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LETTER OF SAN JOSÉ

VI Iberoamerican Summit of Family and Community Medicine
San José, Costa Rica
12th and 13th April 2016

On the 12th and 13th April 2016, in the city of San José, Costa Rica, the VI Ibero-American Summit of Family and Community Medicine was held under the theme:

"Universality, Equity and Quality in Health Systems:
Family and Community Medicine as Axis"

This great event was organized by the Ministry of Health of Costa Rica, the Costa Rican Department of Social Security, the Latin American Confederation of Family Medicine (CIMF), the World Organisation of Family Doctors (WONCA), the Association of Family and Community Medicine of Costa Rica (MEDFAMCOM), the Pan American Health Organization/World Health Organization (PAHO/WHO), and with the collaboration of the Universidad Iberoamericana (UNIBE). The primordial objective was that of reviewing the concepts of universality, of quality, and of equity in health systems, and the role to be played by the Family and Community Physicians.

Family and Community Medicine (FCM) in the world has been a pillar of comprehensive care for people, providing efficient health services to all populations and in all social scenes, based on the principles of Primary Care (PC). For this reason, representatives from 24 countries as members of WONCA, WONCA-Iberoamericana-CIMF, advisers from PAHO/WHO, Government Institutions, Academic Institutions, Local Governments and Civil Society, were given the task of engaging in discussions based on 5 theme axes:

Axis 1: Universality, Equity and Quality in Health Systems: The Family and Community Medicine as Axis

Axis 2: Formal Medical Education in Family and Community Medicine, Certification and Recertification

Axis 3: Reference and Counter Reference System: care coordination mechanisms and role of Family and Community Medicine in the structure of Network Health Services

Axis 4: Research in Family and Community Medicine

Axis 5: Quaternary Prevention: Medical Ethics, Evaluation and Efficiency in Health Systems

Target

Health Ministers from Ibero-America and their representatives; Health Departments - State/Provincial and Municipal; representatives of WONCA, WONCA Iberoamericana-CIMF and their member countries; deans and authorities from medical schools, residency program coordinators of Family and Community Medicine; representatives of scientific and academic societies of this medical specialty, other members of health teams and health authorities of the countries of the region.

From partaken discussions in the working groups, the following definitions and recommendations were generated.

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Definitions

The following definitions were established in order to build a common conceptual framework from the perspective of Family and Community Medicine:

a) Family and Community Medicine and the Physician Specialist in Family and Community Medicine

The Family and Community Medicine is an essential medical speciality to ensure the sustainability of health systems. It provides care focused on the person, in their family and community context, continuously, regardless of age, sex, socioeconomic or health status, integrating, in the care process, physical, psychological, social, cultural, and existential factors that resulted in the health-disease process.

The Physician Specialist in Family and Community Medicine has a professional and social responsibility to their community. They play their role, through promoting health, preventing disease and providing clinical, rehabilitation and palliative care; doing it according to health needs, respecting cultural diversity and optimizing the resources available in the community. Must take responsibility for developing and maintaining their skills, personal balance and values as a basis for providing safe and effective care. The Family and Community Medicine is a key tool for the development and maintenance of the people's health. (Padula A. & León, 2016)

b) Universality with focus on Primary Care and Family and Community Medicine

We understand Universality as the people's right to have access to PC services as well as to the FCM ones, with a comprehensive, integrated and continuous focus, regardless of socioeconomic or geographical condition of the individual, their family or community. Universal health coverage implies the need to recognize the crucial role of all sectors to ensure the people's health and the importance of its inclusion in the network of health services.

c) Universal Health Coverage

It is the guarantee of everyone's right to access the health system; provided by a comprehensive and integrated state-wide basis with public funding; allowing equalitarian, equitable, timely, comprehensive and qualified care; based on the principles of solidarity and social participation; with the first level of the system as the coordinator of care; with family and community doctors in health teams; ensuring first and continuous contact; centred in the person and his/her family and community context; in accordance to the health needs that arise in the course of their lives.

d) Quality in Primary Care

It is a systematic process of qualitative and quantitative evaluation that aims for the development and continuous improvement of the PC's and the FCM's essential attributes and derivatives. It includes training and specific professional performance for this level of health care, it considers the processes of caring and the outcomes achieved, physical and functional structures of health units, with the objective that at this level of health systems, health care becomes available in a fair and qualified way, in accordance with the needs of health for all people referred to it. It also involves aspects concerning work motivation and satisfaction, the health model and the degree of social participation from the health team in relation to the solution of problems and results achieved, as a strategy of social empowerment in the health field.

e) Equity in Primary Health Care

The term equity is closely linked to the right to health and its legal practices. It is a principle of social justice; equity implies a qualitative and quantitative distribution of comprehensive and integrated health services tailored according to the needs, in other words, that every person, family and community gets what they need in order to restore and maintain health and wellness, from both management in the social process and intersectoral participation. Since the beginning of the FCM, equity has been practiced with focus on individuals, families and communities, respecting their biopsychosocial, political, and cultural environment, as well as their self-determination; from the development of management, teaching and research assistance functions in order to meet health needs.

f) Quaternary Prevention

Quaternary Prevention consists of developing health care and practice medicine, prioritizing person-centred care. Its conceptual framework is based on core ethical and philosophical aspects in the practice of medicine, in epistemological aspects and of social character. Its purpose is primarily to protect patients, as well as the members of the health team, from the excesses of medicalization and excess or unnecessary or harmful practices. It is a strategy that tends to reduce iatrogenesis and mitigate the adverse effects of the interventions required.

Recommendations

Axis 1: Universality, Equity and Quality in Health Systems: The Family and Community Medicine as Axis

1. At the level of each nation, organize dialogs about the role of the FCM in moving towards universality, equity and quality in health systems.
2. Manage effectively and equitably the resources, based on the analysis of the health situation of the population, and also integrating social participation as one of its axes.
3. Incorporate the model of family medicine as a mechanism for implementation of the PC, in the first level of care, with the addition of FCM specialists leading the transdisciplinary team, keeping the individual, family and community approach, with an emphasis on fomentation, prevention and health education activities.
4. Establish trans disciplinary FMC specialist teams with qualified leadership, in order to ensure effective access to health services (individuals, families and communities), in the first level of care.
5. Ensure the resources that allow the primary care health team to develop their potential to solve at least 85% of the demand for medical care at this level.
6. Strengthen, for each country, the planning and national dialog mechanisms on the requirements for the formation and transformation of FCM specialists; assuring them of universal distribution, employment and economic compensation as a specialist doctor.
7. Propose an evaluation model of the quality of care in PC and FCM for Latin America, considering the already existing models.

Axis 2: Training in Family and Community Medicine, Accreditation, Certification and Recertification

8. Training:
   - 8.1. Guiding the training contents towards acquiring professional skills, in order to facilitate the development of a comprehensive and holistic approach model of health-disease-care process, based on a social determination approach which fosters solving the health problems most prevalent in our populations, in all stages of the life cycle.
   - 8.2. Incorporate FCM educational proposals which consider the threats coming from educational policies, the economic system, social movements, management styles, and organizational cultures that prevail in our universities, most of the time supported by the biomedical paradigm.
   - 8.3. Train FCM specialist on the stage of a Centre for PC, with appropriate teaching methods: mentoring, monitoring office of MFC, workshops in the classroom, role playing and Gessell chamber, videotaping student in medical consultation, Problem-Based learning, Case Method, among others.
9. Accreditation:
   - 9.1. Establish a curriculum based on the core competencies of family and community physicians, as well as that of forming units to ensure the integrity of learning, considering local and national needs. These processes should involve different entities such as scientific societies, medical college, universities, government agencies, health institutions, WONCA-Latin America-CIMF, and other organizations that may be involved.
   - 9.2. Have quality accreditation systems of the training programs, which include peer review process.
   - 9.3. Establish a communication system for the exchange of experiences between the different countries of the Region.
10. Certification

    Promote the development of Family and Community Medicine specialist systems of certification and recertification in the countries of Latin America, fostering the improvement in the provision of health services by competent physicians, scientifically and technically updated, in spite of the environment in which it develops.
11. Recertification

    Establish systems of recertification gradually, according to the contexts of development of the specialty adopted in the different countries, respecting their needs and local reality. Should be temporary (e.g. every 5 years), and, in no case, viewed as final, and contain the basic pillars of the competencies of Family and Community Doctor.

Axis 3: Reference and Counter-Reference System: care coordination mechanisms and role of Family and Community Medicine in the structure of Health Service Network

12. Ensure the participation of family and community doctor from the primary care level Patient Referral and Counter-Reference System (PRCS), performing tasks of classification, prioritization and management of care coordination mechanisms.
13. Ensure a single medical record system, which is linked to PRCS.
14. Standardize clinical and reference protocols in order to increase the response capacity of PRCS.
15. Set PRCS Evaluation Committees including Family Physicians.

Axis 4: Research in Family and Community Medicine

16. Continue working for the development and strengthening of IBIMEFA Network as an integration resource for the researchers from the region, as well as the identification and dissemination of training and funding opportunities.
17. Advance in identifying research priorities based on methodologies such as expert group (DELPHI or RAND methods), to build consensus on the most important lines in the region and strengthening FCM and PC research networks.
18. Increase resources and actions of communication and broadcast within WONCA-Latin America-CIMF to achieve greater integration of researchers and wider dissemination of research projects and scientific production.

Axis 5: Quaternary Prevention: Medical Ethics, Evaluation and Efficiency in Health Systems

19. Spread the concept of Quaternary Prevention as vital approach in medical practice and management of health services.
20. Contribute to the implementation of the concept of Quaternary Prevention in formal education of health professions in undergraduate, graduate, continuing education and research; preparing a paper of recommendations to contribute to the discussion of the concept with different organizations which define education policies.
21. Promote non-medicalization of proper events of the stages of life, through strategies developed with health teams and community.
22. Encourage that health interventions aimed at the population are based on the best scientific evidence, are ethically acceptable to the local context and are centered on people.

Once carried out the analysis of the regional situation and country, the undersigned* are guarantors of providing continuity to the process of participatory discussion in each of our countries; inclusively and in order to achieve the goals proposed in accordance with the deadlines established in the different recommendations proposed.

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* The Charter of San Jose has been signed by all the aforementioned authorities, in its original version in the Spanish language.