



Royal College of
General Practitioners

RCGP International

Supporting Family Medicine Worldwide



Welcome

An introduction to what we do

Welcome

The RCGP is proud to champion excellence in primary care worldwide. Our international work dates back over 60 years.

Our uniqueness lies in our adaptability and our partnership-based approach. We establish partnerships with key stakeholders overseas and empower these enthusiasts and change-makers to bring about sustainable change and the delivery of family medicine practice and training of the highest quality.

We co-design bespoke programmes with our partners according to the landscape of primary care in the country or region in question. Vast knowledge exchange occurs through these joint ventures: while we provide GP training and promote excellent standards in GP practice in our partners' countries, UK GPs return home with a wealth of knowledge, an appetite for innovation, and a renewed appreciation for their profession and the resources they have at hand.

A robust primary care structure is widely recognised as the first step towards the development of an efficient healthcare system.

Primary care systems are the first port of call for the whole community – effective triage can improve patient flow and alleviate pressure on costlier secondary and tertiary care services.

Lastly, 40 years ago the world affirmed through the declaration of Alma Ata 1978, that universal and equitable access to healthcare is a fundamental human right and actively attaining this is a world-wide social goal. An effective primary care network plays an unequivocal role in fostering community cohesion in post conflict settings. This derives from the patient-centred ethos on which primary care rests: everyone has the right to excellent primary care regardless of their gender, religion or wealth.

Primary care is our best hope for the future and family doctors are the rising stars of Global Health.



What is primary care?

Primary 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**.



Health education

Is designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.



Immunization

Is the process whereby a person is made immune or resistant to an infectious disease, by the administration of a vaccine.



Safe water and sanitation

Without hygienic conditions, people are at risk of infectious disease.



Nutrition

An adequate, well balanced diet combined with regular physical activity is a cornerstone of good health.



Maternal and child healthcare

Includes family planning and refers to the health of women during pregnancy, childbirth and the postpartum period.



Prevention of locally endemic diseases

Endemic diseases refers to the constant presence of diseases within a given geographic area or population group.



Provision of essential drugs

Drugs are a fundamental component of both modern and traditional medicine. It is essential that such products are safe, effective, and are prescribed rationally.



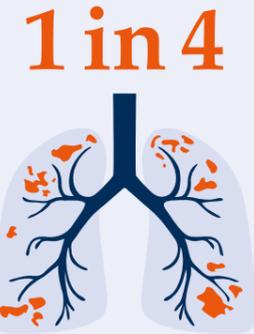
Treatment of common diseases

Worldwide, the levels of noncommunicable diseases such as diabetes; are rising in aging populations.

The problems



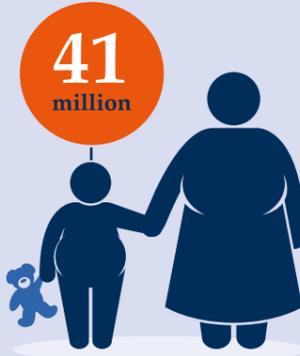
of diabetes deaths occur in low and middle-income countries.



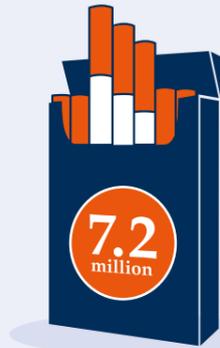
Tuberculosis accounts for 1 in 4 adult preventable deaths.



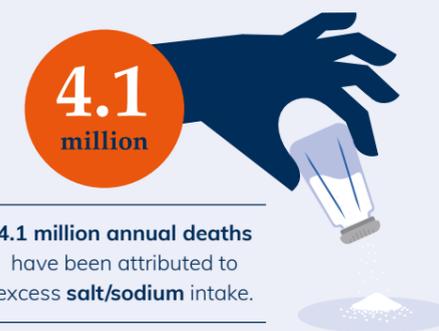
100 Million people are driven into poverty due to 'out-of-pocket' health expenditures every year.



41 million children under the age of 5 were overweight or obese in 2016.



Tobacco accounts for 7.2 million deaths every year (including from the effects of exposure to second-hand smoke).



4.1 million annual deaths have been attributed to excess salt/sodium intake.



40 million people worldwide die from noncommunicable diseases (NCDs) each year. That's equivalent to 70% of all deaths globally.



people globally lack access to one or more essential health service.



annually can be attributed to insufficient physical activity.

Our solutions

We support our global partners to achieve excellence in the training and delivery of primary care.

We co-design programmes that are:

- ✓ Strategic
- ✓ Adaptable
- ✓ Aligned to local priorities
- ✓ Innovative
- ✓ Measured and sustainable
- ✓ Effective

and demonstrate our commitment to joint learning.



Bespoke training and capacity building

Through tailored workshops, seminars and lectures we co-deliver training in family medicine to build local capacity according to local needs.



Quality assurance of family medicine

Our quality assurance allows partner institutions and their trainees to benchmark against the highest international standards of family medicine education and assessment.



Curriculum development

In regions where family medicine is in the early stages of development we work with local partners to address their learning needs and share knowledge including training of trainers, development of curriculum and assessment.





"I finally feel I have gained the respect of my medical peers and colleagues."

Our results

Raising the profile and recognition of family doctors.

My attitude towards the patients has changed completely which has made a **positive impact** on my life as a physician.

As my general practice **communication skills have improved**, my popularity among my patients has increased.

Previously I used to tell patients what to do. Now I **share information**.

I now ask about my patient's general health and give advice about **simple lifestyle changes** especially regarding **obesity and smoking** as both are prevalent in this community. I was glad to see that people gave these suggestions some thought and returned to see the **nutritionist and physiotherapists** to get additional help.

Initially patients would insist that as the Doctor, I know better but gradually they came to understand the **value of being involved in the decisions** about how best to manage their health. They took **pride** in being in control. I felt a **greater confidence in myself** and patients would return to see me with other problems too.

Before I did not ask patients their ideas, concerns and expectations about their problems.

I learnt to make it a habit to **greet my patients** and make an effort to **build a relationship** with them. With time my patients felt more at ease and appreciated this **personable approach**.

This training has increased my **knowledge and skills** and I now **feel more confident**.

Some of our successful partnerships

Co-designing the future of family medicine training – five global case studies.

Sub-Saharan Africa

Family Medicine Leadership, Education and Assessment Programme in Sub-Saharan Africa.

FaM-LEAP was developed in collaboration with Stellenbosch University, South Africa to strengthen primary healthcare by increasing the country's ongoing capacity to deliver international quality training in Family Medicine to their primary care physicians.

Initially piloted in South Africa, the programme has two aims;

1. To develop a critical mass of doctors from South Africa's nine family medicine training programmes with the skills to deliver consistent and high-quality training.
2. To grow a cadre of Master Trainers who have the capacity to take responsibility for the ongoing training and quality assurance of family medicine trainers post project implementation.

The success of the pilot programme has now seen delegates from Ghana, Kenya, Uganda, Botswana and Malawi enrol, making FaM-LEAP a truly international initiative.

Kosovo

Successful partnerships in action.

The RCGP has worked closely with our local partners in Kosovo; the Centre for the Development of Family Medicine (CDFM) since the country gained independence in 2008.

In 2011 a Memorandum of Understanding (MoU) was first signed with CDFM and the Kosovan Ministry of Health, demonstrating our shared commitment to the development and international accreditation of Kosovo's family medicine assessment.

Funding from the Luxembourg government's development agency, LuxDev, allowed RCGP advisors to work closely with Kosovo to improve standards in training and assessment of CDFM's residency programme in family medicine. In March 2015, successful accreditation of its exit assessment to MRCGP[INT] standard was awarded.

Since then, CDFM has produced over 200 highly qualified Family Medicine specialists for the country's healthcare system.



Image credit: VSO/Peter Canon

China

Building capacity through Training the Trainers.

China has set itself an ambitious target to train 200,000 GPs by 2020 to help reform the delivery of its care from a secondary care led to a patient centred, primary care led health service.

High quality medical education is integral to this and we are collaborating with organisations offering five year undergraduate and three year specialism training in Family Medicine to help grow their capacity to meet China's needs.

With so much to achieve, partnership and collaboration is key and we continue to work with our partner, the Health and Family Planning Commission of Zhejiang Province, to run Training the Trainer courses to delegates from each of Zhejiang's GP training programmes.



India

Pioneering Family Medicine in West Bengal, India.

The RCGP is co-designing a pioneering programme – a two year bespoke Diploma in Family Medicine for the state of West Bengal. The first cohort of students will be taking their exams in December 2017.

It is hoped that consolidating this five year partnership will see our pilot programme rolled out in other Indian states. The pilot aims to transform the perceptions people have of the General Practice profession, and the importance of GPs in creating an effective healthcare system.

This diploma involves substantial practical experience in clinical disciplines and supervised practice with trainees taught by medical educators and specialists from the West Bengal Institute of Health and Family Welfare. UK based RCGP trainers and examiners quality assure the course content and assessments during their annual visits.



Kuwait

Knowledge Transfer and Quality Assurance – MRCGP[INT].

The RCGP has a long-established partnership with the Kuwaiti Ministry of Health, to get the Family Medicine programme at the Kuwait Institute of Medical Specialisations (KIMS) accredited to MRCGP[INT] standards. This accreditation recognises the quality standards of Kuwait's family medicine training and was first awarded in 2005.

Our quality assurance programme is supported by our GP experts. Kuwait, which has the longest structured training programme of our MRCGP[INT] accredited sites, has consistently demonstrated excellence in Family Medicine.

Kuwait along with our other established Gulf partner, Dubai Health Authority, has shown governmental willingness and commitment to address health inequalities through its family medicine training.



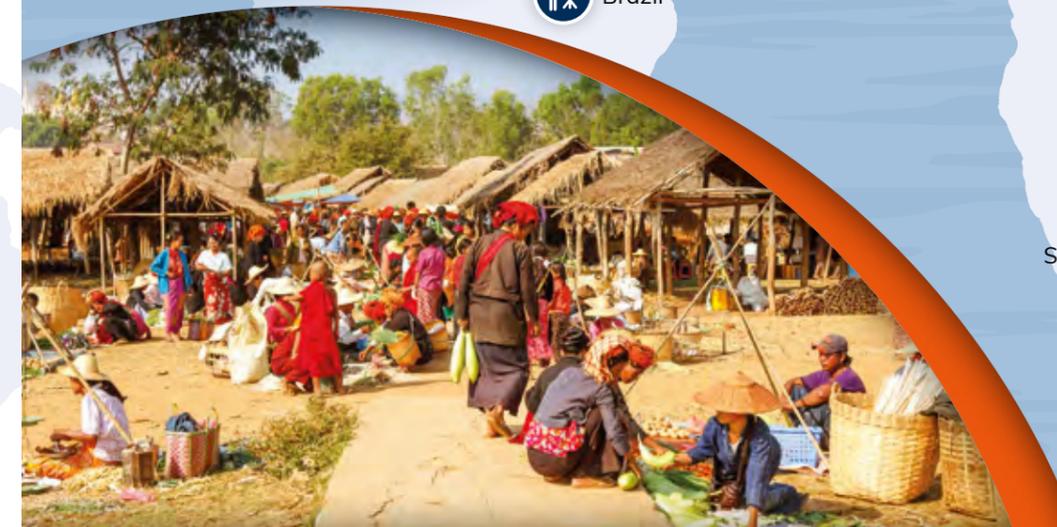
Where we are

The increasing importance and profile of family medicine internationally has seen RCGP's global partnerships grow.

Our work is financed through donor funding, private commissions and direct government sponsorship.

Find out where our partnerships can be found:

-  Training delivery and capacity building
-  Quality assurance - MRCGP[INT]
-  Curriculum Development



Affiliate membership

With International Affiliate membership you will join a 77,000 strong community of primary care enthusiasts who use our award winning e-learning resources.

Your membership provides access to over 300 quality e-learning modules which are available as podcasts and screencasts for your continuing professional development.

International Affiliate membership fees are based on the World Bank income country categorisation, dividing countries into four economic bands. Each band offers a substantial discount from the full UK rate, making RCGP resources accessible to Affiliate Members worldwide.

The four fee bands are as follows:

- Band A** - Higher Economies e.g. Malta, USA, Canada..... **£127**
- Band B** - Upper Middle Economies e.g. China, Brazil, Mexico **£63**
- Band C** - Lower Middle Economies e.g. India, Vietnam, Mongolia **£25**
- Band D** - Lower Economies e.g. Afghanistan, Cambodia, Mali, Myanmar..... **£13**

(prices correct as of 2017)

 **Find out more**
Please visit: www.rcgp.org.uk/membership/about-rcgp-membership/membership-grades/international-gps/international-affiliate.aspx



Get in touch

Let's discuss how we can help you find the right programme.

For general enquiries:
international@rcgp.org.uk

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Join us in our efforts to provide a family doctor for every family!
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International and overseas network (ION)

With over 3000 members across 100 countries around the world, we are proud of our global reach and excited to see the RCGP International and Overseas Network in action.

The network encourages our global members to exchange knowledge, share best practice, and to inspire and support each other. Our members play a key role in strengthening primary healthcare across the world.

To find out more please contact: ion@rcgp.org.uk

The Royal College of General Practitioners is a network of over 52,000 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.



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