



Minutes of pre-meeting of Nordic Leader Seminar in Reykjavik on 15 June 12:00-14:00 2017

1. Welcome and presentation

Present: Hanna Ásberg (SFAM), Ulrika Elmroth (SFAM), Marina Tuutma (DLF), Thorarinn Ingolfsson (LIS), Jón Torfi Halldórsson (LIS), Salome Arnardóttir (LIS), Anders Beich (DSAM), Niels Ulrich Holm (PLO), Niels Saxtrup (NFGP), Tor Carlsen (NFA), Torgeir Hoff Skavøy (NFA), Seija Eskelinen (SYLY), Jaana Puhakka (GPF), Gisle Roksund (NFGP), Lotte Hvas (NFGP), Johann Sigurdsson (NFGP), Sanne Bernard (NFGP, secretary)

Denmark will be host next year for the Nordic Leader Seminar, which will take place 23-25 August 2018, **please reserve the dates**. For your information, the “Preventing Over Diagnosis congress” will take place 20-22 August 2018 in Copenhagen, which might save you an extra trip if attending both events.

Originally, this Nordic Leader Seminar (also called Seminar of Family Medicine) began as a GP Union meeting, and the national colleges joined in later. The seminar takes place every second year – typically with three representatives from the union and three representatives from the national college of each Nordic country.

2. Signing of position paper on “Preventing over diagnosis”

The common position paper on “Preventing over diagnosis” was signed by members from all Nordic unions and colleges.

The original version was made by the Norwegian college, - it was translated into English, and the paper was discussed at the pre-meeting in Helsinki in 2016. Small changes were made hereafter (since September 2016 it has been circling between the colleges), and the paper has now been spread widely by WONCA World. Sweden has very recently proposed smaller changes, but as those are of no crucial matters, the paper was signed as planned today at the meeting. Policy and position papers are always subject to renewal and revision along the way.

Johann will present the position paper at the WONCA Europe Conference in Prague next week. It will be discussed whether this paper can be made into a European policy paper too.

3. Discussion about the theme for our next Nordic Family Seminar in August 2018, and distribution of tasks to prepare

Brainstorm:

Recruitment – how to make a sustainable system in the Nordic countries. To make a common position paper to strengthen the position of primary care. How to make it attractive to work in general practice, both to recruit and to make GPs stay in general practice (in Sweden 20-30% leaves general practice due to the present working conditions).

How to communicate the role/nature/value of general practice to the society. The GP identity – how to play in with the state, the society and with our colleges. What is the definition of our profession?

The common challenges with geography, heavy workload etc.

Reforms within healthcare in Finland makes it difficult to come up with suggestions. However, it could be useful in the present situation with a discussion about how to measure quality of primary care, including a discussion of what is 'good quality' in relation to clinical practice?

Generation shift – what are the wishes among the young generation? In Denmark, large numbers of female GPs want to work part time and furthermore do research. This will increase the demand of more GPs in the future even further.

Possibilities of combination/integration of skype sessions and "classic" consultations. In some cases, digitization works fine, and tele-medicine is already necessary in some rural areas. How can tele-medicine take place in a useful way, - or is this is not the way forward at all?

How do we change the focus from a market based health care system to person-centered medicine?

How can we be selective about how to use data, - and how can we ensure to be one step ahead?

Sustainability is also a subject which is discussed in Sweden. Young doctors and doctors in training wish to focus on the joy of working. We decided that it was relevant to invite 2 young doctors from NYGP to come and take part in the discussion. NFGP will pay for the participation of these two doctors.

GPs role and identity – update on policy paper about the role of the Nordic doctor (with inspiration from a similar paper made by Barbara Starfield some years ago).

Possible themes/headlines for our next Nordic Leader Seminar;

- Meaningful quality measurements – Sweden
- Workload of GPs – how many and what kind of patients can we manage – Iceland

- P4 medicine - personalized medicine – Norway
- Purpose of collecting data - how to limit the data flow out of practice, how do we use data in a good way as motivation and for quality measurement purposes – Denmark
- Over diagnosis and overtreatment – how do we proceed the work on these subjects within the Nordic countries? – Finland
- Two young doctors presenting their thoughts about recruitment problems and how they could be solved.

Based on input from the above brainstorm, Niels Saxtrup has been kind to make a preliminary agenda for our next Nordic Leader Seminar;

The present and future role and identity of the GP in the Nordic countries

Preliminary agenda for NFGP august 2018

The Nordic countries have organized a primary care with common values, based on person orientation and not disease, free and equal access, gate-keeping and being coordinating and an integrated part of the whole health system. But all the time there is a tendency in our societies that threatens to change or diminish the effect of this organization.

“Good relationship with a freely chosen primary-care doctor, preferably over several years, is associated with better care, more appropriate care, better health and much lower health costs”.
(Barbara Starfield)

In our Nordic countries, GPs are challenged by increasing workload, burnout, escape from the profession, lack of younger colleagues; caught up in demands, rules, expectations from many sides and ourselves.

In the society, civil services in the states, there are expectation that GP should attend closer and be a direct part of the secondary healthcare system. GP should institutionalize from being small local bounded and relational valued units towards the more biomedical, patoanatomical and industrialized hospital organization with harmonized algorithms for diagnosing and treatment, where the patient is an object “a transport medium carrying the disease”.

The different set in values between GP and the state is a challenge, and a battle is going on; the fight is about organization and resources.

The different sights in health and human nature from an economic/administrative sight versus a combined humanistic and biomedical leads us to confrontation in the question of:

- What is at good quality – can it always be measured? (S)
- What is a diagnosis – is it crystal clear with an obligate treatment that can be measured and benchmarked? How do we prevent over diagnosis and –treatment? (SF)
- Will we with gathering of more data be able to make personalized medicine? (N)
- Who owns information, data, about the patient (the state, the patient, the GP)? – What happens when we ruin the patient confidentiality? (DK)

- **How much can we work, if we keep on using ourselves as a tool? Will we accept to be reduced to technicians instead of professionals? (IS)**

Each country will contribute to the meeting with one of these questions, as agreed-upon in Reykjavik in June 2017.

4. Any other business

Should the Nordic countries / capital cities make a bid for a new WONCA Europe? Maybe Stockholm or Helsinki could be a possibility? NFGP should consider this matter within the near future, as the process is long.

The process about adjusting the vision and mission of NFGP is ongoing, - and we shall discuss how we reach further out in Europe with our continued work.

NFGP needs to continue the discussion about the situation of the young doctors and NYGP. How do we support the young doctors in the future, both economically and in other matters (by the national colleges, by the GP unions or by NFGP)? The secretariat has been in contact with the NYGP group and is awaiting a brief report on vision and future plans of NYGP as well as a budget draft. When we have an idea about how much we are talking about, it can be further discussed by the board of NFGP. Niels/Sanne will start a mail discussion, when further information is received from NYGP.

SFAM presented a Swedish document with suggestions for the politicians in Sweden, with ways to improve the conditions for the GPs. The document has been forwarded to the rest of the group in week 32.

The NFGP board expressed a warm thanks to Gisle for the fantastic work he has been doing over the past 6 years as chair of NFGP. It has been a great pleasure working together with Gisle, and we wish him all the best for the future, where we will hopefully meet up now and then.