

Summary report on the

# On-site training course on family practice for regional master trainers

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Al Yarmouk, Kuwait  
15–18 November 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## Contents

1.	Introduction.....	1
2.	Summary of training .....	2
3.	Action points.....	7

## **1. Introduction**

WHO supports the strengthening of health service provision in the Eastern Mediterranean Region through the family practice approach. There is need to develop capacity within ministries of health to implement family practice programmes based on good practices in the Region. In collaboration with the Ministry of Health of Kuwait, an on-site training course for regional master trainers on family practice was held from 15 to 18 November in Yarmouk primary health care centre, Kuwait. The objectives of the course were:

- to build capacities on how to implement family practice programmes;
- to demonstrate all 13 elements of family practice in a practical way;
- to establish a core group of master trainers for family practice; and
- to develop a draft action plan for scaling up family practice in the target countries.

The training course was attended by 15 focal persons for family practice from Egypt, Iraq, Jordan, Libya, Morocco, Palestine, Sudan and Tunisia. The participants will be the core master trainers for family practice who are expected to take the lead in rolling out the family practice programmes after training. The training was designed in a participatory approach with interactive sessions, case studies, visits to different parts of the centre, panel and group discussions and interviews with staff and clients.

The inaugural message was delivered by Dr Mohamed Assai, Coordinator, Integrated Service Delivery on behalf of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message Dr Alwan said that despite the commitment, family practice in most Member States faced major challenges including inadequate

health system infrastructure, partial implementation of essential health services packages, inadequate population registration, lack of client satisfaction, low community perception and insufficient technical capacity. He expressed his thanks to the Ministry of Health of Kuwait for hosting the training and to Yarmouk health centre for its readiness to share practical experiences on the implementation of family practice. The inauguration was attended by Dr Muhammed Al-Khashti, Assistant Undersecretary for Civil Medical Services, Ministry of Health and Mr Abdulaziz Al-Meshari, Mayor of Yarmouk.

## **2. Summary of training**

On the first day the participants were briefed on the contents and use of family folders, distribution of families between family medicine specialists, methodology for selection of general practitioners by the households, how families/clients can change their general practitioners and processes for making a family folder. They were also given an overview of identification and registration of catchment population and the health information system.

The Mayor of Yarmouk presented a session on intersectoral action, mechanisms for community engagement and community organization, challenges faced during community engagement and Yarmouk's future plan for training of health volunteers using the WHO manuals on training of health volunteers on priority health programmes. During this session, one of the primary health care centre nurses described on the programme of home visits to follow up chronic patients and elderly ensuring continuity of care.

It was emphasized that participants should consider functions of the Yarmouk primary health care centre and its experiences and try using adapting version of Yarmouk function based on their health system

infrastructure, capacities and available resources including health workforce availability.

Each day a coordination meeting was held among facilitators to assess how the training could be improved. For Day 1 several recommendations were made including reducing number of slides of each presentation and providing as much as time possible for the site visit and for interactions between facilitators and participants. It was also suggested to add a topic on how to make family folder functional, reduce the theory part of the community engagement and intersectoral action for health development section, show videos related to community campaigns on reducing obesity and home visits by the nurses, add more interactive experiences on e-HMIS, including live demonstrations on computer work stations, and add a short visit to Healthy City projects.

On the second day the participants toured the centre and the different departments including cancer registry/screening, well child and women clinics, the surgical outpatient department and triage clinic. availability of the essential health services package, how it was developed, staff training on the package, and challenges facing implementation.

The facilitators described the different types of staff cadres and their responsibilities, ways to brief staff about their job descriptions and mechanisms to assess staff satisfaction. Participants were also briefed on types of the on-the-job training in Yarmouk centre and preparation of the continuous medical education plan for staff promotion. A sample of job descriptions was shared with participants followed by a question and answer session.

In the coordination meeting among facilitators, several suggestions were made to improve Day 2 activities. The visit to the clinics should

be more objective-based with defined tasks and pre-defined details of visits to each department. A list of topics should be prepared for demonstration in each site visit. During site visits, priority will be given to promotive and preventive care rather than ambulatory care departments. More focus should be made on staff on-the-job training managed by the primary health care centre. The session on job description can be complemented by a roleplay exercise or by facilitating an interview with a nurse or paramedical staff during the plenary.

On the third day, facilitators shared a sample of treatment protocols and described their development process, the contents and how often the treatment protocols are renewed. The session highlighted the importance of the referral system in family practice, challenges facing implementation of the referral system in Yarmouk, steps for implementing the referral system and demonstrating referral forms and feedback from the hospitals. The participants visited the clinic to see the accessibility of treatment protocols to all staff in hard and soft copies, how the pre-screening clinic (fast track) is functioning and to check the referral forms, feedback from hospitals and filing system related to the referrals.

The next session demonstrated essential technology and equipment available in the clinics. Participants discussed mechanisms for medicines logistics and equipment maintenance. Participants were presented with a tool developed by WHO for assessment of facilities implementing family practice. The tool, which has been field tested in Jordan, was discussed with participants and their observations will be applied to update the tool.

In the coordination meeting among facilitators, several recommendations were proposed for improving Day 3 activities. The

purpose of the session on essential medical and standard medical equipment, which is to focus on managerial aspects of essential equipment including maintenance and logistics, safe injection and garbage disposal, should be added to the presentation. The referral session was designed to be interactive. An online demonstration would be helpful for treatment guidelines. A model flow chart of treatment protocols including referrals of cardiovascular diseases should be designed and printed as a poster. A training manual is needed which would include: learning objectives, contents of each session, list of brainstorming questions, training methodology (one group demo versus small groups, and duration), clear take-home messages, reading materials and list of additional reference materials.

On the last day, participants were briefed on the WHO regional framework for assessing and improving quality of care at primary health care level, which has been field tested in 5 countries of the Region. They discussed the 34 indicators and options to proceed with assessment of quality of care at primary health care level.

Countries were requested to come up with a roadmap for rolling out/accelerating implementation of the family practice programme in their countries based on the experience of Yarmouk. Through group work, they discussed individual and common country challenges related to the 13 elements of family practice, possible solutions and their expectations from WHO.

Most countries face a shortage of family physicians and maldistribution of the health workforce, particularly in remote areas, with no sustained on-the-job training activities and lack of incentives for staff working at underprivileged areas. It was agreed that short training of general practitioners using the 6-month online course that

is under finalization in collaboration with the American University of Beirut may respond to the country requirements in the short term.

Low coverage of health insurance schemes affects implementation of family practice. High out-of-pocket health expenditure and no allocation of a specific budget line for family practice are further challenges that were highlighted by the countries. In this regard, countries need support from WHO to promote social health insurance with priority given to poor and underprivileged areas.

Relatively poor quality of care and fragmented implementation of the essential package of health services are other common challenges that need WHO technical support. WHO's regional framework for assessing and improving quality and safety at primary health care level needs to be institutionalized at the country level.

Political commitment and awareness are low among policy-makers on developing an efficient service provision model. Participants asked WHO to advocate for family practice as overarching strategy for service provision. At the same time community awareness about family practice approach needs to be improved.

Lack of guidelines, tools and instruments for implementing family practice and particularly the referral system in French and Arabic were among common challenges highlighted by the countries. Poor or no collaboration with the private sector on delivery of primary health care services is another important challenge. Countries requested to learn more about the experience of the Islamic Republic of Iran and other countries where the private sector is a partner in implementing family practice programme.

It was advised that Egypt, Iraq, Jordan, Palestine and Sudan should build expansion of family practice based on the existing models and Libya, Morocco and Tunisia agreed to come out with one model district as evidence for raising political commitment within next 6 months.

The training course created a core group of master trainers in the 8 target countries and brings opportunities for expansion of the programme relying on local capacities. The training agenda was designed to provide better understanding of how to overcome challenges in implementation of family practice. During the workshop, the participants had the opportunity to see how the clients/patients receive health services, to assess community and staff satisfaction, and to experience all elements of the programme. Based on the success of this training, at least two more training programmes will be organized in Yarmouk during 2016.

At the end of the course, participants were asked to evaluate the training. Quality and safety at primary health care level, the accreditation process in Yarmouk primary health care centre, referral system and essential health services package were the sessions with satisfaction ratings above 85%. The family folder and family physician roster, visiting clinics, and health information system were the technical sessions with satisfaction ratings of less than 60%.

### **3. Action points**

The following actions were proposed for WHO by focal points at the training course in order to scale up implementation of the family practice approach in the Region.

- Give consideration to designating Yarmouk primary health care centre a WHO collaborating centre for family practice.

- Follow up with the core trainers from the 8 participating countries.
  - Send official letters to the ministers of health in the 8 countries to encourage them to nominate a pilot district for implementation or scaling up of the family practice programme.
  - Establish a network for master trainers in family practice. The network will include participants attending the Yarmouk training, using social media channels that will facilitate easy communication.
  - Develop and implement a monitoring tool to follow up on family practice implementation at the national level.
  
- Develop a training manual for on-site training on implementation of family practice programmes. The manual should contain a schedule of the 4-day training, learning objectives, methodology or scenario, additional reading and background materials.
- Revise the second round of the course based on facilitators' feedback.
- Finalize and publish the family practice operational guide and assessment tool. Both documents are necessary for implementing family practice and were discussed during the training course with participants and staff of the Yarmouk primary health care centre. The two documents are also needed in Arabic and French.



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