Agenda for NYGP Executive Board Meeting and Annual General Meeting

Copenhagen, March 26 2020 2-6 pm

1. Common welcome together will all participants (14:00-14:30) in Meeting Room Flora 1
2. Election of a meeting leader
3. Election of a minute writer
4. Approval of the agenda
5. Presentation of all board members and update from each country
6. Chairmanship's report on the activities and fundings in the past year
   See attachment 1 for 2019
   Annual report will be distributed before the meeting
7. Budget for 2020
   Budget will be distributed before the meeting
8. Suggested by-law ammendments
   See attachment 2 in this document for suggestions from the chairmanship.
9. Topics for upcoming seminars
   This point on the agenda must be included according to current NYGP by-laws. However, we have discussed in our previous meetings that at this stage it is not realistic to hold regular seminars in addition to the pre-congresses.
10. Pre-Congress – orientation about pre-congress preparations from the chairmanship. Discussion about the role of Executive Board in preparation for the next pre-congress and the marketing in each country
11. Specialist training in the Nordic countries
    See attachment 3 which includes descriptions of the specialist training systems in Norway, Finland and Iceland. An updated version for Norway, as well as descriptions for Denmark and Sweden to be distributed before the meeting
12. Strategies for reaching out to other doctors in our countries
    Social media - Facebook
13. Nordic Leader Seminar (NLS) Oslo 27-29th August 2020
    See attachment 3 in this document
14. Prepare presentation for NFGP General Assembly 27/3
15. Other

Attachment 1 NYGP Financial report 2019

Tekst	Moms	Valuta	Beløb (DKK)	Saldo (DKK)
Primopostering				0.00
Støtte til Prækongres 2019			2,500.00	2,500.00
Møde Executive board 16/6			2,110.00	4,610.00
Gaver HOC- prækongres NYGP 14-15/6			2,645.90	7,255.90
NYGP dinner meeting 17/6			2,942.00	10,197.90
Bevægelser i perioden			10,197.90	

Attachment 2

NYGP By-laws and current conditions

NYGP – Nordic Young General Practitioners

§ I. Members

 # 1
Nordic Young General Practitioners (NYGP) is a network open for medical students with an interest in general practice, vocational trainees with an interest in general practice, GP- trainees, young GPs (first five years after specialisation) and researchers in primary health care from Denmark, Sweden, Norway, Finland and Iceland, the Faroe Islands and Greenland.

 # 2
Representants from the Baltic countries will be invited to participate in congresses, seminars, and web-based groups held by NYGP.

§ 2. Aim

#1
To create a network that brings the NYGP members (§ I, #1) together.

To stimulate continuous professional development in Nordic general practice.

The shared values are: Participation, cohesion, and commitment

#2
To create a network platform for inspiring each other and to exchange ideas, knowledge and experiences.

To become a scientific and social melting pot of ideas, attitudes, knowledge, skills, and experiences in the Nordic countries.

 # 3
To organize Nordic Pre-Congress before the Nordic Congress of General Practice (NPCGP)

To facilitate clinical educational experiences in the shape of practice visits in relation to the NPCGP.

§ 3. Executive board

 # 1
The executive board of NYGP consists of two members from each Nordic Country. The Faroe Islands and Greenland will have one member each.
Each country elects their own members – preferably from the boards of the young GP networks.

 # 2
Representants from the Baltic countries will be invited to participate in the executive board as observational members, but without the right to vote.

§ 4. Chairmanship

Kommenterede [1]: Remove Faroe Islands and Greenland. They are represented by the Danish representatives.

Kommenterede [2]:

Kommenterede [3]:

Kommenterede [4]: Remove this whole paragraph. We do not need to include in the by-laws that people from certain countries will be invited.

Kommenterede [5]: Remove this. What does it mean? It is not an aim.

Kommenterede [6]: Remove this.

Kommenterede [7]: Remove this whole paragraph. We can invite other countries if appropriate, but it should not be included in the by-laws that we must do it.

 # 1
Normally the nation responsible for the next Nordic Congress has the 2-year chairmanship of NYGP, these are the two members of the executive board.
They will be responsible until the next Congress and be representing NYGP in the connection to NFGP.

 # 2
The Chairmanship is responsible for the annual report on activities and funding.

 # 3
The chairmanship will represent NYGP in the council of NFGP and its activities.

§ 5. Hosting

#1
NYGP will be entirely responsible in terms of planning the Pre-Congresses. However, the National Host Committee of the Nordic Congress will support when possible with e.g. setup of a common registration system for both pre- and main congress, linking to website and/or subpage at Nordic Congress website and PR of the pre-congress in newsletters.

§ 6. Financing

 # 1
The membership of NYGP is free of cost, but there will be a participation fee for the Pre-congress and the Spring seminars.

Kommenterede [8]: Remove this. If we are not arranging Spring seminars it should not be included in the by-laws.

 # 2
NYGP seeks annually funding for the work in the NFGP.

 # 3
The Executive board of NYGP applies funding from their national colleges or national funds, for participation in the Pre-Congresses.

§ 7. General Assembly

 # 1
The Annual General Meeting of the NYGP shall be held in relation to the pre-congress or the spring seminar.

Kommenterede [9]: Replace with: The Annual General Meeting of the NYGP will be held in relation to The Annual General Meeting of the NFGP in Copenhagen.

 # 2
The invitation for the General Meeting shall be sent out by the chairmanship with at least 3 months' notice by personal email, stating the agenda for the meeting. The agenda shall also be uploaded on the web page of the NYGP executive board.

 # 3
Each country is responsible for updating the member list with contact information on the board members.

 # 4
The General Assembly is open for all members of NYGP and will be held in relation to the pre-congress every other year.

Kommenterede [10]: Remove this whole paragraph. We do not hold a general assembly at the precongress, but an annual board meeting and general meeting in March/April.

 # 5
Only board members are allowed to vote at the Annual General Meeting.

§ 8. Annual General Meeting Agenda

At the Annual General Meeting, at least the following must be included:

1. Selection of a meeting leader

2. Selection of a minute writer

3. Presentation of (possible) new board members

4. Chairmanship's report on the activities and fundings in the past year

5. Budget for the following year

6. Topics for upcoming seminars

7. Topics for upcoming Pre-Congresses

8. By-law ammendments

9. Other

Kommenterede [11]: Remove this as we are not planning to hold seminars

§ 9. Voting and decisions

 # 1
Each member of the executive board has the right to vote.

 # 2
The right to vote may be exercised by written proxy, which can only be announced for a single general meeting.

 # 3
The matters dealt with at the general meeting are settled by simple majority.

 # 4
In case of disagreement a decision may be postponed for resolution at a new General Assembly.

§ 10. Host-committee for the Pre-Congress

 # 1
The Chairmanship of the NYGP is main responsible for organizing and hosting the pre-congress, by establishing the national HOC-team

 # 2
The Chairmanship must coordinate delegation of tasks with the national HOC-team and is expected to participate in the planning.

NYGP current terms and conditions 2019

Economy

For the year 2019 NFGP will contribute with the sum of DKK 50.000, - to support NYGP activities.

The NFGP chairmanship is responsible for obtaining permission from the director and chairman of NFGP for the funding of NYGP costs prior to use.

For future funding of NYGP, the chairmanship shall forward a formal application to the NFGP board for the following year latest by 31st December each year.

Pre-congress

The pre-congress takes place prior to the Nordic Congresses every second year. The first pre-congress took place in Reykjavik in 2017.

Responsibilities of the national NYGP representatives (also the current NYGP chairmanship):

- The national NYGP representatives are the main responsible for both organizing and hosting the pre-congress in their country. When possible, tasks can be delegated to fellow young doctors in the local area.
- The national NYGP representatives are responsible for ensuring that the content and setup of the pre-congress is in compliance with the purpose of NYGP's mission and vision.
- The duration of a pre-congress should be 1-2 days program + possible exchange visits
- The number of participants should be from 80-150 persons (the exact number will depend on available and affordable local venues).
- The costs of the pre-congress and possible social events should balance with the expected income of registration fees and possible donations from local/national organizations.
- The NYGP chairmanship has the responsibility to seek formal acceptance from the national college to cover any deficit, which might occur (e.g. due to low participation or unexpected costs).
- The membership of NYGP is free of cost, but there will be a participation fee for the Pre-congress and the Spring seminars. The fee must be at a maximum of 100 Euros and include daytime courses, meals and drinks.

Attachment 3

This topic was first discussed at our meeting in Copenhagen in August 2018. We agreed to start by sharing a description of national training systems for GPs. From that we aim to develop a position statement from NYGP. In parallel the NFGP has established a Nordic Specialist Training Committee with representatives from the Nordic countries. Katrina Tibballs is the NYGP representative on this committee and will bring the NYGP views into it's work.

GP training program in Iceland 2019

Framework:

- The GP training program is the oldest speciality training program in Iceland, founded in 1995
- Started with two GP trainees and currently the program has 58 residents (fall 2019)
- We have a curriculum which describes specialisation requirements. The curriculum is specific but broad at the same time and describes the demands made to all residents in our GP training program. (The Icelandic College of GPs, first edition of GP Curriculum 1995, second edition 2008 and third edition 2015)
- From the fall of 2018 the newly founded Center for Development of Icelandic General Practises functions as a corpus for the program.
- We have a program director (50%) employed by the before mentioned Developmental Center.
- Salary for the GP Trainees is founded partly by the government (approx.30%) and partly by the GP offices.

Structure of the program:

- 3 years in a primary care unit, 2 years in hospital, a total of 5 years (rotates: GP-Hosp-GP-Hosp-GP)
- Two hospitals have been approved as training sites - LSH Reykjavik and SAK Akureyri
- 7 institutions of primary care around Iceland are approved training sites (HH, HSN, HSU, HSS, HVE, HVEST, HSA)

In the GP office:

- The GP Trainee sees patients (ca.10-14 patients per day) every day, with half a day per week for paperwork and half a day for educational meetings or workshops structured by the program

- Patient interviews are generally 20min.
- Scheduled phonecalls around 6-10 per day
- Electronic patient contact / messaging and prescription renewals (big variation in number of contacts between days and between GP offices, growing numbers during the last 1-2years)
- One hour per week with educational supervisor or clinical supervisor to follow up on notes and cases.
- Once a month video monitoring with the educational supervisor (mentor) or a meeting to discuss goals in the curriculum etc.
- Besides that the program suggests educational meeting once a week with all the GPs in the unit discussing common problems of interest
- Lectures and workshops (the theoretical training) half a day per week, every Tuesday afternoon
- Normal workday from 8-16
- Afternoon shift from 16-18 (most places) approximately once a week

The hospital training:

- Total of 24 months hospital training, divided into following:
    - 4 months OB/GYN
    - 4 months PEDs
    - 4 months Psych
    - 4 or 8 months Internal Medicine
    - 4 or 8 months ER
- Possibility of adjustments (eg. a couple of months of ENT)
- GP trainees work and train with other ST doctors (peds, int.med etc)
- Special clinical supervisor for the GP Trainee during each hospital rotation who meets with the trainee regularly, guides and keeps track of evaluations (CbD, Mini-cex, Dops etc.)
- Salary during hospital rotations payed by the hospital (90% position)
- Half a day (Tuesday afternoons) for lectures /workshops (10% position, payed by the GP office)

The theoretical part:

- Group learning/workshop every Tuesday afternoon + Balint-reflection group
- Educational meetings structured by the program (Arctic meeting/educational meeting the last weekend in april, GP conference every other year, GPs

educational day the first Saturday in march every year etc.)

- Icelandic Medical Conference yearly in January
- Educational conferences/meetings abroad every year, chosen in cooperation with the educational supervisor (mentor).
    - Max.15 days per year
    - Part of our collective agreement
    - Paid leave and grants to cover costs

Workshops:

- Every other Tuesday afternoon in different GP offices and eg. rehab centers, physiotherapy offices etc.
- Introduction of the hosting place + “hands on“ teaching and discussions on cases between ST doctors, GPs and other specialists
    - Orthoped. med, kir. minor, dermatology, medication lists in the elderly etc.

Group learning:

- Every other Tuesdays afternoon
    - 13:00-14:00 Peer lectures with specialist guidance (object list that runs every three years)
    - 14:00-15:00 Questions and answers (the US-In-Service Exam)
    - 15:00-16:00 Balint group (see below)
- Obligatoric
- Group leaders are experienced GPs
- GPs with special knowledge on the lecture subject sit in on the lectures (occasionally other specialists)

Balint-group/reflection group:

- The group meets once every other week with Balint leader
- Discussions on difficult cases and communication challenges with patients and co-worker.
- It gives insight and support into difficult and/or frustrating communication and situations and reflects on how your personality affects your communication with patients and colleagues.
- Obligatory during GP rotations (not hospital rotations)

- Balint conference in Oxford held every other year, obligatory once during training program

Research/quality improvement project:

- Obligatory project (research or QI)
- Educational supervisor involved with academy
- Once a year, a day of reflection regarding research/QI projects with the GP academia in Iceland

The Educational Supervisor:

- An experienced GP who is the mentor and supports the resident
- Meets with the resident regularly and does the yearly evaluation
- Meetings with other mentors and the program director twice a year

Progress in the training program:

- ST doctors meet with their educational supervisor (mentor) weekly during GP periods and at least monthly during hospital rotations
- ST doctors meet with the program director once a year to go over things the e-portfolio etc.
- If the trainee is not doing well the program director refers the matter to a progress committee

The finish line:

- The ST doctor applies for a licence as a GP to the Director of Health and sends in the appropriate documents regarding time and progress in the GP program

Challenges

- Interest from young doctors
- Recruiting difficulties
- Framwork, lack of corpus / funding
- Lack of time to for supervision

Tinna Karen Árnadóttir and Berglind Gunnarsdóttir - GP trainees / ST

doctors Elínborg Bárðardóttir - program director June 2019

Specialisering i Allmänmedicin i Finland 2019

Den medicinska specialistutbildningen står inför en stor förändring då den övergår till att vara kompetensbaserad. Tidigare har specialiseringen varit 6-årig och byggt på att läkaren har arbetat inom primärvård 2-4 år och på sjukhus 2-4 år samt skrivit specialisttenten. Dessutom har 120 h tämligen fritt valbar teoretisk utbildning krävts. Innehållet i utbildningen har därmed varierat rätt mycket, eftersom den specialiserande ofta mera varit arbetskraft än studerande. Traditionellt har det varit mycket 'learning by doing', målsättningen med kompetensbaserad specialisering är att fokusera på innehåll och kunnande istället för tid. Den personliga inlärningsplanens betydelse blir större, och specialiseringens längd kan variera.

Ansvaret för specialistutbildningen har nyligen övergått från Utbildningsministeriet till Social- och Hälsoministeriet. Universiteten koordinerar och planerar utbildningen, arbetet sker i det offentliga vårdsystemet. Från och med 2019 ansöker man till specialiseringen, tidigare var det bara ett anmälningsförfarande. Vid HU (Helsingfors Universitet) hör en obligatorisk ledarskapsutbildning till alla specialiseringsprogram.

De kommande åren kommer vi alltså att ha specialiserande som fullför sin specialisering enligt olika system, det nya och det gamla. De 5 universiteten (Helsingfors, Åbo, Tammerfors, Kuopio och Uleåborg) har gemensamt kommit överens om kunskapsmålen (se bilaga). På basen av dessa har HU utvecklat redskapet "Specialistutbildningens milstolpar", ett stöd för den specialiserande som kan följa sin personliga utveckling och få stöd i målsättningar inom olika kärnkompetensområden.

Allmänt:

Den offentliga primärvården i Finland har redan länge varit underdimensionerad, resurserna har inte ökat sedan 90-talet. Social-och hälsovårdsreformen har varit en politisk dragkamp och stärkande av primärvårdens ställning som var en målsättning har inte framskridit. Den nytillsatta regeringen har lovat förbättring.

I Finland finns parallellt med den offentliga vården helt privata vårdproducenter. Patienterna betalar vården själva eller så ersätts vårdkostnaden av privat sjukförsäkring, samhället står för en mindre ersättning via Folkpensionsanstalten FPA. Personer med privat sjukvårdsförsäkring väljer ofta privata aktörer, och försäkringsbolag har t.o.m. grundat egna sjukhus. Företagshälsovårdens roll är också större än i de andra nordiska länderna, många företag köper utöver den lagstadgade hälsovården även sjukvård åt sina anställda. Systemet bidrar till att hälsoskillnaderna mellan socioekonomiska samhällsklasser är anmärkningsvärt stor. De privata aktörerna har inte utbildningsrättigheter

I Helsingfors specialupptagningsområde (Erva, ca 2 milj invånare) finns 1200 tjänster på offentliga hälsocentraler, endast 27 % av läkarna på vårdcentraler är specialister i allmänmedicin. 47 % av tjänsterna sköts av seniora läkare, 48 % av juniorer [1]. Det finns alltså ett stort behov av specialister i allmänmedicin, arbetsbristen är nationell, men värre i mera perifera områden. Specialisering är inte obligatorisk och många äldre kolleger är inte specialister.

[1] Arja Helin-Salmivaara, HUS Primärvårdsenhet utbildningsdag maj 2019

YEK- Särskild Allmänläkarutbildning

Efter licensiatexamen kan läkare välja att göra en tilläggsutbildning, Särskild Allmänläkarutbildning. Utbildningsplatsen beviljas av universiteten, och studietiden är 2 år för läkare utexaminerade i Finland eller Belgien, 3 år för övriga länder. 9 mån av den Särskilda Allmänläkarutbildningen sker på hälsocentral, där den unga läkaren bör ha handledning. Undervisningsmålsättningarna följs upp med en loggbok, hälsocentralen får ersättning av universiteten (EVO ersättning)
https://www.helsinki.fi/sv/medicinska-fakulteten/yrkesinriktad-pabyggnadsutbildning/sarskild-allmanlakarutbildning

Ansökning till specialisering

Från och med 2019 ansöker man om specialiseringsplats, detta för att styra specialiseringen enligt behov och undvika överutbildning av specialister inom vissa områden. Allmänmedicin är det största specialistprogrammet, och det finns läkarbrist. Mängden platser är ännu under diskussion, men förhoppningen är att det finns många platser och ansökningsförfarandet endast i mera sällsynta fall sållar ut de individer som inte är lämpade för specialiteten.

Redan under flera år har i specialiseringen ingått ett frivilligt 1 dags Startseminarium och en webkurs som tar 6 veckor. Slutresultatet är en Personlig inlärningsplan (HOPS- Henkilökohtainen Opintosuunnitelma) De studeranden som anmält sig efter 31.12. 2018 söker skriftligt till utbildningen, startseminariet och webkursen är obligatoriska och bedöms, liksom den Personliga inlärningsplanen. Efter godkännande inleder den specialiserande en 6 mån prövoperiod på en hälsocentral med utbildningsrättigheter. Själva prövotiden skiljer sig inte från övrig tjänstgöring och kan räknas till godo i specialiseringen. Slutbedömning görs av förmannen och handledaren och den specialiserande läkaren är med i diskussionen. Beslutet vidarebefordras till universitetet av den specialiserande läkaren själv, och man kan ansöka till specialiseringen hur många gånger som helst. Redskapen som används i bedömningen är långt de samma som används i handledning, bl.a. Observation under mottagning. Viktigt är att se utvecklingen under arbetsperioden. Det finns inte resurser till utomstående bedömare.

https://www.helsinki.fi/fi/laaketieteellinen-tiedekunta/ammatillinen-jatkokoulutus Helsingfors program, på finska

Utbildningsprogrammet

På hälsocentralen bör varje specialiserande ha en personlig handledare. Utbildningen får inte fokusera enbart på kliniska områden, utan omfatta även övriga kunskapsområden enligt WONCA definitionen och CANMEDS kompetensområden. Sammanlagt bör den studerande samla 120 h teoretisk utbildning, minst 40 h av universitet ordnad skolning i allmänmedicin. Vissa universitet kräver en internationell kongress, vid andra är det en rekommendation. Den teoretiska utbildningens kvalitet garanteras då endast av universitet godkänt program kan räknas. Rekommendationen för skolning på arbetsplatsen är 100 h/år. Uppföljningen av skolningar är på den studerandes ansvar, Läkarförbundet har utvecklat verktyget www.taitoni.fi för att följa kompetensutveckling. Recertifiering finns inte ännu. Den obligatoriska ledarskapsutbildningen som fr.o.m. 2018 är 10 studiepoäng är samma för alla studielinjer.
https://blogs.helsinki.fi/lahijohtajakoulutus/

Studieguiden finns på https://guide.student.helsinki.fi/fi/artikkeli/erikoislaakari-ja-erikoishammaslaakarikoulutus

Sammanfattningsvis strävar man till en så mångsidig erfarenhet som möjligt. I alla specialiteter ingår en 9 månaders arbetsperiod på hälsocentral. I allmänmedicinspecialiseringen består den 2-åriga bastjänsten därtill av ytterligare 1 år 3 mån som kan vara på sjukhus eller hälsocentral.

Den differentierande specialiseringen omfattar 24 mån hälsocentral, arbetet skall vara mångsidigt. Då de stora städernas arbetsbild är tämligen olik den på landsbygden finns viss oro för att allmänläkarens breda kunnande försvinner. Jourarbete, bäddavdelning, förebyggande vård och missbrukarvård rekommenderas ingå. Dessutom måste 1 år arbete ske på samma ställe för att den specialiserande ska hinna få erfarenhet av kontinuitet. Då unga läkare tidigare mest betraktats som arbetskraft har det krävt en hel del arbete att säkerställa tillräcklig handledning, 4 h/månad, mest personlig.

Minst 24 mån arbetserfarenhet från övriga medicinska specialområden krävs, de kan avläggas i vilket skede som helst. Många väljer att varva sjukhustjänst och hälsocentral. Inom vissa områden finns definierade specialiseringstjänster som garanterar handledning, med dessa platser är ännu få. Ofta är den specialiserande läkaren vikarie, 3 månader är den kortaste godkända tiden. Erfarenhet från de stora områdena (inremedicin, kirurgi, gynekologi, psykiatri och pediatrik) rekommenderas, men är inte obligatorisk. Företagshälsovård godkänns inte. Forskningsarbete kan godkännas som tjänstgöring men är inte obligatorisk.

Tent

Specialisttenten är i kraft 4 år, man måste inte nödvändigtvis skriva den i slutet av specialiseringen. Materialet är omfattande. Relevant lagstiftning, God Medicinsk Praxis rekommendationer och tidskrifter. Våren 2019 var tentamen för första gången elektronisk och 3 h istället för tidigare 6 h. Frågorna görs av professorerna och tentamen är landsomfattande, tentamenstillfällen ordnas 3 ggr/år.

Texten är sammanställd av Annika Kolster inför NYGP kongressen, jag har använt material i Web Moodle, Allmänläkarens portfolio. Tack till Lena Thorn, Arja Helin-Salmivaara och Annika Franzén vid HUS

Specialisation in eneral practice in Norway

From March 1st 2017 specialisation in general practice is mandatory. The specialisation requirements are under revision and new regulations are announced to take effect from March 1st 2019. The current requirements are briefly described below.

The Norwegian specialisation model was first approved in 1985 (https://www.tandfonline.com/doi/pdf/10.3109/02813438709024189) and differs from the other Nordic countries in that the brunt of it is completed in general practice. It provides freedom of choice and individual responsibility within set limits. You can meet the specialisation requirements by pursuing a variety of professional interests. There is no time limit to becoming a specialist. Before starting any specialisation in Norway a one year internship in hospital and six months in general practice is completed.

In order to maintain specialist fees, GP specialists must undergo recertification every five years. This is obtained through coursework, participation in a peer discussion group, and a wide choice of meriting activities, similar to, but less extensive than the specialisation program.

Current criteria for specialisation in general practice:

1. Four years in primary health care, of which minimum two years' work with an open, unselected population (general practice). Up to two of these years can be completed in a nursing home or a municipal emergency unit. Research can count as one of these four years.
2. 40 shifts of out-of-hours emergency primary health care work
3. One year's clinical hospital service, choice of any clinical department(s)
4. Two years participation in a supervised group of GP candidates, meeting 1-2 times per month
5. Four introductory courses (internet based + 3-4 day seminars)
6. Other preapproved courses in various subjects put together at the choice of each candidate (including a mandatory emergency medicine course)
7. Mutual practice visits to another GP
8. Compulsory course in expert work
9. Certification of practical skills by minimum four colleagues
10. Optional activities (additional coursework, visits to clinical departments or other specialists, tutoring, research etc)

The new requirements for specialisation are not yet adopted, but it is decided that there will be a continuation of the time requirement: 6,5 years including 18 months internship. It is also decided that rather than collecting points from course work and other activities, an extensive list of learning goals must be obtained and certified by a supervisor. The suggested framework that has been on hearing from the health authorities indicates that each candidate will have an individual supervisor throughout the specialisation period. It is also expected that the two-year supervised group meetings will remain mandatory and that there will still be required some clinical work in a hospital setting. The vast majority of the learning goals are however still expected to be obtained in the primary health care setting and specifically in general practice. The learning activities that are already established are expected to be continued and will ensure that many of the learning goals are obtained. Another significant change is that the municipalities will have a more formalised responsibility for ensuring that GP candidates are in specialisation and are given the opportunity to complete the necessary learning activities.

This summary of the specialisation in general practice in Norway will be updated when the new requirements are adopted.

Katrina Tibballs
NYGP Executive Board
September 2018

Attachment 3

Nordic Leader Seminar (NLS) Oslo 27-29th August 2020.
From the minutes of the preparatory meeting in Aalborg June 2019: 'Young GP's are especially invited, it is recommended that each country will send one young GP, either as one of the 6 delegates, or as an additional delegate.'

Should we advocate for at least one NYGP representative from each country to be present? This would also give an opportunity for (part of) our Executive Board to have a second meeting during the year. Does NYGP wish to bring forward anything to the NLS agenda?

Here are the minutes from the premeeting preparing NLS:
https://www.nfgp.org/files/33/190617_premeeting_ncgp_aalborg_2019.pdf

Minutes from the pre-meeting to prepare NFGP leader seminar in Oslo 2020

The meeting was held at the Aalborg congress center, June 17, 2019

Present:
Denmark: Anders Beich, Louise Hørslev
Norway: Gro Tove Hem Johnsen, Tor Carlsen
Sweden: Camilla Sandin Bergh, Ulrika Elmroth
Finland: Aleksi Varinen, Jaana Puhakka
Iceland: Salome Arnardottir, Berglind Gunnarsdottir
Wonca: Anna Stavdal
NFGP: Johann August Sigurdsson

The meeting was chaired by Tor Carlsen.

1. Presentation around the table

2. Programme for next year's meeting at Askeladdens hus, Oslo Aug 27.-29 2020:
14 hours in total, excluding lunch. It's important to have enough time for discussion about the different themes. There will be five topics to be discussed, one session for each topic. In addition one session for situational report for each country, including both the national organisastions and the young GPs. Suggestions for themes for next year: - How do we create and preserve continuity? In doctor/patient relationship. - How do we make population care – how do we provide care for the vulnerable ones? - Continuity. - Primary care reform (Sweden and Finland) - Changing specialist training/education - Digital care - Multimorbidity – guideline for GP - Specialist training – how to improve specialist training - The future in our office: What are we going to do and what are we not going to do? The tasks of general practice. How can we define our tasks? - Bridging the gap between universities and GP. - How to advocate for family medicine. Targeting the population, politicians, colleagues, etc. - Choosing wisely – preventing overdiagnosis - Esthetic medicine – ethical issues Conclusions: Sweden will present on advocating for family medicine, how to influence. The new leader has experience in this field. Denmark will present on realistic medicine, in prolongation of Choosing wisely. Consider inviting the Scottish father of Choosing wisely. Finland will present on influencing guidelines, using f ex multimorbidity,

linked to overdiagnosis. Iceland will present on specialist training. Norway will present on the national implementation of Choosing wisely.

3. Frame of the meeting
The financial matters will be as in previous meetings. Each country will fund the participants travel expenses, whereas the hosts will invite to dinners and social activites. Young GP's are especially invited, it is recommended that each country will send one young GP, either as one of the 6 delegates, or as an additional delegate. Anna Stavdal will be invited to bring in international perspectives.

Aalborg, 2019-06-17 Gro Tove Hem Johnsen