

Instructions for completing PowerPoint slides for WONCA cross-country PHC comparison panels

General instructions

- Please do not add new slides
- Do not change headings, formatting or font.
- Do not put too much information on your slides.
- You have a total of **10 minutes** to present, and it is very important that you keep to this time, so please practice and time yourself in advance.
- Refer to the New Zealand example to assist you in preparing your slides.
- Add text between the symbol < and > and then delete instructions.

Slide 1 (title slide)

- Put the name of your country as the heading.
- Paste a small map of your country on the left top & repeat this on all slides.
- Fill in the region of the meeting & location, month and year it is taking place.
- Add your name, department, institution and country.
- Paste your institution logo bottom right.

Slide 2 (demographics)

Add the name of your country in the heading

List basic demographics eg

- Population
- Distribution (eg urban / rural / remote)
- Socioeconomic breakdown
- Ethnic groups
- Other relevant characteristics eg religions

You can paste a more detailed map of your country on the right.

Slide 3 (clinical disciplines in primary care)

- List disciplines which constitute PHC (eg family physicians, nurses, midwives, allied health professionals).
- Outline availability PHC disciplines and distribution in the country.

Slide 4 (training & registration)

- What training programmes are there? Eg family medicine, midwives, nurses, pharmacy etc.
- Is it obligatory?
- Can other specialties or not-specialty trained professionals practice independently in PHC (yes/no)?
- What government regulation is there?
- Any reaccreditation / maintenance of professional standards requirements?

Slide 5 (primary care as access)

- Is PC eg family dr/GP the gatekeeper?

- Do any other specialties work in community with direct /open patient access (yes/no)?

Slide 6 (relationship of primary care with community services)

- Relationship of primary health care with other community services.
- Involvement of PC professionals in inter-sectorial actions.
- Is there collaboration of primary health care professionals with other community services (social welfare)?
- To what extent is this structured or ad hoc?
- Are there contacts with community leaders/patient representatives?
- If so, do they have a formal role or is it ad hoc/informal?

Slide 7 (primary care teams)

Ways in which community based primary healthcare teams are a support or impediment to respond pro-actively to health needs in communities:

- Are PC disciplines employed/paid by same funder/organisation or by different sources?
- Are PC disciplines paid in the same way for the care they provide (capitation; item for service)?
- Is their care for patients accessible in the same way, or do patients encounter different (financial) barriers?
- Do all PC disciplines share the same population/community or do they cover different areas?

Slide 8 (primary care financing)

- How is PHC financed in your country?
- What is the funding model? Eg Capitation? Fee for service? Paid for performance?
- Insurance? Blended model?

Slide 9 (strengths of PHC in your country)

- What is role and scope of family medicine / GP?
- How universal is the coverage and access?
- Positive impact on PHC system, enablers of care
- Summarise models of success
- Is there a relation to PHC development (teaching, education, research)?

Slide 10 (barriers)

Present barriers that stand in the way of implementing community-based PHC teams/centres.

Slide 11 (lessons)

Summary of what works well and does not work well from which other countries may learn.

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