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Editorial

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Strengthening Primary Health Care (PHC) through family practice-based model of care is an essential bedrock in achieving UHC, as called for in Sustainable Development Goal (SDG) 3, target 3.8 (1). However, the shortage of family practitioners worldwide and in most countries of the Eastern Mediterranean Region (EMR) is a daunting challenge. The current production rate of family physicians in the EMR is around 700 annually, against the needed estimate of 21 000 physicians per year based on one family physician/1300 population and the current EMR population growth rate, which reflects the huge shortage of family physicians in the Region (2).

In addition to securing the production of qualified family physicians, most EMR countries face a daunting challenge of upgrading the skills of thousands of existing general physicians, without any formal postgraduate training, who have been providing health services based on their basic medical training. Multi-pronged strategies are needed to address the shortage of family practitioners in the Region. Education and training strategies include early introduction of family medicine rotation in undergraduate medical curricula, increasing the production of family physicians through well-structured tailored postgraduate training programmes, and offering well designed, short-term bridging programmes as a transitional solution in order to upgrade general physicians to those with a family practice orientation (3).

To overcome the shortage of family practitioners, the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO), in collaboration with the American University of Beirut (AUB) and the World Organization of Family Doctors (WONCA), launched a 12-month regional professional diploma in family medicine as a bridging programme to upgrade the skills

of general physicians. This diploma was endorsed by the Eastern Mediterranean Regional Committee in 2016 (4).

The regional diploma was specially designed to suit the needs of full-time employed general physicians through a blended learning approach. The curriculum was mapped against the competencies of Family Medicine as defined by WONCA, Accreditation Council for Graduate Medical Education (ACGME) and the College of Family Physicians of Canada for Family Medicine. However, the diploma is not a replacement for full-time postgraduate programmes, often consisting of 3 to 4 years of structured training to produce specialized family physicians. It simply provides an opportunity for existing general physicians to enhance their understanding of the basic principles and practice of family medicine in order to transform their existing practices into a family practice-based model of care and allow countries in the EMR to address the gap in family physicians' production in a realistic timeframe.

The WHO/EMRO Regional Director has formulated a Steering Committee for promoting family practice in the EMR. The Steering Committee acts as a governing body for the implementation of the diploma programme. It sets standards for programme implementation at the institutional level; develops measurable criteria for ensuring the quality of programme; and grants approval to the institutions to implement the programme. The Committee has members from the Regional Office, partner organizations and academic institutions.

Introducing such a programme in Member States requires effective leadership, coordination, commitment, and multi-pronged strategies, both from the WHO secretariate and its Member States. In response, WHO/EMRO has adopted multiple strategies to introduce the diploma in the Region. These strategies include involving national, regional, and global stakeholders in family medicine, conducting situation analysis of family medicine in individual countries, and developing national strategies to introduce the programme, based on countries' specific needs. Since 2020, WHO has also signed collaboration agreements with institutions in Member States including Bahrain and Pakistan, to support implementation of the diploma. In addition, several Training of Trainers workshops were conducted to introduce the diploma programme to family medicine potential trainers, to be followed by similar capacity building activities.

Despite this progress, the introduction of the regional diploma is facing numerous challenges, including recognition/accreditation by regulatory bodies, limited number of academic institutions interested in implementing the programme, linking the diploma with career prospects, availability and quality of training sites, potential resistance from board certified family physicians' community, and the substantial impact of the COVID-19 pandemic. WHO/EMRO recently signed a collaborative agreement with the Arab Board of Health Specializations to enhance the

implementation of the diploma programme through utilization of the Arab Board expertise and extensive network of accredited training centers in most of the Region's Members States. The Arab Board is also working on standardizing the diploma to better address regulatory requirements and the quest for career progression. Working together, WHO and the Arab Board can secure a favourable environment and a wider professional acceptance for the introduction of the diploma programme.

The horizon for the family medicine diploma is encouraging; the diploma presents a perfect fit to the strategic priorities of the WHO/EMRO's 'Vision 2023: Health for All by All' (5) to expand UHC – especially in PHC facilities – build public health capacities, and strengthen partnerships.

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