



European Medical Students' Association

Association Européenne des Étudiants en Médecine

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Primary Healthcare

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

Problem Statement

2018 marked the 40th anniversary of the Declaration of Alma-Ata, in which the World Health Organisation (WHO) committed itself to strengthen primary health care worldwide. In recent years, Universal Health Coverage (UHC) has been a topic of growing relevance, highlighted also by the COVID-19 pandemic. Therefore, primary health care is now high on the agenda of health (policy) stakeholders and institutions.

EMSA recognises the Declaration of Alma-Ata released in 1978 at the International Conference on primary health care (PHC). The declaration defines primary health care as “the essential health care based on methods and technology made universally accessible to provide promotive, preventive, curative and rehabilitative services at a cost the community can afford.” According to Alma-Ata, primary health care is a reflection of the economic and socio-cultural features of a country. It should educate society regarding major health problems and use methods to prevent and control them (WHO, 1978).

The WHO Global strategy on human resources for health: Workforce 2030 highlights an important movement toward a widespread provision of primary care in the pursuit of universal health coverage. This framework addresses the needs of the healthcare system of the upcoming decade and the imminent health workforce crisis due to a lack of healthcare workers. Primary care must be prioritized in working toward universal health care provision (WHO, 2020).

Depending on the structure of the healthcare systems, the term ‘primary health care professionals’ can include various professions, including obstetrician-gynaecologist, geriatricians, paediatricians. Here, we are going to focus on the specialty of general practice (GP) and family medicine (FM), as they are the most common primary care providers in Europe (Torrey, 2018).

GP and FM are academic and scientific disciplines with their own clinical activity orientated to PHC. Their inclusion into the medical curriculum is crucial since a substantial amount of medical graduates are employed in GP/FM, for example, nearly 60% of the medical graduates in Turkey (Aktürk et al., 2015). Thanks to the declaration of Alma-Ata and the realisation of the need for a better preclinical and clinical education on PHC, substantial efforts have been made to include GP and FM into medical curricula across Europe. While the implementation of GP and FM into the medical curriculum is guaranteed almost everywhere in Europe, the look on the recognition of professional qualifications throughout Europe reveals that the speciality of family medicine is not recognised as other medical specialties (European Parliament and Council, 2013).

Today, modern healthcare systems are facing major challenges which are connected to an aging population, the rise of chronic diseases and multimorbidity, complex emergencies and resulting migration as well as increasing costs, the shortage of healthcare workforce and the digitalization of the

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healthcare sector (European Agency for Safety and Health at Work, 2014; WHO, 2018a). PHC plays a key role in answering those challenges functioning as a backbone of healthcare systems involving the society as a whole, and taking all determinants of health into consideration. This requires an inclusive, intersectoral and patient-centred approach (WHO 2008, 2018b).

On the populational level, PHC is essential in achieving health and well being for all parts of society. Primary care physicians are the health professionals who work closest to the community level, “bridging health care as close as possible to where people live and work” (WHO, 1978). It is important to note that health services must be easily accessible to all parts, including the most vulnerable groups of society. As part of the digitisation of healthcare, mobile wireless technologies play a key role in further lowering the access to health services and increasing the coverage of the latter. (Mehl and Labrique, 2015).

On an individual level, the advantages of PHC systems become apparent regarding emergency cases, multimorbid-patients, patients with non-communicable diseases and patients with complex needs who are likely to navigate through different parts of the health system. PHC addresses their needs of good management of their conditions by providing long-term and patient-centred care which enables them to live independently and to maintain a good quality of life. (OECD/EU, 2016).

Within the health system, PHC has a gatekeeping role as most patients refer to their GP first when facing a certain medical problem. Assessing the PHC status of the European Region, primary care physicians are the first level of contact for patients referring to secondary care in 15 European countries. The remaining countries have either no referral system installed or a system in which citizens can directly access most physicians and secondary care, which is sometimes regulated by financial incentives (Table 2.1, OECD/EU, 2016). In line with its gatekeeping function, PHC approaches address the fragmentation of healthcare and promote coordinated care by putting primary care physicians in the centre of patient-centered disease management. Although primary care is still organised around solo practices and traditional reimbursement mechanisms in many European countries, new integrated models of care and innovative payment systems are increasing. For example, an increase in introducing group practices can be observed (OECD/EU, 2016). This trend is a step in the right direction as it encourages more collaborative and interprofessional work, enhances patient and workforce satisfaction and results in better patient outcomes (Ghebrehiwet, 2013). Furthermore, PHC approaches prevent the inappropriate use of diagnostic and therapeutic methods and unnecessary specialist care. A systematic literature review shows that this ultimately results in lower expenditures (Garrido et al., 2011).

Our View. Aim.

We, the European Medical Students' Association, strongly advocate for the recognition of PHC as a fundamental component in medical practice and education. We recognise the importance of adequate

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training of medical students and junior doctors in PHC in order to provide for a well-prepared future health workforce that is equipped for the global health challenges we will face within the next decades. We envision a strengthened, inclusive, and patient-centred health system, which can only be achieved through the increased commitment of policy and care institutions to the primary healthcare sector.

In achieving a better future for all people, PHC is key to the attainment of health to realise the necessary means. Despite existing barriers, primary care increasingly serves as a gatekeeper to guide patients through the health system and to meet the needs of complex, multi-morbid patients (OECD/EU, 2016). In the context of modern health challenges, primary care plays a vital role in providing comprehensive, continuous and universal health care for all citizens. Integration of primary care within the healthcare system can be achieved through the development of new care models, the recruitment and training of a specialised primary care health workforce and an informative infrastructure.

EMSA aims to highlight the most important advantages connected to health systems based on the PHC approach and derived recommendations addressing Member States (MS), medical faculties and the European Institutions. Committing to the principles of Alma-Ata (WHO, 1978), EMSA supports the efforts towards strengthening primary health care and strives to promote necessary steps to be taken among external stakeholders and among its own members. EMSA recommits itself to strengthening PHC to address an ageing population's needs and reduce unneeded specialist care. We call on European Member States (MS) to reevaluate the status of PHC in their respective health systems and to identify possible fields to strengthen the integration of primary care with hospitals and public health. We call all medical faculties to contribute to a specialist primary care workforce by including general practice and family medicine into the medical curriculum. Further we call on the European Institutions to support MS in implementing respective strategies and plans and organising their monitoring, reviewing, and accountability.

Recommendations

EMSA calls upon the World Health Organisation to:

- work towards equitable inclusion of primary care across all regions and healthcare systems;
- promote humanitarian actions regarding primary care;
- continuously promote the Global strategy on human resources for health: Workforce 2030 in the pursuit of universal health coverage.

EMSA calls upon the European Institutions to:

- support MS implementing strategies and plans on integrated care systems towards UHC into policies and practice, through financial and technical assistance as well as the establishment and the continuation of networking platforms;
- organise the monitoring, reviewing and accountability of national strategies in accordance with the UHC 2030 framework;
- adopt a delegated act, to include the GP/FM specialty into current specialty regulations.

EMSA calls upon the European Member States and national governments to:

- analyse and evaluate the status of PHC in their respective health system and to identify possible fields to strengthen the integration of primary care into hospitals and public health;
- prioritise comprehensive care while taking into account the social determinants of health that empower populations in their health and well being;
- develop new multidisciplinary care models centred around the patients' needs;
- continue to work towards recognising GP/FM as any other medical specialisation;
- ensure the training and recruitment of a specialist primary care workforce;
- invest in infrastructure to improve access to and quality of PHC.

EMSA calls upon medical faculties to:

- support the training of a primary care workforce by including GP/FM in the medical curriculum;
- ensure that students are prepared for the future challenges in primary care provision that healthcare systems will be facing.

EMSA calls upon EMSA members and medical students to:

- raise awareness for primary care needs and the challenges that our societies probably will face in the upcoming decades;
- advocate for the GP/FM profession and practice among medical students as the future health workforce.

List of Abbreviations

FM: Family Medicine

GP: General Practice

MS: Member States

PHC: Primary Health Care

UHC: Universal Health Coverage

WHO: World Health Organization

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