



THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

The 3rd Annual Sadok Besroun Global Health Conference

Innovating for Action:
Tools and Strategies to Advance Global Family
Medicine

Final Report

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Executive Summary

The Besrouir initiative, spurred by Dr Sadok Besrouir at the turn of the decade and sponsored by the College of Family Physicians of Canada (CFPC), aims to advance family medicine as a pathway toward global health equity. The 3rd annual Besrouir Conference, held in Quebec City from November 13 to 15, 2014, brought together representatives from 15 Canadian academic departments of family medicine and from 16 countries across five continents. Over the three days of discussion, participants established a concrete work plan to further develop the The Besrouir Centre, a hub of collaboration to advance family medicine and primary care.

During the conference, physicians, deans of medicine from Australia, Brazil, Canada, Haiti, Kenya, and Tunisia, and key stakeholders including the World Bank and Health Canada shared their perspectives on practice, standards, and training in family medicine. Participants also discussed issues pertaining to family medicine in the context of administration, health systems and public health policies. Working groups created during the Vancouver conference in 2013 reported on their work and presented their plans for the coming year. These groups' activities focus on faculty development, continuing professional development, advocacy, the gathering of narratives and the publication of Besrouir collaborative work.

Discussions at the Besrouir Conference and the work of the working groups were informed by four strategic priorities identified in 2012 namely:

1. Establish family medicine as a central element of health care systems
2. Enable effective faculty development
3. Strengthen continuing professional development for generalist physicians
4. Support the adoption of standards, accreditation and certification

A more detailed inventory of objectives will be developed for the Besrouir Centre over the coming months. In order to achieve these objectives, The Besrouir Centre will foster new and existing partnerships with key stakeholders, create an advisory board, and hire a director and coordinator. Over the long term, the Centre will also enable research and innovation pertinent to global family medicine.

The CFPC, with 30,000 members across the country and global recognition as a leader in family medicine, is proud to support the Besrouir Centre, an international initiative founded upon the principles of social accountability and the development of primary care.

"We spend a lot of time in our business talking about family medicine, talking about the medicine part. But tonight, I would like to focus for just a minute on the family part. Family as in nurturing, as in gathering, as in belonging, as in growing. I want to bring to mind the families and the individuals in our home communities, who are the people we are truly, ultimately here for."

Dr Katherine Rouleau, Chair, Global Health Committee

Day 1

1.1 Introduction – Global health and family medicine: Collaboration for innovation

Dr Sadok Besrouir

The 3rd annual global conference began with a presentation by Dr Sadok Besrouir, who emphasized the gathering's purpose of "collaboration for innovation." Dr Besrouir stressed that just as the Davos World Economic Forum has brought together business leaders, heads of state, and intellectuals to discuss

major global issues for over 40 years, this international conference could similarly bring together experts in global health, family medicine, and primary care to effect meaningful change in health care and health equity globally. The vision he has been working to realize aims to bring together a variety of collaborative partners from low-, middle-, and high-income nations to share their knowledge and expertise. The ultimate goal of the Besrouer Centre is to improve access to health care and quality family medicine around the globe.

Progress to date

In 2008, at the invitation of Dr Besrouer and on the recommendation of the CFPC Global Health Committee, the College of Family Physicians of Canada decided to proceed with three yearly round-table discussions on its potential role in the area of global health. These discussions eventually took the form of a series of annual conferences. The first was held in Toronto in 2012 and included representatives from 14 countries and 16 Canadian departments of family medicine. During this conference, participants developed the organization's mission and proposed strategic priorities. In 2013, the 2nd conference, held in Vancouver, was focussed on translating the priorities identified in 2012 into concrete collaboration among stakeholders. Five working groups were formed to create tools and strategies to advance family medicine globally. Finally, the theme of the 3rd conference, held in Quebec City in 2014, was "Innovating for Action." Participants from Canada and from 16 other countries, from Australia to Haiti to Tunisia, took part in discussions. The objective of the 2014 conference was to produce an action plan for the future development of the Besrouer Centre.

Developing The Besrouer Centre

Why is the development of The Besrouer Centre so important? Echoing the vision of previous Besrouer Conference participants, Dr Besrouer's primary objective for the Centre is "to improve population health through access to quality family medicine and primary care." Dr Besrouer reiterated that access to quality family medicine remains limited on the global scale. Meanwhile, despite a rich and robust family medicine tradition Canada continues to seek ways to improve in this area. Many countries and jurisdictions have expressed the need for support in implementing and developing family medicine within their respective contexts, reinforcing the importance of cross-border collaboration. Dr Besrouer expressed his belief that Canada—as a bilingual nation with a health care system that employs some 70,000 physicians, half of whom are family physicians—has the ability to take on a leadership role in advancing family medicine globally. To that end, he emphasized the importance of building and solidifying partnerships with several different organizations such as the World Health Organization (WHO), the Pan American Health Organization, WONCA (World Organization of Family Doctors), the World Bank, and Health Canada, in addition to private foundations. "Our centre should become the Davos of global family medicine and primary care: a forum where the decision makers of the health care systems around the globe can gather, exchange ideas, thoughts, and expertise to ensure that all individuals and communities benefit from [...] robust community-anchored and person-centred generalist medicine."

1.2 Around the world in 540 days

Dr Michael Kidd, President, WONCA

Dr Michael Kidd, president of WONCA, believes in global collaboration to develop a discipline of family medicine centered on communities. Inspired by the words of WONCA's first president, Monty Kent-Hughes, Dr Kidd noted that "The future of our professional discipline will depend on our ability to work together in the service of humanity,

The organization that Dr Kidd has led for nearly two years represents more than half a million family physicians working in 130 countries. WONCA's mission is to improve the quality of care for patients and the training of family physicians and general practitioners worldwide, while supporting

research, the development of academic family medicine organizations and giving a voice to family physicians within the World Health Organization. Citing Dr Ian McWhinney (considered by many to be the father of family medicine) Dr Kidd explained the distinct nature of the discipline: “The family doctor is committed to the person rather than to a particular body of knowledge, group of diseases, or special technique.” Comprehensiveness; continuity; prevention; and primary care centred on the patient, the family, and the community define family medicine. According to Dr Kidd, much work remains to be done to spread this vision globally, as approximately one billion people around the world still do not have access to health care. ; Nonetheless, Dr. Kidd sees promise in the fact that progressive decision makers, such as Dr Margaret Chan, Director-General of the World Health Organization, believe that family medicine has an important role to play in addressing unequal access to health care.

Learning from one another

Dr Kidd told the delegates that, after 540 days at the head of WONCA, he has learned a great deal about different experiences in family medicine development around the world. For example, WONCA has recently accredited the first family medicine program at the University of Shanghai in China. Dr Kidd also highlighted the changes taking place in China’s rural areas, home to approximately 800 million people. The Chinese government recently redirected its care model, previously concentrated around large hospital centres, toward a more family medicine-centred one—a shift Dr Kidd calls a “small revolution.” China is expecting to train 400,000 new family physicians by 2020. Another interesting example noted was Brazil, a nation whose citizens have universal health care coverage and where 33,000 family health teams provide care to some 200 million Brazilians. Cuba also offers universal coverage and boasts 3,000 rural clinics where physicians provide care to a defined population. Cuba trains more family physicians than it needs, a surplus that allows it to provide services beyond its borders. Cuba was in fact among the first countries to respond to the WHO’s call to help combat Ebola by sending physicians and nurses to West Africa.

By observing the work performed by family physicians around the world, Dr Kidd has found that their concerns extend far beyond the health and well-being of their patients. He believes that the work many of these physicians are doing in order to defend human rights and, especially, to secure equal access to health care must be supported. He concluded in stating that “family medicine has the potential to contribute towards changing the world for the better.”

1.3 Working together to transform lives

*Dr Francine Lemire, Executive Director and Chief Executive Officer,
College of Family Physicians of Canada*

In concluding this first evening of the Conference, Dr Francine Lemire, Executive Director and Chief Executive Officer of the CFPC, invited participants to make this event “a dynamic experience, where everyone contributes their experience and their expertise, an experience which, in the end, transforms lives This experience has the potential to transform not only the lives of participants (in the way they organize their daily practices and the care they provide to their populations of patients), but also individual lives on a much larger scale. Highlighting the wealth of knowledge gathered at the conference, she expressed confidence in the development of a concrete action plan that could allow the Besroul Centre to become a hub for global health, family medicine, and primary care on a global scale.

Day 2

2.1 Introduction:

Dr Katherine Rouleau, Sadok Besroul Centre

Dr François Couturier, University of Sherbrooke (Canada)

In launching the second work day, Dr Katherine Rouleau urged participants to reflect on the tremendous potential of the collaborative efforts initiated three years ago: “We’ve managed to make it to the end of the springboard and must now use it to propel ourselves into the future.” She invited participants to anchor their participation within their own reality pointing out that “the Centre is only as relevant as the impact it has in our collective and respective environments.” In particular, Day 2 was designed to provide participants with the opportunity to learn about and discuss the progress of the working groups formed during the previous conference. Each presentation was followed by a discussion during which participants were invited to offer comments or suggestions.

2.2 Besroul Papers Working Group

Dr David Ponka, University of Ottawa (Canada)

Dr Ponka began by acknowledging the research of Dr Barbara Starfield and colleagues, which shows that primary care directly benefits population health. This link, he added, is supported by several levels of evidence. First, population health outcomes are better in areas served by more primary care physicians. Second, individuals who receive care from primary care physicians are healthier; and third, certain characteristics of primary care are associated with better health.* Very few studies, however, focus specifically on family medicine. Furthermore, most of the available evidence has been gathered in industrialized countries. Consequently, stated Dr. Ponka, we know relatively little about the benefits of family medicine and the quality of training in other contexts. Given this, Dr David Ponka’s working group’s mission is “to gather evidence supporting the training of new family physicians to improve population health in low- to middle-income countries.”

After one year of work, Dr Ponka and his colleagues have faced a number of challenges. First, clearly defining a research focus has proven more difficult than anticipated. Family medicine is practised by physicians but also by several other types of providers. Moreover, family medicine does not look the same or play the same role in different contexts of practice. How then can one truly establish an accurate comparison between different systems and methods of practice? Would it be better for the group to focus its research on best practices in family medicine?

These questions led the group to reconsider its initial short-term plan and to prioritize (geographically) mapping the presence of family medicine and training around the world. This approach helped to establish a collaborative effort with Dr John Parks (Baylor University College of Medicine, United States and Malawi), who was already deeply engaged in a similar endeavour. The group submitted a first article to *Canadian Family Physician*, which had expressed interest in collaborating with The Besroul Centre on a series of articles on global health and family medicine. Finally, Dr Ponka suggested that the “Besroul Papers” might serve as a point of convergence for presenting the work of the centre’s various groups.

Discussion: Participant comments

- How should evidence be defined? (*Dr Roger Strasser, Northern Ontario School of Medicine, Canada*)
- The working group will require the expertise of a specialist in research methodology. (*Dr David Ponka, University of Ottawa, Canada*)
- Continuity of care in low-income nations should be investigated. (*Dr Lynn Wilson, University of Toronto, Canada*)

*Starfield B, Shi L, Macinko J. Contributions of primary care to health systems and health. *Millbank Q* 2005; 83(3):457–502.

- Mapping along the theme of social accountability in family medicine could be relevant. (Dr David Ponka, University of Ottawa, Canada)
- Is the working group supporting research conducted by partners from the South? (Dr Christine Gibson, University of Calgary, Canada)
- A business plan could be more fruitful than research for the purpose of demonstrating the benefits of family medicine (Dr Janusz Kaczorowski, University of Montreal, Canada)
- By initiating specific actions and measuring their results, the Centre could expect multicentric studies within several partner nations and several contexts of practice (Dr Khaled Zeghal, University of Sfax, Tunisia)
- Because political decision-makers are not always concerned with factual evidence, efforts should be made to support the development of charismatic leaders within the domain of family medicine (Dr Dawit Wondimagaegn, Addis Ababa University, Ethiopia)

2.3 Advocacy Working Group

Dr François Couturier, University of Sherbrooke (Canada)

Within the health care sector, the dominant model that continues to dominate globally is one centred on specialized practice, often privately funded and provided in hospitals. Dr François Couturier emphasized that there is still a lot to do, particularly with respect to population health, in order to achieve the United Nations' "Millennium Goals." He stressed that it is necessary to organize ourselves so as to successfully advocate for and win decision makers' support for "the establishment of family medicine as an effective, viable and pivotal element of national health systems."

According to Dr Couturier, the first step to achieving this goal must be securing adequate financial resources. As well, from a strategic standpoint, experience has shown the importance of advocacy founded upon clear objectives and adapted to any given context: "Tunisia is not the same as Mali, Brazil or Malawi, and it is necessary to adapt and respond according to changing contexts." He also emphasized the fundamental role of both quantitative and qualitative research as well as the role of leadership in supporting the initiatives presented to decision makers. He explained that "we need to be able to demonstrate the distinction between spending and investment. Furthermore, in order to do that, we need strong economic models comparing the cost of developing family medicine and primary care [...] with the cost of not developing such actions or health systems."

The working group's next steps will include establishing a strong presence on the international scene at both global and local levels over the short and long terms. "We have to be able to influence policy," underlined Dr Couturier. To do so will require the establishment of partnerships with large-scale partners such as the World Bank, as well as with private foundations. Substantial challenges remain: How can we secure the approval of political decision makers for the establishment of a project with a bottom-up approach? How do we advocate for social accountability when it is not on the political agenda to begin with? How do we persuade opinion leaders and international funding agencies? How do we insert family medicine into a variety of contexts of practice? Dr François Couturier concluded with the hope that the discussions taking place at the conference will provide answers to these questions.

Discussion: Participant comments

- It is important to keep track of the systems already in place in countries where we are active, especially with respect to their education systems. Gaps within an education system have the ability to bring the establishment of family medicine to a halt. (Dr Steven Davis, Academics Without Borders)
- Political decisions and public policy are not always evidence-based. We must maintain our efforts in research but should combine these with other methods of action. (Dr Roger Strasser, Northern Ontario School of Medicine, Canada)

- Francophone advocacy groups have made remarkable progress within the domain of family medicine by uniting their efforts and initiatives in a coherent manner. We can learn from their experiences. (Dr Robert Woollard, University of British Columbia, Canada)
- We must not forget the fundamental principles of family medicine. Family medicine serves itself best when it serves the public most. In that respect, G. Gayle Stephens' work could contribute to our reflections. (Dr Paul Grand'Maison, University of Sherbrooke, Canada)

2.4 Narrative Working Group

Dr Christine Gibson, University of Calgary (Canada)

Dr Robert Woollard, University of British Columbia (Canada)

The Narratives Working Group led by Drs Christine Gibson and Robert Woollard emerged from the assumption that much could be learned, from the stories and the experience of partners from the Global South “Why are certain interesting initiatives emerging in Mali? What are these initiatives truly about? Are they generalizable?” asked Dr Woollard. The working group thus decided to collect and share success stories related to the development of family medicine from different countries and regions around the world.

In the hopes of establishing a rigorous process, the working group created an online survey consisting of three open questions. First, participants were asked to briefly describe the parameters that characterize the context of their practice. Second, participants were asked how family medicine evolved within that context, and third, they were asked to give a detailed account of a key element of family medicine's success within that particular context. To date, representatives from 10 different countries and regions have participated.* The 10 narratives were analyzed thematically. The narratives were summarized in a pamphlet and will be made available in an interactive format on the Besroure Centre website. Table 1 lists the themes generated through analysis.

Table 1. Characterizing themes from success stories told by 10 participating countries/regions

Advocacy	International partnerships	Rural or community-based education	Local champions
Stakeholder engagement	Interdisciplinary partnerships	Rural outreach	Key challenges
National public health links	Curriculum development/transformation	Competency-based study	Social responsibility
Health system policies	Undergraduate education	Continuing professional development	Measuring outcomes

To date, the collection of narratives experience has provided many lessons, particularly about the universal nature of certain successes or successful processes. This information could contribute to the continued development of family medicine, explained Dr Gibson. The working group hopes to grow the project by inviting other partners to contribute their story. The working group would also like to increase its online reach and eventually to collaborate with other working groups from the Besroure Centre.

* The countries and regions involved are Nepal, Indonesia (Aceh), Uganda, Mali, Laos, Ethiopia, Palestine, Tunisia, East Africa (Tanzania and Kenya), Brazil.

Discussion: Participant comments

- The use of *Photovoice* [community digital storytelling site] or collecting stories on support video could benefit the current project. (Dr Neil Arya, University of Western Ontario/McMaster University)

2.5 Faculty Development Working Group

Dr Lynda Redwood-Campbell, McMaster University (Canada)

Dr Ryan McKee, McMaster University (Canada)

This working group's guiding premiss was that low- and medium-income countries require resources to educate specialist physicians about family medicine so that, eventually, they (specialist physicians) may be able to train family physicians. After conducting a review of the literature on this topic, the working group opted to develop information modules about family medicine for medical faculty members, and to implement and evaluate a pilot project involving the presentation of faculty development workshops in collaboration with a Besrou Centre partner based at the University of Syiah Kuala in Aceh, Indonesia,

In May 2014, a team visited the University of Syiah Kuala to present three information modules aiming to improve understanding of family medicine among faculty members. Three specific themes were covered: comprehensive care, coordination of care, and patient-centred care. Each module took the form of a half-day workshop consisting of presentations, discussions, case studies, and role-playing. Participants were also asked to evaluate the workshops. Dr Ryan McKee reported being struck by the multidisciplinary approach to medicine at the University of Syiah Kuala, noting that workshop participants included not only specialist physicians but also dentists, social workers, pharmacists, and nurses. The workshops provided an opportunity to discuss other aspects of family medicine, especially its role within the health care system, the development of a training curriculum and geographic and technological variables that help shape practice.

The project generated a number of important lessons for Canadian partners, particularly with respect to community engagement and health management during natural disasters, while also providing opportunities for networking and for the discussion of potential future education and research-based collaborations. Indonesian workshop participants responded very positively in their evaluations. They also offered suggestions to improve module content, such as adding case studies and discussions on implementation at the local level and on financing the health care system.

In the future, the faculty development working group proposes to develop a generic workshop template that could be modified and adapted to various training contexts. Other modules could also be developed, especially regarding primary care research and low risk obstetrics. Similar pilot projects and workshops could be undertaken, particularly in China where discussions are already well underway. Finally, the group intends to collaborate in a more formal capacity with other working groups from the Besrou Centre.

Discussion: Participant comments

- Dr Strasser drew a parallel between the working group's experiences in Indonesia and earlier experiences in Thailand in 2000–2001. He underlined the importance of giving partners the opportunity to link the proposed learning with their own context of practice. (Dr Roger Strasser, Northern Ontario School of Medicine, Canada)
- At what level are these workshops offered? (Dr Eva Purkey, Queen's University, Canada)
These workshops could be offered in continued faculty development, at the undergraduate level or, eventually, at the postgraduate level. (Dr Ryan McKee, McMaster University, Canada)
- How is "continuity" defined in the workshops? (Dr Robert Woollard, University of British Columbia, Canada)

During various discussions, the notions of continuity and team were closely related. As such, in the context of Aceh, continuity was largely discussed in terms of team-continuity. (Dr Lynda Redwood-Campbell, McMaster University, Canada)

- Following the introduction of a curriculum at the undergraduate level in 2009 and the development of primary care, Dr Hendra Kurniawan expressed his hope for a return to “the spirit of family medicine.” He made particular reference to the importance of home care and a less “hospital-centric” practice. (Dr Hendra Kurniawan, Syiah Kuala University, Indonesia)
- The workshops themselves are a wonderful advocacy tool. (Dr François Couturier, University of Sherbrooke, Canada)

2.6 Family medicine in 2014

Dr John Parks, Baylor University College of Medicine, United States and Malawi

Dr John Parks and his team are currently working to map the vast landscape of family medicine globally. “The last project of this nature dates back to 1995,” explained Dr Parks. For this more recent version of the project, the goal is to create an interactive, user-friendly map that will allow users to find information about family medicine globally by navigating through different regions of the world.

Dr. Park’s research has unfolded in a two-step process. As a first step, three indicators were selected and sought in 194 countries. These indicators were: 1) postgraduate training in family medicine/general practice, 2) formal and explicit recognition of the training and of the discipline by the health system, and 3) the presence of a family medicine professional society. Data were compiled through a structured online literature search strategy conducted by a team of resident volunteers. As a second step, the compiled online data were verified by WONCA representatives working in different regions of the world. The results produced are very interesting. Postdoctoral training in family medicine was identified in 127 of 194 nations, or 65 % (only 56 countries had similar training available in 1995). Currently, 89 countries (46%) provide postdoctoral training in family medicine that is recognized by the health care system and also have at least one professional organization. Meanwhile, 60 countries (31%) do not meet any of the three criteria.

For Dr John Parks, the work in this area has only begun. His next step will be to integrate new indicators into the research strategy in order to provide a richer and more detailed portrait of family medicine globally. To achieve this, he has invited all of the conference’s participants to contribute to the project. In the end, Dr Parks and his team hope that their interactive map will prove a useful tool for training, sharing information, networking, and the promotion of family medicine within health care systems around the world.

Discussion: Participant comments

- How did you manage to involve medical students in your project? Furthermore, did you come across instances where postdoctoral training was not officially recognized by a national health care system? (Dr David Ponka, University of Ottawa, Canada)

We did, in fact, discover some instances like this. As far as resident involvement, the project benefited from the support of the American Academy of Family Physicians. In addition, we noticed a strong interest in global health by generation Y physicians. (Dr John Parks, Baylor University College of Medicine, United States and Malawi)

- It might be interesting to add certain indicators to the study such as 1) the number of family physicians per inhabitant, and 2) the percentage of family physicians within the greater medical profession. (Dr Clayton Dyck, University of Manitoba, Canada)
- Other elements to be added to existing indicators: number of family physicians trained per country and the number of family physicians actually practising in their field per country. It

might also be interesting to go further in integrating a crowdsourcing approach for compiling data. (Dr Roger Strasser, Northern Ontario School of Medicine, Canada)

- Studying the disparities between rural and urban areas could prove pertinent. (Dr Robert Cushman, Health Canada)
- It would be interesting to have access to contact information for individuals in charge of programs in various regions, and add links to narratives about the different cases. (Dr Brian Cornelson, University of Toronto, Canada; Addis Ababa University, Ethiopia)
- How did you measure the second indicator (official recognition by health care systems)? (Dr Paul Grand'Maison, University of Sherbrooke, Canada)

We had to survey recognition by the health care system through an official decision-making process. This was a challenge given the diversity in health care systems around the world. (Dr John Parks, Baylor University College of Medicine, United States and Malawi)

2.7 Building a robust discipline

WONCA global standards for postgraduate family medicine training, the role of accreditation, and other milestones

Dr Allyn Walsh, McMaster University (Canada)

Since 2007, Dr Allyn Walsh's WONCA team has worked to develop *Global Standards for Postgraduate Family Medicine Education*. This has proven to be a considerable challenge because family medicine varies so greatly according to the context of practice. Initially, some 20 WONCA members participated in the project, but today that number has risen to over 100. The project's ultimate goal is for these Global Standards to be adapted by family medicine programs around the world and used to improve quality of training.

Dr Walsh's group was especially inspired by the World Federation for Medical Education's international standards and it used them as its starting point. Overarching themes guided the development process for the WONCA standards, particularly the desire to improve program quality, train family physicians within close proximity of their practice, and develop training centred on the needs of communities and learners. The standards had to be flexible enough to allow training within different contexts of practice while also reflecting global consensus on standards of practice. After six years, the first document was approved and made available online in June 2013.* Table 2 lists the nine elements (areas) highlighted in the document.

Table 2. Standards: The nine areas

Mission and outcomes	Training process	Assessment of trainees
Trainees	Staffing	Training settings and educational resources
Evaluation of training process	Governance and administration	Continuous renewal

Dr Walsh considers WONCA's standards as a "living" document that must continue to evolve. She has already noted its use by colleagues in the Philippines to improve their training programs. Dr

* WONCA Global standards for postgraduate family medicine education. Bangkok, Thailand: WONCA; June 2013. Available from: www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Education/WONCA%20ME%20stds_edit%20for%20web_250714.pdf. Accessed 2015 February 20.

Walsh now hopes that the document will become an evaluation and learning tool for existing training programs, a guide for program development, and a tool for the recognition and accreditation of family medicine around the world.

The Scottish perspective

Dr Frank Sullivan, University of Toronto (Canada)

After three decades of family practice in Scotland, Dr Frank Sullivan is now the Gordon F. Cheesbrough Research Chair at the University of Toronto. He believes that research can play a fundamental role in improving the quality of care received by the population. His leitmotif is practice-based research networks.

“It’s hard to persuade people in undergraduate and postgraduate training that research is a really important pillar of the discipline when they don’t see very much of it going on,” explained Dr Sullivan. As a result, he argues for the incorporation of research in the training of new family physicians with emphasis on research networks implemented within the practice context. He added that a “climate where research is expected, valued, and rewarded” must be established. Dr Sullivan noted that the advent of electronic medical records holds extremely interesting potential for research in primary care. “Primary care stakeholders can now study problems as they arise.” However, he emphasized that before doing so, it will be necessary to first develop research competencies and infrastructure.

Following the publication of the Mant Report in the UK in 1997, the government implemented new funding mechanisms for research in primary care. According to Dr Sullivan, this action brought about concrete cultural change promoting research quality. Currently, more than 60 research projects involving family medicine are ongoing in Scotland, and two-thirds of Scottish practitioners are involved in research to varying degrees.

The Brazilian perspective

Dr Nulvio Lermen Jr, Brazilian Society of Family and Community Medicine

Since 2004, the Brazilian Society of Family and Community Medicine has overseen the accreditation of family physicians. Over 10 years, more than 4,000 family physicians have received their accreditation through one of two possible routes, residency or professional practice (which takes twice as long as the residency route), followed by an objective evaluation.

However, there are still some 30,000 family physicians practising without accreditation in Brazil, explained Dr Nulvio Lermen. Brazilian municipalities are responsible for community health and physician compensation, and rare are those who recognize family medicine as a full specialty. Furthermore, undergraduate physician training is not centred on primary care. Fortunately, things are slowly changing. A new law was recently adopted granting more time for primary care within undergraduate medical training, and advocates are working toward instituting a competency-based curriculum with minimum common standards in residency programs across the country. “There is a growing interest in family medicine throughout society,” concluded Dr Lermen, who anticipates positive changes in the coming years.

The Kenyan perspective

Dr Patrick Chege, Moi University (Kenya)

Dr Patrick Chege is a member of one of the first family medicine cohorts trained in Kenya. Family medicine has been gradually developing in Kenya over the past 10 years. Currently, there are approximately 30 registered family physicians in Kenya, 22 of whom received their education in country. Twenty-four residents are also in training in one of the three university programs offered in the country. The need remains immense in a nation of 43 million inhabitants.

At Moi University where Dr Chege works, several collaborative efforts have been initiated in order to improve the quality of training, particularly in partnership with the Medical University of South Africa and Stellenbosch University in South Africa. Scientific workshops are organized internally so that family physicians working in different regions across the country can present their data and share their experiences. Discussions are underway concerning the establishment of an academy or college of family physicians in Kenya and East Africa.

Despite advances, recruiting general practitioners to pursue studies in family medicine remains one of the greatest challenges at Moi University. After medical school and one year of residency, physicians in Kenya have the option of going directly into practice as general practitioners. The majority choose this route because very few have the financial resources necessary to pursue further studies. Similarly, the lack of financial resources makes it difficult to recruit experienced general practitioners hoping to specialize in family medicine. This difficulty constitutes a major barrier in the development of the discipline, explained Dr Chege. He then invited participants who have undergone a similar transition in their own countries to share their experiences and propose solutions.

Discussion: Participant comments

- Dr Cornelson hopes to promote the WONCA standards used in Ethiopia to evaluate the establishment of a development program in family medicine. (*Dr Brian Cornelson, University of Toronto, Canada*)
- It is important that general practitioners have the option to be accredited through the practice route. A working group could be created to help countries hoping to engage in this process, particularly in the development of standards. (*Dr Paul Grand'Maison, University of Sherbrooke, Canada*)
- How might we engage in dialogue and advocate for family medicine to political decision makers? (*Dr Neil Arya, University of Western Ontario/McMaster University, Canada*).

In Brazil, significant changes are already occurring. In the past, there was a shortage of physicians and the majority of decision makers did not believe that postdoctoral training in primary care was necessary. But after 20 years of work, the situation is changing. Decision makers now better understand the importance of recognizing training. (*Dr Nulvio Lermen Jr, Brazilian Society of Family and Community Medicine*)

In Kenya, decision makers have been engaged since the first consultations that led to the development of a teaching curriculum in the early 2000s. However, finding paid work for postdoctoral students remains a challenge, as does developing a better definition of their role so as to keep them within the public system. (*Dr Patrick Chege, Moi University, Kenya*)

- A parallel can be drawn between the Kenyan and Brazilian experiences and those of Jamaica as far as development and recognition of family medicine. The ability of physicians to leave their practice in order to improve their training is also a problem in Jamaica. Teaching modules on areas of practice and mentorship are interesting avenues to explore as a way of addressing this problem. (*Dr Aileen Standard-Goldson, University of West Indies at Mona, Jamaica*)

Canadian deans' perspectives

*Dr H  l  ne Boisjoly, Dean,
Faculty of Medicine, University of Montreal (Canada)*

As an introduction, Dr H  l  ne Boisjoly reminded us of the benefits of primary care. Industrialized countries, those with strong and organized primary care (notably, Canada, Australia, and Sweden) demonstrate higher life expectancy as well as lower suicide and infant mortality rates compared with countries where it is emphasized less (such as France and the United States). "Strong primary care also

means lower health care costs. [...] If an adult has access to a family physician throughout their life, the cost of health care is reduced by 33%," added Dr Boisjoly.

For this reason, Dr Boisjoly believes that citizens must have access to a family physician and continuity of care. She also advocates in favour of teamwork and high-quality training. "We must work hard to promote family medicine," stated Dr Boisjoly, who believes that providing "students with competent role models" and maintaining direct contact between family physicians and students is indispensable. Finally, she underlined the importance of research in improving teaching quality and, in the end, providing better care to the population.

Dr Preston Smith, Dean,

College of Medicine, University of Saskatchewan (Canada)

Dr Preston Smith, Dean of the College of Medicine at the University of Saskatchewan, expressed his belief that one of the fundamental elements of global family medicine is the notion of social accountability. "As a dean, how can I help?" he asked himself. His response was threefold. First, he highlights the role of training programs. For example, at the University of Saskatchewan, graduates have the option of spending time in an inner city clinical setting, in a native community in the province's north, and, finally, abroad. He also stated that it is essential to promote an educational model centred on cooperation within multidisciplinary teams. Finally, universities must develop agents for change and innovation.

"The need for innovation is immense in several marginalized communities, here in Canada." Dr Smith reminded us that globalization and technology are catalysts for inevitable change. "There are transformative changes taking place everywhere around the world," he explained, citing the example of Honduras, where electronic medical records have helped improve continuity of care in an isolated region of the country he visited a few years earlier. Dr Smith maintained that contrary to popular belief, technological innovations are not only beneficial to other specialties: "I think that the application of technology in the future is actually going to benefit the development of a robust discipline of family medicine."

Dr Roger Strasser, Dean,

Northern Ontario School of Medicine (Canada)

The notions of social accountability and equity in health are equally of concern to Dr Roger Strasser. At the Northern Ontario School of Medicine where he has been Dean since 2002, social accountability is defined by the priority of offering Northern Ontario's population access to health care. In order to achieve this, the institution makes use of an important mechanism: student recruitment. The Northern Ontario School of Medicine gives priority to students from Northern Ontario or similar regions. The results have shown that "62% choose family medicine, 70% of residents practise in Northern Ontario, and 22% in small communities," Dr Roger Strasser stated with pride. According to Dr Strasser, faculties of medicine across Canada not only have the responsibility of promoting general medicine and interdisciplinary collaboration, but must also recruit within underserved regions and train students from these regions so that they may develop the competencies necessary to serve the needs of their communities.

Discussion: Participant comments

- Dr Grand'Maison recognized the work of family physicians who are also deans, highlighting the importance of having family physicians at the head of universities. (*Dr Paul Grand'Maison, University of Sherbrooke, Canada*)
- The support of deans is fundamental to the development and recognition of family medicine. (*Dr Mahamane Maiga, University of Bamako, Mali*)

- The subspecialization of family medicine is counterproductive in Canada and it is not recommended that this tendency be transferred to low- or medium-income nations. (Dr Roger Strasser, Northern Ontario School of Medicine, Canada)
- How might deans be convinced to further support family medicine? (Dr Katherine Rouleau, Sadok Besrouer Centre)

Most deans are already aware of the arguments presented here, but they must also consider questions of priority and allocation of resources. A clear message from governments could definitely promote greater support, and the work of advocacy groups is also essential. (Dr H el ene Boisjoly, Dean, Faculty of Medicine, University of Montreal; Dr Roger Strasser, Northern Ontario School of Medicine ; Dr Preston Smith, Dean, University of Saskatchewan)

2.8 Recap

Dr Ruth Wilson, Queen’s University (Canada)

Dr R enald Bergeron, Laval University (Canada)

Dr Robert Woollard, University of British Columbia (Canada)

Laval University’s Dean of Faculty of Medicine noted the energy, diversity in perspectives, and collaborative spirit that defined the exchanges. Certain emerging themes seemed to him to be fundamental to moving forward. On the one hand, primary care has brought about concrete results that benefit the population. Family medicine in Canada has witnessed a significant evolution over the course of the last 40 years, now having achieved a certain level of maturity and allowing it to support the discipline’s development abroad. On the other hand, family medicine’s interdisciplinary aspect must also be promoted, even though this characteristic may complicate research efforts. Nevertheless, Dr Bergeron suggested that despite this complexity, research in family medicine must be further supported, particularly among students. He emphasized the political importance of promoting the discipline and convincing various ministries of primary care’s central role in health care. Finally, he emphasized that it was essential at the process remain centred on the individuals and communities served.

Dr Robert Woollard urged participants to reflect on future collaborations to improve health and well-being around the world. In order to describe his vision of the approach taken by the Sadok Besrouer Centre, he used the term “concertation” and referred to a musical analogy to convey his vision. “It is a bit like Charles Dutoit raising his baton at the Montreal Symphony. He draws out heavenly music from an instrument whose sound I might otherwise hate, but with ‘concertation’ it is beautiful and carries us forward. Some of us are destined to play the little triangle, some are first violinists, and others the conductor. If we reflect upon this image it leads us to think not only on how we might work together, but also to recognize the value of our differences, perhaps even more so than our similarities.”

Day 3

3.1 Introduction

Dr Lynda Redwood-Campbell, McMaster University (Canada)

At the onset of this third and last day, Dr Lynda Redwood-Campbell recalled the origins of the Besrouer process with the CFPC Global Health committee, highlighted the work achieved in just a few years, and evoked Dr Sadok Besrouer’s vision of establishing a “Davos of family medicine.” After providing a summary of the themes touched upon during the conference thus far, she introduced the speakers.

3.2 The World Bank's perspective on the role of family medicine within global development

Dr Enis Baris, World Bank

“Change is possible!” declared Dr Enis Baris (NEED FULL AND CORRECT TITLE) World Bank), referring to the transformative health care changes that have taken place in his home country of Turkey. Despite the absence of the family medicine model in the country barely a decade ago, today Turkey boasts approximately 20,000 family physicians. However, in order for low and middle income countries to achieve similar results, he explained, they need to “leapfrog” and propel themselves in front of their predecessors instead of following in their footsteps and repeating the same mistakes. The World Bank could act as a catalyst in this process by lending assistance to partner countries.

Within the domain of family medicine, the World Bank lends its financial and logistical support to countries working to improve 1) organizational structure, 2) funding mechanisms, 3) resource quality, and 4) the basket of services available to the population. The World Bank's financial support comes in the form of loans at favourable interest rates. Currently, the World Bank is supporting family medicine development projects in more than 10 countries including Georgia, Nicaragua, Turkey, Kosovo, and Brazil. The evidence collected over the course of the project has demonstrated the benefits linked to supporting family medicine. For example, the introduction of family medicine in Brazil is associated with improved health administration and quality of care in comparison to a model centred on hospital care. In Bosnia-Herzegovina and Armenia there have been a greater number of preventative and health promotion activities led by family physicians compared with those by general practitioners. In Turkey, the introduction of family medicine has impacted infant mortality rates by reducing them from 28.5 per 1,000 live births in 2003 to 10.1 per 1,000 live births in 2010.

According to Dr Baris, one of the key lessons that has emerged from these experiences is that the development of family medicine requires change within the health care system, namely at the administrative and policy level, or a transformation of the entire system itself. Among other recommendations, he emphasized the importance of implementing methods of financial compensation that include performance incentives. The range of universal services must also be defined and the population informed of its health care rights. Finally, special attention must be given to programs that attract experienced physicians and train them to become family physicians, as well as to residency programs.

3.3 The Panel's reaction: Decision makers from different contexts

Dr Robert Cushman, Health Canada

Dr Robert Cushman began by stating that the principle of equity lies at the heart of global health: “Global health means health care for everyone.” However, reducing existing disparities in access to health care is a complex problem that requires a deep understanding of local context: “What we really need is care available at the community level responding to community needs.” In that sense, family physicians are best equipped to ensure the integration of health care services, both vertically and horizontally. Within health care systems, “family medicine is the linchpin to bring these pieces together.”

*Dr Khaled Zeghal, Dean,
University of Sfax (Tunisia)*

In Tunisia, family medicine was introduced around the turn of the present century. At the time, the context was challenging as there was a lack of resources to provide training and quality care. Dr Khaled Zeghal explained that since then, the government has founded CNAM (Caisse nationale d'assurance maladie), in 2004, and begun reforming the health care system as a result of “social dialogue” leading to

the development of a “Tunisian solution.” A new training curriculum in family medicine was established with support from Canadian colleagues, and the first students will be registered in 2015.

As Dean of the Faculty of Medicine at the University of Sfax and as President of the CIDMEF,* Dr Zeghal reaffirmed his commitment to the notion of social accountability. He expressed his wholehearted support for the initiative begun by the Besroul Centre to unite efforts to improve global health. He has also invited the Centre to contribute to his research efforts by helping to bring the Tunisian faculties of medicine together so that they might collaborate on research “on the ground.” Similarly, the CIDMEF could also contribute to study of the effects of family medicine on population health.

*Dr Geneviève Poitevien, Dean,
Faculty of Medicine, Quisqueya University (Haiti)*

All Haitian faculties of medicine are members of a social accountability network. Nevertheless, despite the will to provide the population with local care, doing so remains a significant challenge in Haiti. The mountainous country reports having only 0.026 physicians per 1,000 inhabitants. Resources are scarce and access to certain communities is also very difficult both in terms of access by land or through communication. “Patients often have to walk 5 to 12 hours to reach a health centre,” explained Dr Geneviève Poitevien, who believes this daily reality must be clearly described..

According to Dr Poitevien, there does appear to be a political will to improve things. In its 2012–2022 plan, the Haitian Ministry of Health proposed to strengthen governance, mobilize financial resources, deploy human resources across the country, and re-establish contact with communities. In her capacity as Dean of Quisqueya University, Dr Poitevien believes that training must be redesigned as new physicians lack adequate training and experience as they enter clinical practice. Furthermore, physician retention remains a problem. Five years ago, an estimated 80% of physicians trained in Haiti were leaving the country. Deans of the faculties of medicine in Haiti hope to improve training so that a critical mass of primary care physicians may be trained. This improvement would allow a more efficient provision of services to the population, especially in rural areas. In closing, Dr Poitevien wished to highlight the importance of international partnerships, and especially “equitable partnerships that allow partners to sit down and make decisions together without imposing a solution.”

Discussion: Participant comments

- How would the World Bank respond if we were to present it with the needs of our partner nations? (*Dr Lynda Redwood-Campbell, McMaster University, Canada*)

In some countries, the lack of physicians prevents a transition to family medicine, and we must also ensure that training does not contribute to physician emigration. Nevertheless, when a country meets with us we are happy to respond. We are increasingly working with civil society, and we have several contacts available in different countries in order to obtain financial support from the World Bank. (*Dr Enis Baris, World Bank*)

- During your report, you raised the issue of moving toward a health financing model funded by individual investors. Can you elaborate on this point? (*Dr Ruth Wilson, Queen’s University, Canada*)

The more a health financing system is consolidated, the more power you have to negotiate the quality and volume of services. (*Dr Enis Baris, World Bank*)

- How might we encourage new graduates to get involved with family medicine while also offering training to general practitioners? Some specialists might be opposed to a model that

* Conférence Internationale des Doyens et des Facultés de Médecine d’Expression Française (CIDMEF), which brings together 130 faculties from 40 countries.

favours access to family medicine. How might we deal with these challenges? (Dr Michael Kidd, WONCA)

In Turkey there was an enormous amount of resistance. One thing I learned through my experiences is the importance of leadership. The highest levels of government must be involved in order for progress to occur, whether [it be] the Ministry of Health or the Prime Minister. (Dr Enis Baris, World Bank)

3.4 WONCA: Polaris

Dr Stephen Hawrylyshyn (Canada)

Dr Kyle Hoedebecke (United States)

Dr Aileen Standard-Goldson (Jamaica)

The North Star, or Polaris, is a bright star that helps travelers navigate at night. Young North American family physicians have chosen the North Star as their movement's symbol since their objective is to guide members' learning and orient them toward a community of practice, explained Dr Stephen Hawrylyshyn. Polaris is one of WONCA's seven young physicians' movements and held its first executive meeting in Quebec City on the margins of the Sadok Besroun Conference. The participating young physicians come from colleges of family physicians across Canada, the United States, and the Caribbean. Medical residents are also welcome since the movement wants to encourage interest as early on as possible.

Polaris's mission is to promote family medicine globally, promote international collaboration, identify best practices in North America, and provide North American representation on the international scene. FM360 is a current project aiming to improve access and the quality of international exchange. The group is also striving to establish a new certification called "Aspire," which would recognize leadership in international collaboration.

3.5 Looking Ahead: Short-term direction and working groups

Dr Lynda Redwood-Campbell, McMaster University (Canada)

Dr Videsh Kapoor, University of British Columbia (Canada)

After summarizing the work performed by each working group over the last year, Drs Redwood-Campbell and Kapoor invited participants to discuss the future directions of the various working groups. A new working group was created following these discussions, the Working group on the Continuing professional Development of generalist physicians. Furthermore, the Advocacy Working Group decided it would include community engagement within its mandate. Presented below is a summary of the plans presented by each working group:

3.6 Working Groups' Plans

Besroun Working Group on Continuing Professional Development for Generalist Physicians

Dr Jamie Meuser, College of Family Physicians of Canada

The objective of this new working group is to offer support to experienced general practitioners, family physicians and residents. In particular, the group aims to meet three specific objectives:

1. To contribute to maintaining career-long high-quality practice in family medicine
2. To assist training programs in matching residents with experienced family physicians
3. To prioritize the recognition of family physicians and the validation of individual competencies

The group proposes to develop new tools, focus on mentorship, and reflect upon the guiding principles for improving (and ensuring) quality of practice.

Besrour Papers Working Group

Dr David Ponka, University of Ottawa (Canada)

The Besrour Papers working group would like to continue generating evidence of the impact of family medicine and the best practices within its domain. Discussions are progressing with the *Canadian Family Physician* regarding the possibility of publishing a global health special edition in the coming year. In the medium term, the development of a book, to which all of the Centre's groups might contribute, is also a possibility. Concerning research, the group discussed the launch a large research project that would combine clinical trials from several different sites and contexts. The goal would be to measure the impact of family medicine practice on various parameters of population health. The group would require greater access to resources in order for the project to materialize. Hiring a research assistant or doctoral student might create some interesting avenues.

Narrative Working Group

Dr Kerling Israel, Partners in Health (Haiti)

First, Narratives working group plans to continue gathering information by inviting all participants to share their stories. The thematic analysis will then be strengthened and participants will be asked to validate the themes that emerged from the analysis. Finally, results will be synthesized and the future activities will be determined.

Advocacy Working Group

Dr François Couturier, University of Sherbrooke (Canada)

The Advocacy working group will continue to build on initial discussions with partners like the CIDMEF, the World Bank, and deans of faculties of medicine from around the world. The group would also like to continue its advocacy work not only with public decision makers but by emphasizing community engagement. The group is looking into the possibility of going through existing data from the World Bank in order to accelerate access to scientific knowledge supporting global health advocacy work through family medicine. Finally, the group would like to highlight the importance of social accountability that defines the Besrour Centre's approach.

Faculty Development Working Group

Dr Clayton Dyck, University of Manitoba (Canada)

The group's mission is not only to contribute to the training of specialists tasked with teaching in family medicine but also to support teachers (specialists or general practitioners) responsible for training future family physicians. The development and evaluation of faculty development workshops are ongoing. The next workshop will be held in Shantou, China in 2015. A subgroup will be tasked with developing and conducting a faculty development needs assessment of Besrour Centre members. The workshops could also become a research topic on teaching medicine, with support from the Centre's member researchers. Two meetings are planned for the coming year to ensure that the group's priorities and specific objectives remain on the forefront. Finally, the group would like to gain access to certain additional administrative, communication, technological (information support), and scientific

(methodology, statistics, etc.) resources as well as to strengthen its relationship with the College of Family Physicians of Canada.

3.7 Besroure Centre vision and future plans

Dr Katherine Rouleau, Sadok Besroure Centre

At the end of three days of discussion, time came to consider the future of the Besroure Centre. As several participants mentioned, health care systems based on a robust family medicine discipline produce better results, achieve greater equity in health, and are more cost effective. “Populations must have access to efficient general medicine that is patient-based, rooted in the community, delivered by well-trained and competent physicians,” asserted Dr Katherine Rouleau. The vision of the centre rests on these premises.

As an integral part of the College of Family Physicians of Canada, the Besroure Centre’s *raison d’être* is to “advance family medicine as a way of achieving equity on a global level.” This can be achieved through the collaboration of several different international partners. Among these are university departments of family medicine, deans of several faculties of medicine around the world, the Canadian government, ministries of health, the World Health Organization, and the World Bank. The Besroure Centre has developed four strategic priorities:

1. Establish family medicine as an effective and viable element of health care systems
2. Enable effective faculty development
3. Strengthen continuing professional development
4. Support the adoption of standards and accreditation

Moreover, the Centre’s activities will aim to create, disseminate, and apply information, knowledge, and competencies.

In order to achieve these objectives, the Centre would like to enlist new resources, namely a director and a coordinator. Existing partnerships with different public and private organizations will need to be strengthened and financial resources diversified. An advisory council will be formed. An administrative agreement could also be developed with the CFPC’s Research and Education Foundation. The Centre might hire consultants to respond to specific needs. Finally, the Centre would eventually like to pursue research and innovation grants. This development process would unfold in two phases (Table 3).

Table 3. Sadok Besroure Centre: Development phases

Phase 1		Phase 2	
<i>Human Resources</i>	<i>Activities</i>	<i>Human Resources</i>	<i>Activities</i>
<ul style="list-style-type: none"> • Director • Coordinator • Consultant • Working Group leaders 	<ul style="list-style-type: none"> • Hire a director and coordinator • Confirm funding • Confirm method of governance • Working groups • Conference • Consultations 	<ul style="list-style-type: none"> • Director • Coordinator • Consultant • Working group leaders • Bursaries (<i>Fellows</i>) 	<ul style="list-style-type: none"> • Advancement • Working groups • Conference • Consultations • Grants • Scholarly activities

To conclude the conference, Dr Katherine Rouleau invited participants to discuss the proposals that will define the future of the Sadok Besroure Centre.

Discussion: Participant contributions

- The Centre's name was the subject of discussion. Several stakeholders emphasized that the notions of "family medicine" or "primary care" should be included. The notions of "innovation," "development," "advocacy" and "collaboration" were also put forward. Participants also discussed the importance of choosing an inclusive name that would not exclude potential partners for whom family medicine has not been sufficiently developed.
- The issue of intellectual property related to research conducted or supported by the Besroul Centre was raised: Who will be responsible for research? How will it be presented, identified, and used? These questions should be discussed further.
- The Centre's mission was also the subject of debate. Several participants emphasized the dominant role of "international collaboration" as well as the desire "to advance family medicine through collaboration with key stakeholders and partners."