

PREFACE

In 2018, the World Health Organization will mark the 40th anniversary of the Alma Ata Declaration, and advocate for making universal health coverage (UHC) a reality. This edition, with its range of topics covering preventive /proactive care (detecting those at risk of diabetes and hypertension), non-communicable diseases, end of life care, and the social determinants of health (in the case report), show the extent of conditions which need to be included in any effective UHC package. It also demonstrates the breadth of work of family doctors, emphasising the need to be patient-centred and to look at the full context of the patient and community when addressing key health issues.

The work also demonstrates the value and importance of undertaking research and evaluations in the primary care setting. Here are large numbers of patients with common conditions at all stages of their development and treatment; and large numbers of practitioners, whose educational and professional needs can be aligned with evaluating new resources (such as the mhGap modules), and learning how to maximise their impact.

WONCA is a global organization that links family doctors across the world, and advocates for their professional development. This includes championing the academic aspect of our discipline, which is hugely important,

both to our professional knowledge base and our status among other medical specialists. We welcome academic members, host Working Parties in Education and Research (see www.globafamilydoctor.com for further details) and aim for 'a family medicine department in every medical school'. It is exciting to read the work submitted for this edition, because it shows how active the primary care research is in Indonesia. All family practitioners can help with this, even if they do not regard themselves as academics – they can host clinical research, and participate in work that is focused on practitioners rather than patients. In doing so we both develop new knowledge and often learn something new ourselves. Those who learn to conduct research increase their general academic competencies in data analysis and change management in practice. And sharing case reports such as this one gives a really vivid sense of how complex our work can be. So the mission of primary care research is a crucial one for family medicine, and well done to all those involved with these publications. Keep up the good work!

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PREFACE

The Primary Care Physician specialist (DLP) is developed to meet the increasing needs of physician capability in primary care, along with the advancement of primary care sciences and services. Improving the capability of physicians in primary care is necessary because as a leading edge of health services, primary care is expected to provide more comprehensive health care services for patients, families, and their communities (patient-centered, family-focused, community-oriented care). A structured, measurable, and sustainable mode of education and training is needed to build these abilities.

In this edition of the Review of Primary Care Practice and Education (RPCPE) presents some interesting articles. The notion of patient-centered care is outlined by the Head of the College of Indonesian Primary Care Physicians in a concept paper. There is one case report in this edition that exemplifies the delivery of patient-centered care. The case report illustrates that patients who have a similar diagnosis with other patients experience the impact and influence of health problems on self, family and community different from each other. This occurs due to differences in the patient's background, differences in factors that occur in the patient, and the differences in the resources held by the patient.

Such case studies can demonstrate how patient-centered care is able to explore the various determinants present in the patient's situation, so that primary care physicians can plan for management in accordance with the various

conditions present in the patient. Similarly, research articles on the character of tuberculosis drug supervisors or abbreviated as DOT-TB, that can provide advice to doctors in primary care, explain that DOT-TB is not just a program by number, not just some quantity, but the character of DOT-TB as a supporter of the quality of the program needs to be considered.

Other articles in this edition concerning early pre-eclampsia detection and early detection of depression in primary care indicate that doctors in primary care need additional skills to be more sensitive, quick and precise in detecting health problems. However, these trainings are expected to be continuous structured training in order to improve skills into practical abilities.

Hopefully, this journal can answer any doubts of the various parties regarding the need to improve the abilities of primary care physicians in the field of primary care services to improve the quality of service, and the need for training in the form of a structured education to achieve the capability of primary care physicians as expected by the community.

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