



## **World Organisation of Family Doctors' response to the public consultation to inform the Global Strategy on Human Resources for Health - November 2014**

World Organization of Family Doctors (WONCA) represents around half a million family doctors globally. It has 113 member organisations in 131 countries and territories across the world. The mission of WONCA is to improve the quality of life of people through fostering high standards of care in family medicine / general practice.

WONCA welcomes this public consultation to inform the *Global Strategy on Human Resources for Health*. It looks forward to working with the WHO, GHWA and other stakeholders on the further development of this strategy alongside the WHO's *Global Strategy on People-Centred and Integrated Health Services*.

General comments in response to the *Global Strategy on Human Resources for Health* consultation are provided below. These are followed by specific comments regarding the third thematic working group's paper on the subject of data and measurement of human resources for health. Specific comments are also provided on the supplementary paper available on the subject of a public health workforce<sup>1</sup>.

### **General comments**

We welcome the call for the investment in multi-disciplinary primary care teams of health workers with a broad skill base in order to achieve the universal health coverage goals, as well as for the delivery of primary health care to be extended beyond the formally trained health workforce through partnership between health professionals and the community. We also welcome the call to improve the evidence-base around the role of mid-level health professionals and community health workers in the delivery of primary care. However in addition to this we feel this strategy must explicitly emphasise that efforts need to be maintained to recruit and retain medical graduates in family medicine.

The core values and principles of family medicine include the provision of person-centred care in the context of the community and family, regardless of age, sex, socioeconomic status and health. Family medicine integrates physical, psychological, social and cultural factors that contribute to the health-disease processes. It aims to deliver continuity of care over time, and family doctors form a key part in the delivery of promotive, preventive, curative, rehabilitative and palliative care which is in line with people's health needs, respectful of cultural diversity and optimises the use of available resources in the community. In other words **family medicine provides community based, person-centred, continuous, coordinated and comprehensive care in line with the objectives of universal health coverage.**

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Family doctors are needed in order to deliver high quality and comprehensive primary care, and can play a key role in supporting the training and supervision of community health workers and mid-level health professionals. However in many countries working conditions, career prospects and the remuneration of family doctors, in particular in rural and other under-resourced settings, are unattractive compared to secondary care based specialisation. This pull of medical graduates towards secondary care is compounded by the fact that many undergraduate programmes lack community-based training and primary care role models for students to identify with and aspire towards. Furthermore in many settings there are limited or no opportunities to undertake formal community-based postgraduate specialist training in family medicine in order for health professionals to develop specialised person-centred competencies **in primary care**.

With this in mind recommendations made in the consultation documents calling for a greater focus on community based learning, as well as investing in the recruitment of community based practitioners as teachers and mentors are welcomed. However the strategy document needs to go further by explicitly developing recommendations on how to strengthen the multidisciplinary primary care workforce, and within this how to strengthen the workforce of family doctors. This would be in keeping with the draft WHO *Global Strategy on People-Centred and Integrated Health Services* which explicitly highlights the need to increase the prestige of family medicine, as well as to strengthen the gatekeeping and coordinating roles of primary care.

Examples of recommendations that could be made in the *Global Strategy on Human Resources for Health* are as follows:

1. National policy should recognise the need to invest in the development of multi-disciplinary primary care teams, which include family doctors, to deliver comprehensive, high quality and sustainable primary care.
2. National policy should recognise family medicine as a medical specialty and emphasise the fundamental role of family medicine in health systems strengthening and in achieving universal health coverage.
3. Every medical school in the world should have an academic department of family medicine / general practice (1).
4. Every medical student in the world should experience family medicine / general practice as early as possible and as often as possible in their training (1).
5. Formal postgraduate training in family medicine leading to specialist recognition as a family doctor should be available and accessible to all medical graduates.
6. An organisation of family doctors should exist in every country to work with government to develop and support family medicine standards and education.
7. Opportunities to upskill any existing unspecialised general practitioner workforce in order to demonstrate competency and attain specialist recognition should be made available, for example through further training, assessment and / or certification.

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8. Global policy should encourage national governments and international donors to invest in strengthening primary care, for example through targets regarding the percentage funds that should be utilised to strengthen primary care.

Work earlier this year by WHO EMRO and PAHO has led the way in the development of regional strategies to work towards strengthening family medicine within the context of achieving universal health coverage (2, 3, 4). It is essential that this is supported and further developed in the overarching *Global Strategy on Human Resources for Health*.

Publications including *The Contribution of Family Medicine to Improving Health Systems* (5), *Rural Medical Education Guidebook* (6), *Family Doctors in the Field* (7) and *Integrating Mental Health into Primary Care* (8) provide a global perspective on the role of family medicine in health systems. In addition there is significant further work by WONCA on a range issues relevant the human resources for health agenda, including topics such as ethical international recruitment, rural workforce and gender equity (9).

We recommend the use of these resources as well as previous WHO work in the area of primary care and family medicine (10) to inform further drafts of the *Global Strategy on Human Resources for Health*.

### **Data and measurement of HRH availability, accessibility, acceptability and quality - Ref # 3**

Specifically in reference to the third thematic working group's paper, we would like to emphasise the importance of being able to measure progress with regards to the recruitment and retention of medical graduates into family medicine and primary care service delivery.

We note the intention to use the International Labour Organization's (ILO) International Standard Classification of Occupations (ISCO) to inform this data collection. Under the ISCO's 2008 classification of 'Generalist Medical Practitioners' (Unit group 2211) it reads (11):

*"Note: Occupations included in this unit group require completion of a university level degree in basic medical education plus postgraduate clinical training or equivalent for competent performance. Medical interns or residents who have completed their university education in basic medical education and are undertaking postgraduate clinical training in general medicine without any areas of specialization are included here. Although in some countries 'general practice' and 'family medicine' may be considered as medical specialization, these occupations should always be classified here."*

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This lack of distinction between doctors who have completed a formal postgraduate specialisation in family medicine / general practice and all other doctors without a specialisation will result in very inaccurate figures regarding the real number of specialised family doctors / general practitioners working in primary care in each country. WONCA would welcome the opportunity to work with the ILO, WHO and GHWA in order to work towards refining this definition.

### **What are the health workforce and service implications of the Global Framework for Public Health? - Ref # A**

We welcome this paper focusing on developing a global framework for public health functions and strengthening of a public health workforce. Multi-disciplinary primary care teams with family doctors, through their provision of community based, person-centred, continuous, coordinated and comprehensive care, are ideally placed to support the proposed core public health service delivery functions of health protection, promotion and prevention outlined in the framework. They can also contribute significantly to the public health intelligence and enabling functions outlined in the proposed framework.

Therefore with specific reference to family medicine we welcome the call for relevant public health related competencies to be integrated into educational programmes for in-work courses, undergraduate, post-graduate and continued professional development. We would also emphasise here again the importance of aligning incentives in order to recruit and retain doctors into family medicine, and for their potential to deliver important public health service delivery functions to be maximised.

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<sup>i</sup> The full papers from thematic working groups three and four were not available on the GHWA's consultation [website](#) during the drafting of this response.

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