

Annual plan association year, July 2017 – June 2018.

The current Executive Board of six members will be reduced to five members the next association year, saying goodbye to Prof Jan De Maeseneer after more than 10 years of presidency. Prof Sally Kendall will take over as president.

In the Advisory Board some changes will come whereas current member Anna Stavdal will step down. An invitation for submission of CV's and letters of intention has been issued to all members to fulfil two vacancies. The candidates will be nominated after CV's and background have been checked by the current Executive Board. At the Porto General Assembly a voting procedure will select the candidates for the open places.

For the period 2018-2021 EFPC has three strategic objectives:

1. To intensify the advocacy for the importance of strengthening primary care,
2. To consolidate and expand the network of primary care policy, research and practice stakeholders in European countries,
3. To take a position in relevant primary care related discussions, based on research and practice evidence.

Objective 1: EFPC will contribute to and improve advocacy in relation to promoting the importance of strengthening primary care.

The rationale behind this objective is that Primary Care does not develop without specific policy investment. The current trend in many European countries is increasing specialization and commodification. Patients often expect to get the best possible care from the most specialized providers, where the focus is often disease orientated rather than public health or community based. Strong Primary Care functions best when it is responsible for a defined group of patients, a patient list or a community, and where generalist care controlled by gatekeeping to specialist services is in place. By advocating for active policies that restrict the access to specialist care, EFPC intends to influence policy and service provision at local and country level.

EFPC will provide and use information and intelligence to stakeholders at different levels. At the European level, EFPC focuses on the European Union and WHO Europe; at national and regional level the focus is on policy makers, patient organisations and professional bodies.

The general inputs to this consists of the work of the secretariat of the EFPC which is a professional, salaried secretariat, currently consisting of a senior coordinator who acts as director and a junior coordinator. Much of the general inputs come from the individual members, the Advisory Board members, and Executive Board members (all voluntary).

The overall impacts to be expected from activities focused on the first objective are that we create awareness of the importance of strong primary care for population health and equity amongst relevant stakeholders. We also aim to contribute to stronger primary care policies at European and national levels. Finally, the EFPC will contribute towards the implementation of results of international research projects in which the EFPC participates.

Objective 2: Consolidating and expanding the network of policy, research and practice stakeholders in European countries.

There is a need for a stable and extended European Forum that can increase its capability to influence policy and practice through the network and advocacy work at different levels across EU countries. As primary care policy expands, there will be even greater need to work closely with national and local stakeholders in the implementation of evidence informed policy and practice. Supported by the EFPC secretariat, the EFPC will create a sustainable network and increase capacity and capability in the following ways:

- Promote the organisation across country-based health care systems, universities and NGOs using social media, word of mouth, regular newsletters and a well maintained website.
- Offer networking opportunities to members and stakeholders including webinars on a monthly basis and an annual conference.
- Cross-country study tours by key members of EFPC in specific areas of expertise
- Information and debate opportunities through seminars and published papers
- Development of special interest groups to both widen and intensify the core areas.
- Increase capacity and capability to influence and inform policy decisions at local level.

The general inputs used to further this objective are the same as in the previous objective (activities of the secretariat, the members, the Advisory Board and the Executive Board). As a result of the

activities towards this objective we expect that the larger health care community is aware of EFPC positions and opinions and is forwarding and using our messages. By increasing the network with more members, influence will increase, the number of people getting our messages will grow and the financial position of the EFPC will be maintained. The latter is important from the point of view of providing independent evidence to stakeholders.

Objective 3: Taking position in relevant discussions, based on research and practice evidence.

To enable evidence-informed policymaking and to connect policy, practice and research in order to create knowledge exchange, the EFPC regularly develops Position Papers. The Position Papers are written by working groups consisting of members from different professional and geographic backgrounds. They bring together research evidence as well experience from practice. The Position Papers are published on the website as well in the official journal of the EFPC Primary Health Care Research & Development.

Apart from general inputs previously mentioned, the emphasis lies here with the active members of the EFPC. The Position Papers have a measurable impact as they are published in an official journal. Consequently the normal metrics (and altmetrics) of scientific articles can be counted. From the past these show that the position of primary care is widely known in the health care field and beyond and knowledge about European developments in primary care is available and used.

These objectives guide our activities during the next four year period.

In 2018 we will start the **development of a strategy for citizen involvement and engagement in EFPC and primary care** in their countries. Citizen engagement in health care is now imperative, not just an option. To strengthen primary care, both in its delivery and its ethos, the engagement of citizens is critical. In most countries a publicly funded health care system should be democratically underpinned by the full participation of the people, as declared at Alma Ata in 1978. EFPC will work with the Executive board, the Advisory Board, the wider membership and organisations such as INVOLVE in the UK and the European Patients Forum to develop an inclusive strategy to engage the public in consultations and debates about strengthening primary care in Europe. This will entail bringing citizens onto the Advisory Board, providing mentorship and funding to support them and networking with patient and public involvement and advocacy groups within countries. The Citizen engagement strategy will be commenced after the 2017 conference in Porto, circulated for discussion during the winter of 2017/18 and ready for field testing and development in Spring 2018. The strategy will be published and fully operational by the end of 2018.

In 2018, to be continued in 2019, we will start the **development of capacity building towards a primary care research network**. This will strengthen the link between policy, practice and research in the domain of interprofessional primary care by leading a European *interprofessional* primary care research network for information and knowledge exchange. We are aware of the existence of single profession networks, such as EGPRN (European General Practice Research Network). However, these networks have a different approach and often focus on clinical subjects. We see a niche in bringing together researchers and building capacity in areas, such as community oriented primary care, goal oriented primary care and patient/citizen participation. Such areas require a multi-professional and interdisciplinary approach.

The scientific programme of the network will firstly be multi-professional, bridging the mono-disciplinary (nurses, physiotherapists, general practitioners, pharmacists etc.) and multidisciplinary approaches (researchers from different disciplinary backgrounds and open for different theoretical and methodological approaches) prevailing in primary care research. Secondly, it will promote research in areas of primary care that have been poorly studied until now, such as community oriented primary care, goal oriented primary care, patient/citizen participation and the equity effects of strong primary care. Thirdly, it will be cross-sectoral, for example by working together with researchers of human resources for health on the issue of recruiting and retaining a competent workforce and good employment and integration of an increasingly multi-cultural workforce within the primary care services.

Regular meetings will be organized for members of the network, including master-classes and a summer-course for early career researchers to further develop their professional and research skills. Besides we will organize an early spring international seminar each year for 50 to 80 senior researchers in the field of primary care to discuss future perspectives and develop strategies to provide guidance how to proceed in the field of primary care research. The first of these is planned to take place at the University of Kent, UK, in March 2018. This will result in a statement that provides guidance to the multi-professional primary care research community.