



Royal College of
General Practitioners



A world where excellent person-centred care in general practice is at the heart of health care

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Transforming our approach to international affairs – a 10-year strategy



Strategic priorities, 2011–21

The following strategic priorities form the framework for the RCGP's international work in the next 10 years. The actions needed to achieve these priorities will be reviewed on an annual basis.

External agenda

- Moving global primary care policy higher up the health agenda of the RCGP, other specialities and other countries.
- Increasing the quality of education and delivery of general practice/family medicine.
- Influencing EU legislation and policy relevant to the training and delivery of primary care.

Internal agenda

- Improving the governance and co-ordination of RCGP-led international activities.
- Strengthening support for international and overseas members.
- Increasing capacity and capability within the RCGP to deliver the strategy.



Transforming our approach to global health

INTRODUCTION

The RCGP's vision is of *a world where excellent person-centred care in general practice is at the heart of health care.*

In August 2010 we set about developing an international strategy that could transform our approach to global health and international affairs over the next 10 years, in turn providing us with the necessary tools to proactively work towards achieving this vision.

In order to realise this we felt the need to take stock of what we have done on the international stage in the last 10 years, and harnessing support to develop a new strategic approach fit for the next 10 years.

To do this we obtained ideas from a cross-section of GPs including academics, internationalists, overseas members, RCGP Council members from all four of the UK councils, juniors and those in training. We also wanted to get the views of those working in other royal colleges, the global health experts in the Department of Health, the Department for International Development, the Ministry of Defence, and charities and voluntary organisations, such as Voluntary Services Overseas.

Together we developed an international strategy that RCGP Council approved in February 2011.

Despite the WHO's original Alma-Ata Declaration, which called for the global use of primary health care to raise the levels of health in deprived populations, little progress has been made and there remain significant challenges to developing family medicine and primary care across the globe. We know that primary health care and family medicine provide a holistic model of patient care that is community oriented, preventive and crosses disease boundaries, putting the person at the centre. Furthermore, we know that this is

a cost-effective and economical model of health care. There is a well-recognised link between high-performing health systems and positive economic development, which is used politically as leverage to gain support for the global health agenda. This links to global support to remove the barriers to people-centred primary health care, replacing these with partnerships to use primary health care to facilitate improvements in patient care. Despite the global support for primary health care, it receives a relatively low proportion of international aid funding in comparison with disease-specific programmes of care.

The time for action is now

The RCGP represents over 40,000 members with expertise in delivering high-quality primary health care. We have an increasing number of members who are at the beginning or end of their career (First5 and the last 5!) who are making links with charities and institutions in the global South. More and more links are developing in Sub-Saharan Africa (SSA). We support the WHO's argument for more global investment in education and training of the full range of healthcare workers to meet worldwide healthcare needs.

Our 10-year international strategy sets out the RCGP's approach to working collaboratively to promote family medicine and primary health care as a cornerstone for strengthening health systems. The RCGP will continue to work internationally in partnership with others to increase the breadth and expertise of the health workforce in primary care and family medicine, and to contribute to improvements in the quality and safety of patient care.



Professor Valerie Wass
Chair of the RCGP International Committee

CONTEXT

Primary health care and family medicine provide a holistic model of patient care that is community oriented, preventive and crosses disease boundaries, putting the patient at the centre. The WHO advocated the global use of primary health care in the Alma-Ata Declaration of 1978, describing it as a set of values, principles and approaches to raise the levels of health in deprived populations.¹

The Alma-Ata Declaration was agreed as a mechanism to act upon the underlying social, economic and political causes of ill health. The countries that signed up to the declaration called for national and international action to develop and implement primary health care throughout the world, particularly in developing countries, and to attain 'health for all' by the year 2000.



At a United Nations summit of world leaders in 2000 a commitment was made to end world poverty by 2015. They set out an action plan with eight 'Millennium Development Goals'.² Core to the delivery of them, though not explicitly mentioned, is the primary health-care model as set out in the Alma-Ata Declaration. The 2008 WHO report entitled *Primary Health Care: now more than ever*³ included a review of the Alma-Ata Declaration,⁴ which was reinforced as a method of supporting the delivery of the Millennium Development Goals.

The World Health Assembly (WHA)⁵ raised the value of primary health care again at its 62nd meeting in 2009. The Assembly called for the WHO to take a range of specific actions to strengthen health systems, in support of the global delivery of primary health care. This included an investment in programme funding in 2010–11 to strengthen and revitalise primary health care. The WHA also called for the WHO to develop implementation plans in four primary care policy areas and to increase training and retention of primary healthcare workers and family physicians.

The political leaders of the EU and the UK, separately and together, have taken steps to disseminate these global health messages and to support their implementation. In 2008 members of the WHO European Region signed the Tallinn Charter,⁶ which reiterated the importance of effective primary health care to the delivery of quality health services to individuals and populations. More recently, at EU level there has been a recognition that the EU has a key role to play in developing programmes and policies to facilitate dialogue and deliver results to meet global health challenges, nationally, regionally and internationally.⁷

The Crisp Report, published in 2007, advocated a new policy approach in using UK health experience and expertise to contribute to improvements in health in developing countries.⁸ This included increasing collaborative partnerships and networks between those providing health care in developing countries and those in the UK, so as to learn from each other. It also recommended creating methods of increasing the knowledge locally by helping to scale up the delivery of health education and training expertise; and by agencies sharing good practice and learning from development projects.

The UK government published its response in 2008, set out as a 5-year strategy called *Health is Global*, with a commitment to increase funding to support international development and to contribute towards achieving the Millennium Development Goals.⁹ The NHS subsequently launched a framework in 2010 to support

NHS organisations at a local level, particularly encouraging links with similar organisations overseas to contribute to medical and health education and training.¹⁰

The WHO has argued for more global investment in education and training of the full range of healthcare workers to meet worldwide healthcare needs.¹¹ It advocates training, sustaining and retaining healthcare workers as a way of strengthening healthcare systems. The WHO report shows that countries with the lowest healthcare needs typically have the highest number of healthcare workers; conversely it shows that those countries with the greatest healthcare needs have the fewest healthcare workers. It found that this is particularly the case in SSA, which has 24% of the global burden of disease but has access to only 3% of the world health workforce. In addition, in many low-income countries health care is delivered by nurses and other healthcare professionals where there are relatively few doctors per head of population. The RCGP established a UK General Practice Foundation in 2009, which recognises the value of this skill mix across primary healthcare delivery and the contributions that all members of the healthcare team make. We will apply this knowledge to continued work with countries in SSA to strengthen health systems.

A 2010 Sub-Saharan African Medical School Study demonstrated that there has been an expansion in medical education in those countries where there are national and regional implementation plans to support health system strengthening.¹² However, there remain significant challenges to retaining medical staff across SSA and there is both an internal and external brain drain. The internal brain drain is frequently to employers such as non-governmental organisations (NGOs), which offer better terms and conditions of service within the same country. The external brain drain to other countries is because of the attraction of better salaries but, notably, also for improved postgraduate education opportunities. This latter area is where the RCGP can support retention of medical (and other healthcare) staff in SSA because we have expertise in

primary healthcare education and training, continuing professional development and the international accreditation of local education providers.

There is a well-recognised link between high-performing health systems and positive economic development that is used politically as leverage to gain support for the global health agenda. This links to global support to remove the barriers to people-centred primary health care, replacing them with collaborative partnerships, and using primary health care to facilitate improvements in patient care. Despite the global support for primary health care, it receives a relatively low proportion of international aid funding in comparison with disease-specific programmes of care.

VISION

The RCGP has been working actively at an international level for almost 60 years and its vision is of *a world where excellent person-centred care in general practice is at the heart of health care.*¹³

There remain challenges to developing family medicine and primary care across the globe. The RCGP represents over 40,000 members with expertise in delivering high-quality primary health care, and we provide education and training in primary health care both nationally and internationally. This gives the RCGP a strong legitimacy to take a lead in working collaboratively in this field.

This international strategy sets out the RCGP's approach to working collaboratively to promote family medicine and to make primary health care a cornerstone for strengthening health systems. The RCGP will continue to work internationally in partnership with others to increase the breadth and expertise of the health workforce in primary care and family medicine, and to contribute to improvements in the quality and safety of patient care.

External agenda – strategic priority 1

Moving global primary care policy higher up the health agenda of the RCGP, other specialities and other countries

The RCGP will work with its partners and use its relationships with NGOs, the WHO and other professional organisations (e.g. Wonca) to inform global health policymakers of the added value and cost-effectiveness of primary health care. This involves influencing UK government departments by educating and informing them about the ability of strengthened health systems, supported by a primary healthcare infrastructure, to reduce health inequalities within and between countries. We will increase our input to, and support for, international contacts by officers and leads from the RCGP through improved international policy briefings and better knowledge management. This will spread the work, thus ensuring that knowledge is transferred and shared between them effectively. This includes co-ordinating diaries and utilising opportunities that arise outside International Committee activities.

It is important to use the knowledge, skills and expertise of doctors who have been involved in delivering (and teaching others to deliver) primary health care in the UK and overseas to inform global health policies. The RCGP has a unique body of collective knowledge and expertise that can be applied to the developing global health agenda and can also contribute to the development of policies designed to tackle international health inequalities. This includes advice drawn from our experience of patient partnership and engagement to improve the quality and safety of patient care. Our unique expertise can help UK, EU and WHO policymakers to understand the benefits of patient-centred, primary health care in both developed and developing countries.



External agenda – strategic priority 2

Increasing the quality of education and delivery of general practice/family medicine

We will increase coverage of formal training for medically qualified doctors via the RCGP's international membership exam in some countries and supporting educators in family medicine/general practice in others. We will also expand our development programme of short courses suitable for all primary care workers as part of the wider healthcare team. These courses are tailored to a country's specific needs. We will continue to work in partnership with local healthcare professionals to ensure our exams and courses meet local needs. We will optimise our use of the internet to facilitate the use of educational tools in rural areas.

The key to making sustainable improvements in health care, and long-term reductions in health inequalities, is to train local people to both deliver and teach others to deliver patient-centred primary health care. Think global and act local. This will lead to increases in the number of local health workers with relevant knowledge and training to both deliver primary care and to teach others how to deliver it, leading to improvements in the quality and safety of patient care.



External agenda – strategic priority 3

Influencing EU legislation and policy relevant to the training and delivery of primary care

The RCGP will contribute to EU policy development about education and training for GPs and their continuing medical education. This will help to assure patients of a doctor's continuing competence to practise, as doctors move across member states. The RCGP can also contribute to EU policy development, acting as an advocate of the horizontal primary healthcare approach to meet the global health agenda. Where possible, the RCGP will link into existing policy development systems and work in collaboration with its partners and other organisations to provide policy advice about primary care to the EU.

The EU has a large and growing body of legislation and policy designed to improve and protect public health, international trade and economic activity. There are many emerging policy discussions that take place before EU legislation is created, and there are considerable opportunities for improvements in patient care by informing and educating European policymakers about the benefits of primary care and family medicine at an early stage. The EU recently acknowledged its support for global health whilst at the same time stating its aim to increase its policy analysis in this field.





Internal agenda – strategic priority 4

Improving the governance and co-ordination of RCGP-led international activities

The International Committee will monitor and evaluate progress against the strategic priorities and annual objectives for international affairs. It will audit its efficacy and report to Council regularly, indicating areas for improvement and feeding back relevant international policy information to inform UK policy development. The International Committee will act as the link between UK faculties (including the International and Overseas Faculty), devolved councils and RCGP Council to provide international policy advice. Where possible, it will use existing communication channels to facilitate this engagement.

The committee infrastructure and governance for co-ordinating and supporting this work will be strengthened to enable a proactive, transparent, modern business approach and to separate operational and strategic responsibilities. There is a myriad of opportunities for RCGP members to represent the profession's views on the international stage. These members will be better supported to deliver consistent and clear strategic policy messages. A strengthened system of policy advice will be developed to support the International Committee.



Internal agenda – strategic priority 5

Strengthening support for international and overseas members

We will develop systems to improve our support for international and overseas members, and to recruit new members as they pass their international exams. We will provide increased advice and guidance for overseas members who wish to achieve revalidation, to enable them to retain their licences to practise in the UK. We will provide enhanced internet support for international members to support their continuing professional development and to enable them to apply for fellowship of the RCGP.

There are approximately 560 international members and 1750 overseas members of the RCGP who can provide international influence to demonstrate the benefits of a primary care approach to improve patient care and reduce health inequalities globally. International members are doctors who have obtained the MRCGP[INT] – a country- or region-specific postgraduate family medicine/general practice examination – whereas overseas members are doctors who have obtained the UK MRCGP and currently live outside the UK. These members have similar and also some different needs.

Internal agenda – strategic priority 6

Increasing capacity and capability within the RCGP to deliver the strategy

We will build on medical capacity for future leaders and support their career development in a way that optimises their experience in international development and feeds the learning back into the UK health systems. At the other end of the spectrum, we will also look at ways of engaging our more experienced members to use their wealth of experience to support and inform our international work. We will develop a business model for resource acquisition and staffing to support the delivery of this strategy. This will include working with partners to develop collaborative bids for external funding to increase the coverage of primary health care as a contributor to improvements in global health and the quality and safety of patient care.

There is a growing movement of young doctors who have an active interest in global health issues. We will work collaboratively with their representative groups and external partners to develop training in the field, such as through fellowship schemes and educational opportunities related to international primary care.



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- ¹ World Health Organization. *Declaration of Alma-Ata*, 1978, www.who.int/hpr/NPH/docs/declaration_almaata.pdf.
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- ⁵ World Health Assembly. *Primary Health Care, including Health System Strengthening*, 2009, www.wpro.who.int/NR/rdonlyres/9F0B63F4-DF5C-4A57-9B34-C6C9DD25A127/0/A62_R12en.pdf.
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- ⁸ Crisp N. *Global Health Partnerships: the UK contribution to health in developing countries*, 2007, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374.
- ⁹ Department of Health. *Health is Global – a UK government strategy 2008–2013*, 2008, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702.
- ¹⁰ Department of Health. *The Framework for NHS Involvement in International Development*, 2010, www.ihlc.org.uk/news/documents/framework.pdf.
- ¹¹ World Health Organization. *Working Together for Health*, 2006, www.who.int/whr/2006/en/index.html.
- ¹² Sub-Saharan African Medical School Study. *Data, Observation and Opportunity*, 2010, <http://samss.org/samss.upload/documents/126.pdf>.
- ¹³ RCGP Vision as agreed at the meeting of RCGP Council held on 26 February 2010.

Get involved

Please look on our website and keep an eye out for our developing international section; more information will be posted there about how you can help. In the interim, if you have ideas you want to share with us, please email us at international@rcgp.org.uk.

We may not be able to answer all of your emails immediately, but please be assured that we welcome your views and will use them to continue to inform the development of our international work.

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About the Royal College of General Practitioners

The Royal College of General Practitioners (RCGP) is a network of over 40,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

International

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