they can implement ideas produced by EQuIP - both on national and on international levels and also on the level of their practices*

- Zalika Klemenc Ketis

”

## Characteristics of quality and safety anno 2021

- Before COVID-19 hit I think there were a lot of discussions in quality and safety in terms of equity, teamwork, interdisciplinary management of patients because this is becoming very important in our practices.
- I think the difficult task now is to re-establish and adapt our work in family medicine, as a new reality is here.
- Virtual consultation and remote care - and the quality and safety issues that this type of work brings - has become part of our daily work. I believe EQuIP has a role to play in relation to quality and safety.
- I think that EQuIP can influence European policy and also the way we work.



Video: Influence



Video: Quality and safety now

# Interviews

Andrée Rochfort



“

*I think continuing to provide quality healthcare during times of diminished resources is all about addressing quality of care*

- Andrée Rochfort

”

## Characteristics of quality and safety anno 2021

- We can't deny that we're dealing with a global pandemic and I think that COVID-19 has taught us many lessons in terms of quality and safety and we're still learning to adapt to the new situations - and by quality I mean mutual contextual framework of the domains of quality, that's the domain of safety and healthcare and timely healthcare. Accessible, efficient, equitable and person-centered.
- And efficiency in healthcare has always been important, as is making efficient use of available resources. That's really important during this pandemic. Reducing our necessary waste of resources and in these times when our health systems are over-stretched on the front line.
- In the constitution EQuiP's mission is to promote and exchange good practice in education, training and research.
- I think we're going to need to share and meet electronically and share our achievements, share our achievements over recent years, to share our projects and our project work and our publications. And to consolidate this repository of knowledge in a new way.
- And then looking outside EQuiP I think it's important that in keeping, again, with our constitution that we actively seek collaboration with other networks.
- We can gather data on activities, we can make connections and make outputs happen.



Video: Influence



Video: Quality and safety now

# European Teaching Agenda 2019

In 2014, EQuIP decided, together with EURACT, to develop an educational agenda for quality and safety in general practice/family medicine based on the Competency Framework for Quality Improvement in Family Medicine (1).

A quality improvement competency framework can provide the basis for a self-assessment tool to help individual family physicians identify their training needs. Just as quality improvement requires health care professionals to be clear about outcomes, family physicians also need to have clear and focused guidelines for choosing their educational goals. A competency framework can also provide an organising structure to guide the development and evaluation of educational programs.

The European Teaching Agenda on Quality and Safety in Family Medicine is divided into three parts:

In a general part, an overview of different models of quality and safety competencies in family medicine is given, followed by aims and learning outcomes of quality and safety education. Also, an overview of tools and methods for quality and safety education as well as an overview of the assessment tools and methods for quality and safety education is provided.

In a competencies part, six quality and safety competencies from the abovementioned framework are described, with the focus on learning objectives, teaching tools and methods and assessment tools and methods. The competencies are:

- Equity and ethical practice
- Effectiveness and efficiency
- Continuing professional development
- Methods and tools
- Leadership and management
- Patient care and safety
- At the end, a glossary of terms is provided.

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

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

The complete [The European Teaching Agenda on Quality and Safety in Family Medicine can be found here](#)

Zalika Klemenc-Ketis  
EQuIP President  
22 November 2019

(1): Czabanowska K et al. Development of a competency framework for quality improvement in family medicine: a qualitative study. J Contin Educ Health Prof 2012; 32(3): 174-80.



# 8 Working Groups

The EQuIP network has 8 active working groups of experts within the following fields:

**#1 Digital Health** (in collaboration with organisational EQuIP member Duodecim)

**Leaders:** Ulrik Bak Kirk (Denmark) & Ilkka Kunnamo (Finland).

**#2 Equity**

**Leader:** Hector Falcoff (France).

**#3 Measuring Quality & Indicators**

**Leader:** Eva Arvidsson (Sweden).

**#4 Meso Level Quality**

**Leader:** Hector Falcoff (France).

**#5 Patient Safety, including Professional Health**

**Leaders:** Isabelle Dupie (France) and Andrée Rochfort (Ireland).

**#6 Person-Centered Primary Care**

**Leader:** Goranka Petriček (Croatia).

**#7 Structured Small Group Work in Primary Care**

**Leader:** Adrian Rohrbasser (Switzerland).

**#8 Teaching Quality**

**Leader:** Zlata Ožvačić (Croatia).

# #1 Digital Health

## EQuIP Working Group on Digital Health

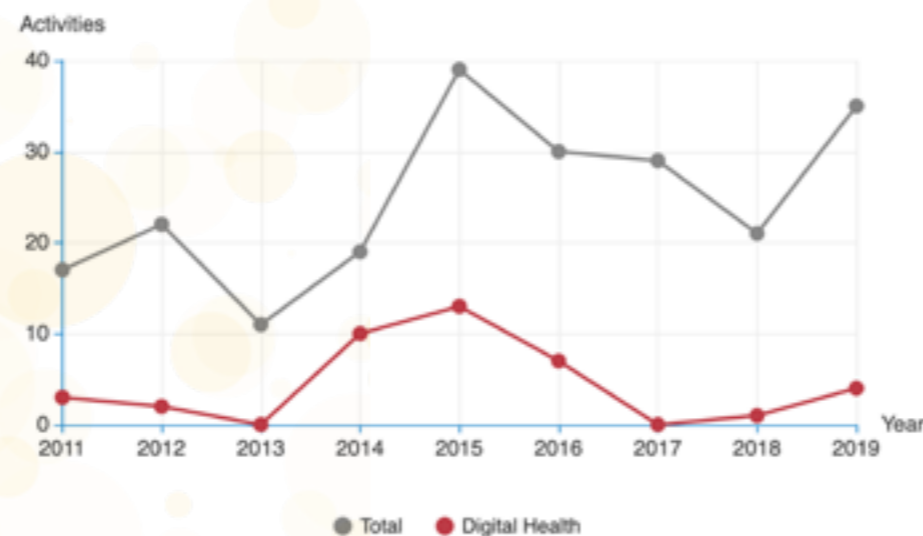
By Ulrik Bak Kirk (Denmark) and Ilkka Kunnamo (Finland)

### EQuIP Working Group Leaders on Digital Health

The term *Digital Health* is rooted in eHealth, which is defined as 'the use of information and communications technology in support of health and health-related fields'. Mobile health (mHealth) is a subset of eHealth and is defined as 'the use of mobile wireless technologies for health'.

More recently, the term *Digital Health* was introduced as 'a broad umbrella term encompassing eHealth - which includes mHealth - as well as emerging areas, such as the use of advanced computing sciences in big data, genomics and artificial intelligence'.

While recognizing the innovative role that digital technologies can play in strengthening the health system, there is an equally important need to evaluate their contributing effects and ensure that such investments do not inappropriately divert resources from alternative, non-digital approaches.



## Media and Resources

Please read the [Digital Health Working Group Report \(2018-2019\)](#)

Please read the [Digital Health Working Group Report \(2017-2018\)](#)

Please read the [WONCA Europe 2016 Conference Health Workshop Report](#)

Please read the identified [strengths, weaknesses, opportunities, and threats of eHealth](#) summarised in the 5th EQuIP Newsletter in 2016.

[Wonca Working Party on eHealth \(WWPEH\) – report to WONCA Council](#)

[WWPEH Annual Report \(July 2015 to June 2016\)](#)

The [WONCA Policy Statement on eHealth](#) was finalized in April 2016 and published in June 2016. The statement emphasizes patient participation and empowerment on electronic platforms, the role of the GP as the coordinator of care enabled by the "one patient – one record" concept, and secondary use of health data collected in primary care.

The WP will promote the implementation of the statement in collaboration with WICC and EQuIP.

# #2 EQuity

## EQuIP Working Group on Equity: A Dimension of Quality in Primary Care

By Hector Falcoff (France)

### EQuIP Working Group Leader on Equity

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.



## Media and Resources

Please consult [the interactive ePDF \(PDF, 5MB\)](#) for PP slides and video.

[EQuIP Position Paper on Equity - a core dimension of Quality in Primary Care](#) (Nov 2017)

[EQuIP Position Paper on Equity \(in French\)](#) (May 2018)

[EQuIP Position Paper on Equity \(in Slovak\)](#) (November 2018)

Link to article on ["Trans people are being let down by the Health Service"](#) fra Norway

Introduction to [meeting patients who are lesbian, bisexual, or gay](#) by the Norwegian NFA group for lesbian and gay health.

Link to [Power Point presentation about meeting patients, who are lesbian, bisexual or gay \(download\)](#).



# #3 Measuring Quality & Indicators, p1

## EQuIP Working Group on Measuring Quality & Indicators

By Eva Arvidsson (Sweden)

### EQuIP Working Group Leader on Quality Indicators

This group was created during the EQuIP meeting in Jerusalem in 2009. This was the first time that a group in EQuIP had been formed to discuss the topic of the indicators that can be used to measure the quality of the entire primary care consultation including the bio-psycho-social elements.

In a number of European countries indicators have been developed to measure the consultation, but almost all of these measurements relate to the purely biological part of the consultation (eg, diabetes control (HbA1C, LDL), blood pressure control, and appropriate medication in specific diseases) and do not measure the psycho-social part of the consultation.

While these biological indicators are important, the psycho-social part of the consultation is no less so, and can often be an important factor in improving the biological measurements in our patients. But how do we measure this part of the consultation? The group will attempt to develop indicators specifically for this purpose.

First of all we want to stress that biological indicators are important in themselves. We must continue to use these indicators in order to audit the medical management of diseases. It is also important to realise that different groups may wish to use these indicators for different purposes – administrators, government ministries for national statistics, scientific bodies, patient groups, and the doctors themselves to perform personal audits on their patients.

It is also important to define how the data that is collected will be used by the different bodies before embarking on the actual process of collection and to remember that all the indicators do not always measure quality of medical care.

In choosing indicators we must remember that the patients and their doctors are different and the illnesses themselves are different – acute versus chronic. Therefore, not all indicators can be used to make direct comparisons between doctors and the care that they provide.

Can a system be developed that can measure all the different aspects of the consultation – BIO-PSYCHO-SOCIAL? Perhaps some simple indicators can be chosen that can give some measure of the quality of the consultation:

- The length of the consultation
- Whether a medicine was prescribed for different complaints
- Whether the patients left the consulting room “satisfied”

We still have not decided what these proxy indicators should be. We decided on a number of areas that need to be developed :

- Produce a policy paper on the subject.
- Decide on appropriate indicators and develop them into a usable tool.
- Make this tool available to members of EQuIP via the web site.



# #3 Measuring Quality & Indicators, p2

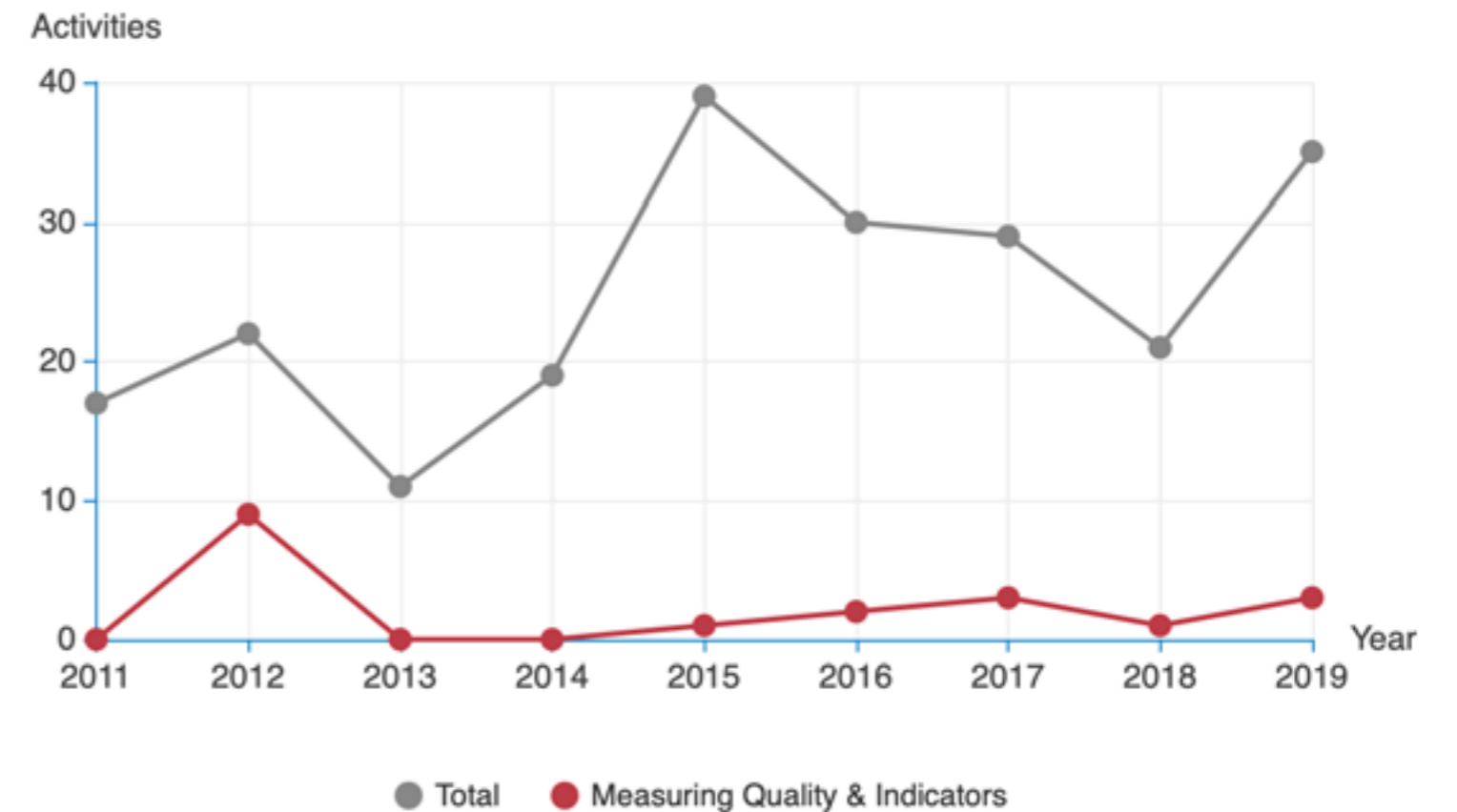
## Media and Resources

- Please read the [Working Group Report \(2018-2019\)](#)
- Please read the newly published EQuIP article on [Measuring quality in primary healthcare – opportunities and weaknesses \(2019\)](#).
- Please access the revised [EQuIP Position Paper on Measuring Quality \(2018\)](#).
- Please read the [Working Group Report \(2017-2018\)](#)
- Please consult [the interactive ePDF \(PDF, 5MB\)](#) for PP slides and video
- Please read the Workshop Report from #3 VdGM Forum in Jerusalem 2016: [Measuring Diabetic Care: What Are Good Indicators?](#)
- Please access the [EQuIP position paper on measuring quality in health care \(revised 2010\)](#).

*The EQuIP position paper on measuring quality in health care is a statement for all partners in health care on how patient data should be gathered and used for quality purposes. With this position paper, EQuIP wants to emphasise the ethical dimensions of patient data handling in quality measurement. This should, in all situations, guarantee patients' privacy and confidentiality in the doctor-patient relationship.*

*This document, when referring to quality in health care, refers to the degree to which health care systems, services, and supplies for individuals and populations increase the likelihood for positive health outcomes and are consistent with current professional knowledge (IOM definition). When referring to quality measurement of health care, the document includes the collecting, storing and comparing of any data on health care performance and patient health.*

## EQuIP Working Group Activities



# #4 Meso Level Quality

## EQuIP Working Group on Meso Level Quality

By Hector Falcoff (France)

### EQuIP Working Group Leader on Meso Level Quality

The EQuIP Working Group has been carrying out a meso level study. Results from Belgium, Germany, Netherlands, Spain, France so far. Data from the UK and Italy are expected, and then it is the intention to make a data synthesis of all the participating countries.

Prof. Hector Falcoff (France) gave a presentation on 'managing population health needs in primary care: an experience in the 13th borough of Paris':

*“ I gained a lot from the course content and the intense exchange with the teachers but I particularly loved getting to know so many passionate researchers with various backgrounds and diverse interests ”*

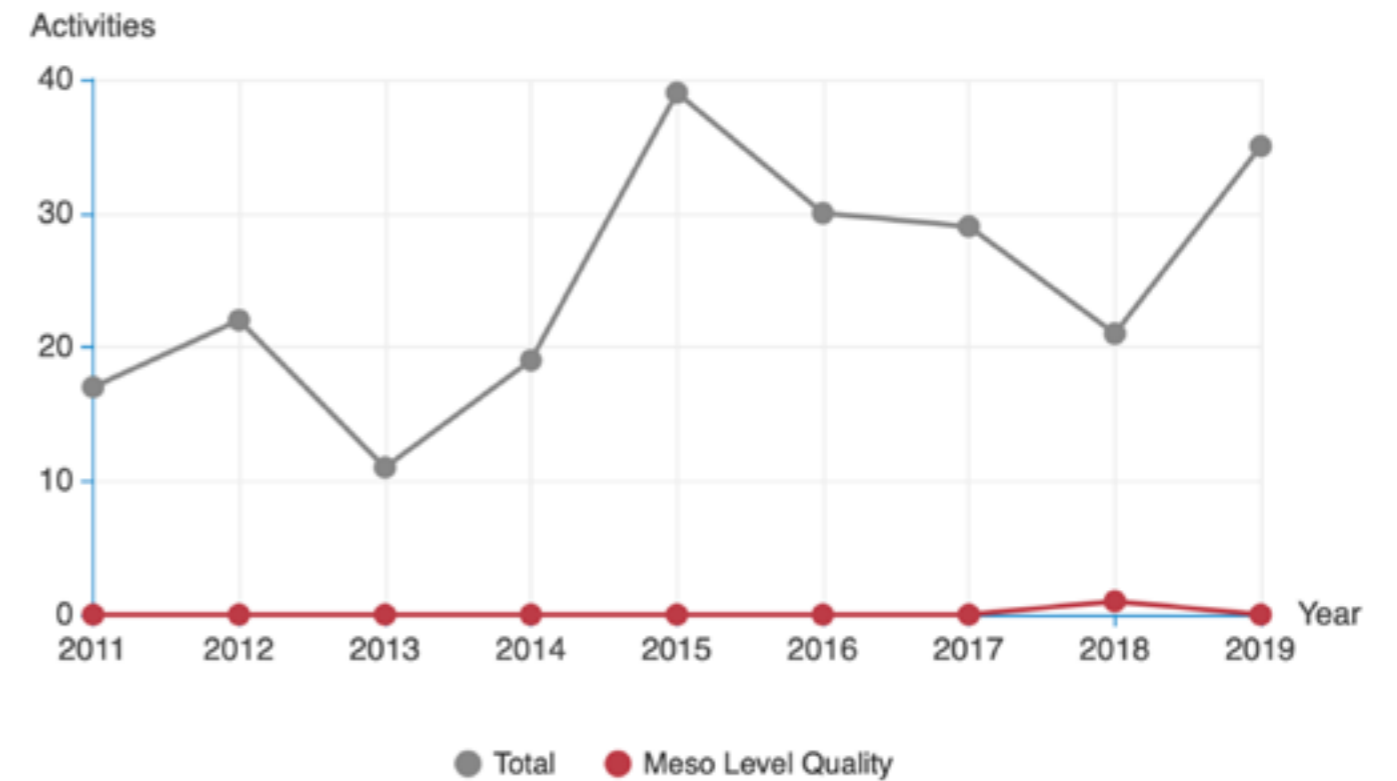
The Working Group also ran a workshop in Zagreb (2019):

- Part 1: Reminders about the meso level study
- Part 2: Status report of the study
- Part 3: Discussion of the next steps
- Part 4: Action plan

## Media and Resources

- Please read the [Working Group Report](#) (Zagreb, 2019)
- Please access the [Meso Level workshop slides \(download\)](#) (Zagreb, 2019).
- Please find [Prof. Hector Falcoff's presentation slides](#) (Zagreb, 2019).

## EQuIP Working Group Activities



# #5 Patient Safety, p1

## EQuIP Working Group on Patient Safety

By Isabelle Dupie (France) and Andrée Rochfort (Ireland)

### EQuIP Working Group Leaders on Patient Safety, incl. Professional Health

'Primum non nocere' (Do not harm) has been for more than 2500 years one of the most known principles of medicine. Already in the Greek period and from then on, for ages, doing no harm to the patient has been the priority of doctors. In 1999 the IOM Institute published its report 'to err is human: Building a safer health system' and now 25 years later the topic still is very important. It is a cornerstone of a health system of high quality. A lot of reports have been published since then, many of them about hospital care.



The 49th EQuIP Assembly Meeting held in April 2016 in Prague was themed 'Patient Safety in General Practice'. Further, the 51st EQuIP Assembly Meeting held in March 2017 in Dublin was themed 'Patient Safety in General Practice'.

## EQuIP Working Group Activities

### EQuIP Working Group Activities



# #5 Patient Safety, p2

## Media and Resources

- Please consult [the interactive Prague ePDF](#) for PP slides, video recordings, and take home messages from the #1 event (Prague 2016)
- Please consult [the interactive Dublin ePDF](#) for PP slides, video recordings, and take home messages from the #2 event (Dublin 2017)
- Please read the [53rd EQUIP Assembly Meeting Working Group Report](#) (2018) [Patient Safety]
- Please read the [53rd EQUIP Assembly Meeting Working Group Report](#) (2018) [Professional Health]

## WHO and Patient Safety

Universal coverage has become a priority goal for the World Health Organization (WHO) and its Member States, and providing accessible and safe primary care is essential towards meeting that goal.

The WHO Patient Safety Programme has initiated the “Safer Primary Care” project whose goal is to advance the understanding and knowledge about:

- The risks to patients in primary care
- The magnitude and nature of the preventable harm due to unsafe practices in these settings
- Safe mechanisms to protect primary care patients





# #6 Person-Centered Primary Care (PCPC)

## EQuIP Working Group on Person-Centered Primary Care

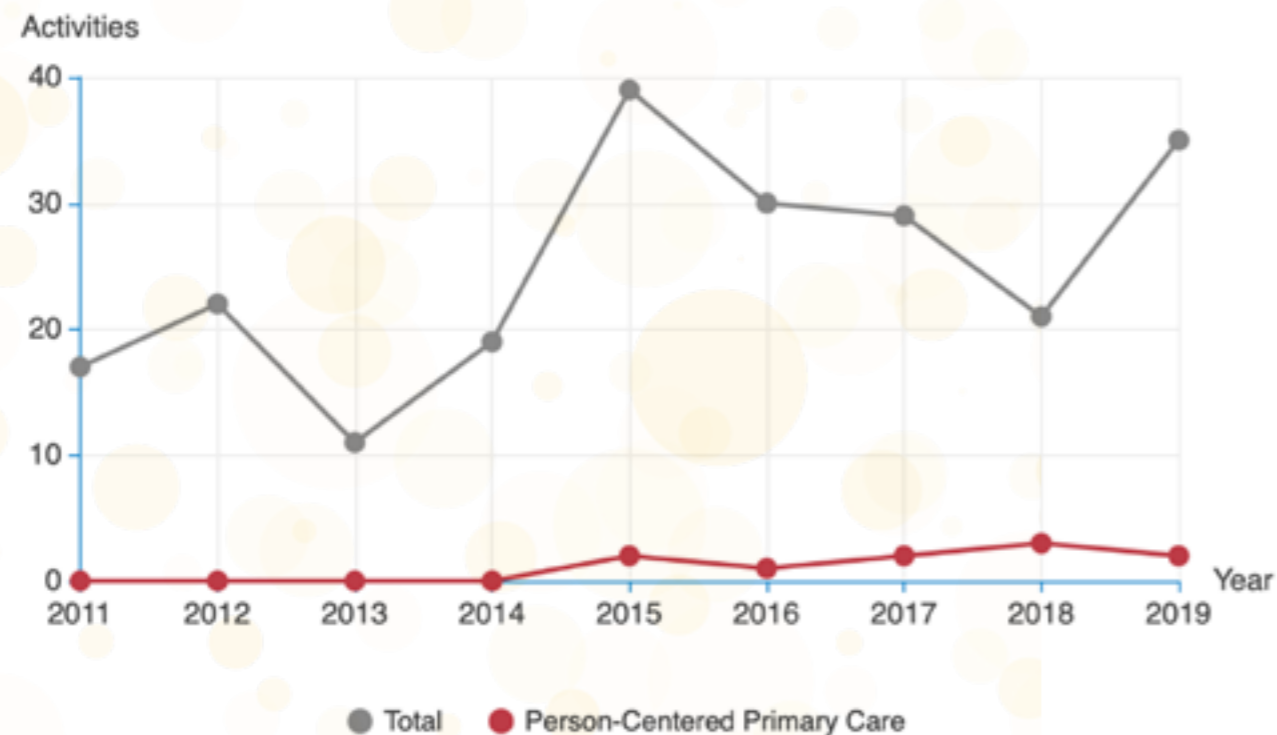
By Goranka Petriček (Croatia)

### EQuIP Working Group Leader on Person-Centered Primary Care

The main objective of the project 'Person-Centered Care and its Outcomes in Different European Countries' is to:

- Investigate and compare the patient perception of patient-centeredness in different European countries
- Assess patient, practice and physician factors that influence the level of patient-centeredness
- Relate patient centeredness to outcomes of care

This project draft is the product of the EQuIP PCPC group's work and discussions at EQuIP meetings as well as three workshops:



- Petricek G, van Lieshout J, Klemenc Ketis Z, Ozvacic Adzic Z. Doctor's perspective on person-centeredness in primary care. 3rd EQuIP European Conference (Bratislava, Slovakia 2018).
- Petriček G, van Lieshout J, Tsimtsiou Z, Klemenc Ketiš Z, Ožvačić Adžić Z, Cerovečki V: Patient enablement through person-centered care. 4th EQuIP European Conference (Thessaloniki, Greece 2019)
- Petriček G, van Lieshout J, Klemenc Ketis Z, Ozvacic Adzic Z. Doctor's perspective on person-centeredness in primary care. 23rd WONCA Europe Conference (Kraków, Poland 2018).

During the last, 88th European General Practice Research Network - the EGPRN - Meeting (Tampere, Finland May 2019), EQuIP invited EGPRN for collaboration in this study, which replied positively, stated person-centeredness in primary care a good topic for collaboration (for now interest came from representatives from Austria, Ireland, Norway, Switzerland, Hungary, and Spain).

We would kindly ask you to participate in this project. If you want to participate please send to us the confirmation e-mail and we will include you in our Working Group officially.

Best regards on behalf of Person-Centered Primary Care Working Group,  
Goranka Petriček (Working Group Leader), Zalika Klemenc-Ketiš, Zlata Ožvačić Adžić, Venija Cerovečki Nekić  
Zoi Tsimtsiou & Erika Zelko

### Media and Resources

- Please read the [53rd EQuIP Assembly Meeting Working Group Report](#) (2018)

# #7 Structured Small Group Work in Primary Care, p1

## EQiP Working Group on Structured Small Group Work in Primary Care (PHC)

By Adrian Rohrbasser

### EQiP Working Group Leader on Structured Small Group Work in PHC

#### Strategy and plan for the next year(s)

Work through the EQiP survey on Structured Small Group Work in Primary Health Care (SSGW) in Europe.

Decide on complementary interviews with experts in already active countries to explore local projects and to ask what they expect from a Working Group.

Decide on complementary interviews with experts in countries not using SSGW to explore what they may expect from such a working party to eventually start SSGW.

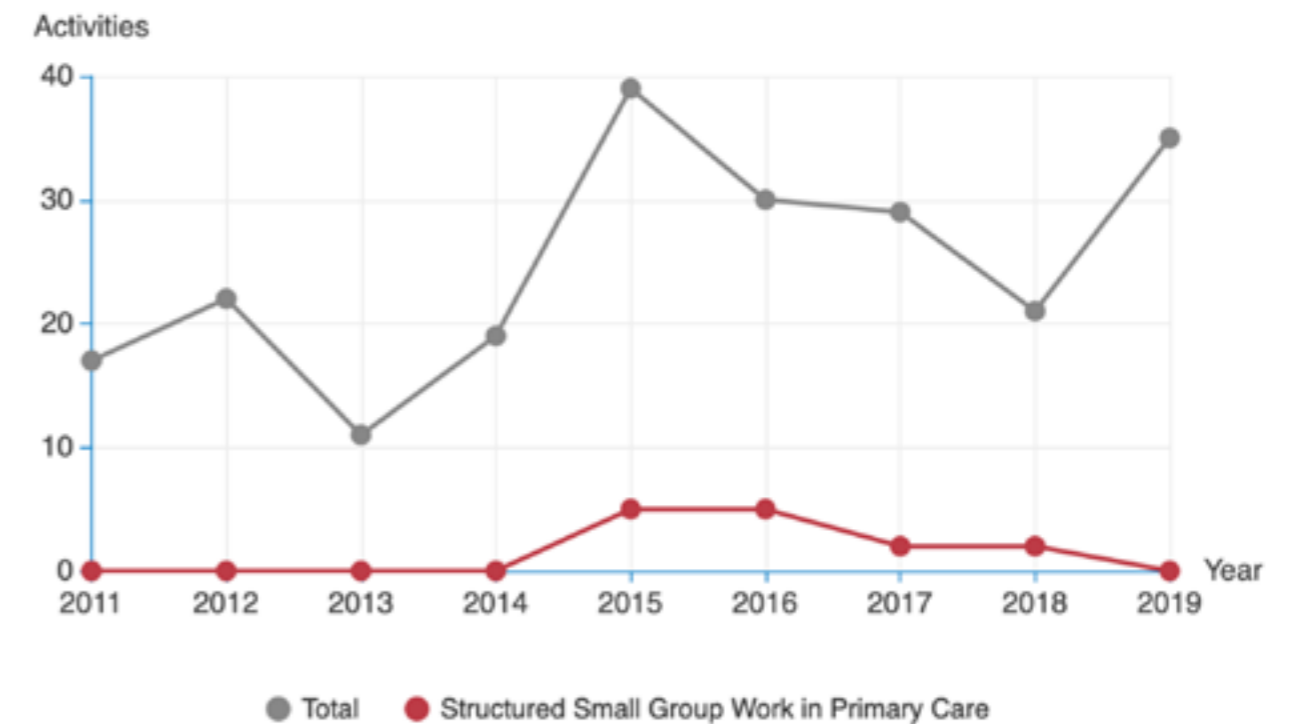
Plan and decide on some kind of a road map to meet the expectations.

#### The aims of the working group

The overarching aim is to form a reflective, evaluative and interprofessional platform that supports and stimulates SSGW in their ambitions of CPD/CME/QI.

The working group supports SSGW in different aspects: training on and practicing SSGW; teaching about SSGW and networking among organisations, and finally producing and disseminating knowledge about SSGW.

## EQiP Working Group Activities



# #7 Structured Small Group Work in Primary Care, p2

## **EQuIP Working Group on Structured Small Group Work in Primary Care (PHC)**

By Adrian Rohrbasser



### **The objectives of the working group**

- The main objective of the working groups is to build a platform for meetings, workshops, conferences where people can get together to exchange knowledge, to alleviate exchange of experts and digital exchange of resources like articles but also ideas.
- The platform should facilitate the starting phase of SSGW by studying the context and process that is needed for groups to flourish. The platform should also provide information about sustainability of SSGW and examine motivation for participation in SSGW and their necessary intermediate and final outcomes that make them work for a long period of time.

*The 47th EQuIP Assembly Meeting held in 23-25 April 2015 in Fischingen (Switzerland) was themed 'Knowledge Translation in Primary Health Care: Focus on Quality Circles'*

### **Media and Resources**

- Please read the [Working Group Report \(2018-2019\)](#)
- Please read the [Working Group Report \(2017-2018\)](#)
- Please consult [the interactive ePDF \(PDF, 5MB\)](#) for PP slides and video
- Read about Outputs from the EQuIP Working Group on [Structured Small Group Work in Primary Health Care](#)
- Read about [Adrian Rohrbasser's European endeavours in the EQuIP 4th Newsletter](#)

# #8 Teaching Quality

## EQuIP Working Group on Structured Small Group Work in Primary Care (PHC)

By Zlata Ožvačić (Croatia)

### EQuIP Working Group Activities



### Media and Resources

- Please read the [Working Group Report](#) (2018-2019).
- The [European Teaching Agenda on Quality and Safety in Family Medicine](#) (2019)
- The [EQuIP ePDF on Teaching Quality](#) (PDF, 1MB)

### EQuIP Working Group on Teaching Quality

Quality Improvement (QI) includes the combined and continuous efforts of healthcare professionals, patients and their families, researchers, payers, planners and educators to make changes that will lead to better patient outcome, system performance and professional development.

QI needs to be taught at all levels of medical education and in all aspects of medical care. In family medicine, quality of healthcare extends to all aspects of family doctors' work:

- Primary Care management
- Community orientation
- Specific problem-solving skills
- Comprehensive approach
- Person-centred care
- Holistic approach

The Educational Agenda developed by the European Academy of Teachers in General Practice/Family Medicine (EURACT) covers most of these aspects. However, it is not clear if this agenda includes techniques and competencies of QI. Namely, QI as a separate topic is not specifically mentioned or incorporated in the agenda.

This is in contrast with the document set out in the USA by the Accreditation Council for Graduate Medical Education (ACGME) in 1999 involving 'practice-based learning and improvement' as the centre of six doctors' core competencies.

The teaching QI working group was formed in 2008 as part of EQuIP. One of the aims of this group was to provide a comprehensive overview of how and at which levels QI is actually taught in European countries.

# Interviews

Joachim Szecsenyi, 2002-2005, 2006-2008



“

*Congratulations to everybody who is in the organisation and who is bringing forward the topic of quality of care in Europe*

- Joachim Szecsenyi

”

## The future of quality and safety

- My opinion is that we will have more integrated care in the future between primary and secondary care, so we have to think these sectors better together.
- I think one of the biggest challenges is a shortage of healthcare professionals.
- Also that we have to find ways to engage healthcare professionals working part time in quality activities.
- I think EQiP can contribute to a transsectoral view on the quality of care and a cross-border continuity of care.
- We all know that the COVID-19 pandemic was a big challenge and the practices are not always resilient, so how can we make primary care more resilient against challenges of the healthcare system?
- Quality of care and good quality management can really contribute to building resilience. We have to prepare the practices to set quality in a framework where we can say: If you have a good quality management in your healthcare center and in your practice, you are more resilient against new changes.
- To bring more attention to EQiP and to establish a more robust scientific foundation I advise you to invest in securing EU-funding.



**Video:** Closer collaboration



**Video:** Future discussion topics



**Video:** Call to action

# Interviews

Martin Marshall, 2005-2006



“

*The future of quality and safety is achieved with a strong commitment to the science of improvement, understanding the rigor and importance of rigor, and with a degree of pragmatism as well*

- Martin Marshall

”

## The future of quality and safety

- To really improve care for patients and make the biggest difference, I advise you to build an infrastructure to support international, cross-national work.
- Be more rigorous. Engage with the science of improvement and use improvement methodologies in as rigorous ways as you can in order to improve care.
- There's a fair amount of pragmatism in using quality improvement methodologies and people who are very precious about quality improvement who thinks of only one way of doing it are the people who tend to turn off the vast majority of their colleagues and their fellow practitioners.



Video: Future discussion topics



Video: Call to action

# Interviews

Tina Eriksson, 2008-2015



“

*I think that's really an equity problem also between men and women and and I think that access to free abortion within reasonable limits is a very, very crucial thing that we need to work for*

- Tina Eriksson

”

## Characteristics of quality and safety anno 2021

- In Europe these days, for instance, there are people that do not have access to primary care or have very limited access. That could be homeless people, that could be illegal immigrants and it could also be people who are abusers of alcohol and other stuff, because they may have very big difficulties in really getting primary care.
- There's a lot of misinformation on health in in the in the different platforms, and there are also lots of unhealthy stuff going on between, for instance, young people that are really disturbing in terms of spreading self-harm and and eating disorders among young women, for instance.
- We know that when we work, we have large effects on health care, but we may also change our conduct in order to be more green and sustainable.
- I think that EQuiP itself is endangered in the future, because I think it will be difficult to drive the networks like they're driven now, where you see each other twice a year and fly in and fly out.
- It doesn't make sense to measure quality if it doesn't go around to everybody.



Video: Future discussion topics



Video: Call to action

# Interviews

Piet Van Den Bussche, 2015-2018



“

*There is no quality without equity and it has become more and more important and I think it should continue that way*

- Piet Van Den Bussche

”

## The future of quality and safety

- I think Hector Falcoff and his research team in Paris already did a very interesting job, looking at how the meso-level worked in 8 different countries and analyzed the quality of the meso-level.
- I think, from my point of view, if there's one group we should focus on more and more, I'm convinced that they can enhance the quality of the practices to invest in the meso-level and to make sure that we have a good meso-level support of GPs on the local and regional level.
- My heroes in the pandemic are those GPs working on the meso-level organising, making sure that the information is going into practices, being representative, into hospitals and vaccination centers and to local authorities.



Video: Closer collaboration



Video: Future discussion topics



Video: Call to action





“

*EQuiP is an international body, which needs to have influence in different areas of quality and safety, both on a country and an international level*

- Zalika Klemenc Ketis

”

# Interviews

Zalika Klemenc-Ketiš, 2018-2021

## The future of quality and safety

- It is becoming more and more important that patients are actively involved in self-management. EQuiP holds a lot of expertise in how to motivate and empower patients to take responsibility for their own health.
- Teamwork, interdisciplinary work and task-shifting from family doctors to other professionals is becoming more and more common. I think that the way we work in family medicine is already changing and will change even more in the future.
- I think that we need to follow the changes that are happening in practices now because in a lot of practices teamwork is being used more and more.
- EQuiP needs to collaborate with team members from other professions, including nurses, physiotherapists, social-workers, etc.
- We must drive the use of evidence-based interventions to ensure high quality and safe work in family medicine and in general practice in pandemics as well as post pandemic times.



Video: Closer collaboration



Video: Future discussion topics



Video: Call to action

# Interviews

Andrée Rochfort



“

*In a call to action on matters of quality and safety, we need to focus on what we're at, why we're doing what we're doing*

- Andrée Rochfort

”

## The future of quality and safety

- We need to listen to the current needs of the membership of EQuIP.
- The healthcare we deliver is dependent on human resources. We need good human resources and healthy health-workings to make decisions, to care for and to support patients.
- Safety for patients and for professionals and that approach to safety in primary care must be bi-directional.
- A very important area, and in particular for general practice and family medicine, is the area of sustainable healthcare. Planetary healthcare and lifestyle medicine.
- To advocate for GPs to ensure that these quality improvement initiatives have relevance and practicality on the ground.
- I think we need to reach out for general membership to get the basics going into making these connections, to talk with each other, to enable the working groups to work together on email and social media and meet virtually outside of the EQuIP overall meetings.
- So we have a challenge in bringing all of these different resources in EQuIP together. But I believe with their common areas of interest in the ethos of EQuIP that we can work on these synergies and similarly our strengths.



Video: Closer collaboration



Video: Future discussion topics



Video: Call to action

# The Climate Crisis and Quality of Care, p1

The climate crisis is the leading public health issue of our generation and a number of medical associations have declared the climate crisis a medical emergency. Health systems have a relevant impact as a contributor (the carbon footprint of healthcare being around 4,4% internationally). At practice level major contributors are prescribing, patient travel and staff travel.

Primary care can make a difference in dealing with the risks of the climate crisis and in using the opportunities. The British National Health Service is the first health system in the world to set itself the concrete goal of becoming climate neutral and has worked out a way to achieve this. At practice level there are a number of activities to support this. The website is intended as a central information hub for all these activities.

Among these activities is a toolkit that deserves attention. Developed by the Royal College of General Practitioners (RCGP) and the National Union of Students (NUS), the Green Impact for Health audit supports practices on their journey towards an environmentally sustainable practice. The toolkit uses many aspects that are part of well established practice development instruments, like EPA. The system is easy to use, self explanatory and you get a quick reward without the need to fulfil every item.

For every aspect (i.e water use, travel, prescribing, vulnerable groups) it is possible to gain medals for different levels of achievement. For example: When dealing with the issue of transport the first step (bronze) is the promotion of a culture regarding physical activity. The next level (silver) would be an audit at practice level regarding the mode of transportation used by the team members. Gold medal is for those practices who try to reduce the amount of traffic (by video consultation, for example).

Those at the top are rewarded with a medal when trying to increase active transport, providing e-cars, increasing bike traffic etc. Reaching these medals is supported by a large amount of additional information and material provided via the website.

[Further information can be found here](#)

By Guido Schmiemann  
German delegate to EQuIP

# The Climate Crisis and Quality of Care, p2

## **WONCA's Action Call for COP26**

The climate crisis is creating great suffering now through extreme weather, floods, fire, polluted air, food and water shortages, forced migration, aggravation of disease, and premature death. If we do not keep global temperatures within 1.5°C above pre-industrial levels by 2040, the suffering and deaths will increase dramatically.

To avert such a catastrophe the remaining global carbon emissions budget must not exceed 520 billion tonnes of carbon dioxide. This is in keeping with the advice of the Intergovernmental Panel on Climate Change<sup>1</sup> and means achieving net zero by 2040.

Given the obligation of family doctors and primary care workers to protect and promote public health and wellbeing, the World Organization of Family Doctors (WONCA) and the Working Party on Environment, led by Enrique Barros and Alan Abelson - with contribution of Terry Kemple - have published a Call to Action urging governments, agencies and stakeholders to take action to reach zero emissions by 2040.

[Link to WONCA's Action Call for COP26](#)

## **São Paulo Declaration on Planetary Health**

The São Paulo Declaration on Planetary Health is a global Call to Action from the planetary health community charting a path forward to support a more equitable and resilient post-pandemic world.

The Declaration's cross-cutting recommendations were drafted during the 2021 Planetary Health Annual Meeting and Festival in São Paulo, Brazil, concluding with a global consultation of nearly 350 participants from more than 70 countries supported by the United Nations Development Programme.

### **For Health Practitioners:**

- Immediately incorporate planetary health concepts and values into the main curricula and professional codes of conduct for all future health practitioners.
- Educate patients on the concepts of planetary health and utilize health practitioners' trusted voices to raise awareness about the adverse effects of our current dysfunctional relationship with our planet.
- Draw upon diverse knowledge practices beyond westernised disciplines including those of Indigenous Peoples.
- Advocate for patient-centered policies that advance planetary health, including public access to health services as a human right, and incorporate solutions and community services beyond the clinic.

[Link to the São Paulo Declaration on Planetary Health](#)

[Read the Correspondence in The Lancet Vol 398, 9 October 2021](#)

EQuiP

30

years

exploring our **past**  
examining our **present**  
envisioning our **future**