





Faculty of Primary Health Care

Strategic Plan 2018-2020 **Kuwait-KIMS-MOH 2019**









Introduction

The Faculty of Primary Health Care is recognized for its excellence in education, primary care delivery and research. As an interdisciplinary collaboration of health professions, teachers, researchers, and administrative staff who are based at the Family medicine Department. With strong accreditation scores, we are one of the top postgraduate education programs in region. Alongside teaching residents, our faculty members deliver quality care to patients through the Family Medicine approach and innovative programming.

The Faculty underwent significant expansion in the past years and launched successful postgraduate education programs in Kuwait. The principles of family medicine, and the changing needs of society and our residents define our program's direction.

For over the past few years, Primary Health Care Faculty has delivered the future of primary care. The faculty has focused on quality improvement and quality assurance, programs and partnerships, community engagement, engaging student learners and process improvements.

We also contribute significantly to primary care research. The research committee conducts high- quality research that is focused on the improvement of primary health care practice delivery and education, at the local level. Our research and audit activities draw on a wide range of disciplines through collaborative academic partnerships, and involve practicing physicians who participate in our research program through our practice- based research network.













Background on the Strategic Planning Process for 2009-2011

The Faculty of Primary Health Care has successfully achieved the strategies set out in our last strategic plan. Guided by a mission to expand our research and teaching activities by transforming our culture, structures and processes, the Department achieved the following goals:

- •Recruiting and preparing future family physician for clinical and academic practice in evolving health care system.
- •Educating current and future physician and other health professionals to meet the health care needs of diverse population.
- •Providing personalised, high quality ,comprehensive, and continuous care to individuals in the context of their families and communities.
- •Understanding interdisciplinary, collaborative applied research that is leading edge and reflective of the philosophy and practice of family medicine.







•Supporting and fostering the network of available family practice residency programs, community family practitioners and other groups engaged in primary care practice, education, and research.

Understanding the Faculty Strategic Planning Landscape / 2018 DEC.

In developing the faculty strategy, a comprehensive planning approach was undertaken that identified the broader health system context and priorities; how to align with the strategic areas of focus within the KIMS and the Faculty of primary Health care strategies; and how to leverage the faculty individual strengths to optimize impact.

Understanding the Faculty Strategic Environment

Vision, Mission and Values

Faculty of Primary Health Care's Vision

Excellence in education, training, and patient care in PHC in Kuwait.

Faculty of Primary Health Care's Mission

The faculty of primary health care Kuwait/ KIMS support primary care physicians through certification advocacy, leadership, research and learning opportunities that enable them to provide high quality health care for their patients and clients.

Faculty of Primary Health Care's Values

Team work – Quality - Responsibility - Lifelong learning - Respect







Achieving Our Strategic Plan

Our Strategic Plan establishes our priorities for the next three years, and will require the full support and energy of the Faculty for its successful completion. A summary of the preliminary sequencing of strategic priorities is presented below, based on initial planning.

Further operational planning by Faculty members will refine the strategic priority sequencing. Supporting the operationalization of the plan, PHC faculty and staff will be engaged in leadership roles and task forces for specific c strategic cornerstones or priorities, in drafting implementation plans with activities, in determining resourcing, and in identifying existing committees that need to be targeted for input and outcome. Throughout the implementation of the plan, maintaining a high level of communication and collaboration across the committees will be critical for success. As the Department moves forward with this new strategic plan, we will need to be flexible to respond to the changing health system and funding landscape.







| Cornerstone | Goal - Sub goals |
|--|--|
| | 1.1 Prepare tomorrow's leading faculty members, clinical professionals, administrators and program directors. |
| | 1.1.1 Recruit at least 2 candidates from each faculty department to prepare them for future leadership by the end of May 2018. |
| | 1.1.2 Enrol the chosen candidates in an international leadership scholarship by December 2018. |
| | 1.1.3 Establish local leadership training program by December 2018 |
| Ensuring sustainability through responsible long-term management | 1.2 Continuous development of a team of qualified professional trainers and educators. |
| | 1.2.1 Recruit at least 10 candidate as potential trainers and educators in May each year. |
| | 1.2.2 Train all selected candidates according to the curriculum for 12-18 months. |
| | 1.2.3 Evaluate all selected candidates in May-October each year. |
| | 1.2.4 Reaccreditation of trainers and educators in October each year. |
| | 1.2.5 Re-evaluation and update of the training program curricula by December 2020. |

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| Cornerstone | Goal - Sub goals | |
|---------------------|---|--|
| | 2.1 optimise organisational structure for effective organisational practices and communication. | |
| | 2.1.1 Develop a clear well-structured hierarchy for the faculty and its programs and ensuring a clear job description for | |
| | each member by the end of March 2018. | |
| | 2.1.2 Create well-structured communication strategies and channels at diverse intra- and inter- faculty level by mid- 2018. | |
| | 2.2 Update and develop organisation policy and procedure including the manual of policy and procedure. | |
| | 2.2.1 Update and develop 30% of faculty policy and procedures by the end of 2018. | |
| a | 2.2.2 Update and develop 60% of faculty policy and procedures by the end of 2019. | |
| Strengthening | 2.2.3 Update and develop 90 % of faculty policy and procedures by the end of 2020. | |
| existing program | 2.3 Achieve national and international recognition for the faculty and its programs. | |
| through operational | 2.3.1 Search for international accreditation institution that can recognise the faculty and its program by the end of 2018 | |
| excellence and | 2.3.2 Achieve and meet 30% of the international accreditation standard for all the faculty programs by the end of 2018. | |
| international | 2.3.3 Achieve and meet 60% of the international accreditation standard for all the faculty programs by the end of 2019. | |
| accreditation | 2.3.4 Achieve and meet 90% of the international accreditation standard for all the faculty programs by the end of 2020. | |
| | 2.4 Develop and monitor key performing indicators for the faculty. | |
| | 2.4.1 Develop and monitor two key performance Indicators for the faculty and its program to sustain faculty improvement | |
| | by the end of 2018. | |
| | 2.4.2 Develop and monitor four key performance Indicators for the faculty and its program to sustain faculty | |
| | improvement by the end of 2019. | |
| | 2.4.3 Develop and monitor six key performance Indicators for the faculty and its program to sustain faculty improvement | |
| | by the end of 2020 | |







| Cornerstone | Goal - Sub goals | |
|--------------------------|--|--|
| | 3.1 Stimulate interest in career in family medicine so that at least 30% of medical students select family | |
| | medicine as their first choice by 2020. | |
| | 3.1.1 Premedical phase | |
| | 3.1.1.1 Improve community image about family medicine specialty through Kuwait Society of Family & | |
| | General Practitioners by end of 2018 | |
| | 3.1.2 Medical student phase | |
| Promote family | 3.1.2.1 Maintain exposure of students to high quality family medicine clinical experience including centers and trainers | |
| medicine as a | 3.1.2.2 Increase duration of family medicine rotation in the undergraduate curriculum by end 2018 | |
| discipline of choice for | r 3.1.3 Postgraduate phase | |
| medical students and | 3.1.3.1 Provide accurate information about family medicine by end 2018 including career opportunity, job | |
| residents and as a | description, accreditation of exam and KIMS body, importance and perception of future life including | |
| fulfilling career for | flexibility, income, scope of practice and relationship with patient. | |
| practicing family | 3.1.3.2 Enhance future family medicine career through establishing and updating the external fellowship | |
| physicians and GPs | programs and local special interest specialization by end 2018 | |
| physicians and G15 | 3.1.3.3 Reduce the length of residency program to 4 years by end 2018 | |
| | 3.1.3.4 Initiate and foster a family medicine interest group and network that links students, residents and | |
| | family physicians by end 2018 | |
| | 3.1.3.5 Involve the social media family physicians to enhance family medicine image by end of 2018 | |
| | 3.2 Support family medicine residents as key participants in college activities | |
| | 3.2.1 Maintain ongoing evaluation of program, training centers and trainers by end 2018 | |
| | 3.2.2 Maintain involvement of family medicine residents in KIMS and program by mid 2018 | |







| Cornerstone | Goal - Sub goals |
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| I and receased innovation that answers | 1.Provide appropriate research resources1.1 Introduce changes in PHC system to create data source for research by December |
| | 2020 1.2 Establish well-equipped research office in KIMS new building by December 2020 2.Increase the number of expertise in research |
| questions of societal relevance | 2.1 Train at least 10 candidates to become qualified researchers by December 2018 |
| | 2.2 Train 5 candidates to become qualified research instructors by December 2020 2.3 Assignment of an expert in research in the faculty as a secondment personnel by December 2020 |
| | 3.Stimulate, coordinate and carry out research 3.1Publish 5 local researches by the end of December 2020 |
| comprehensive and continuous care to individuals in the PHC sector in | 1. Excellence in FM program 2. Excellence in GPPDP program 3. Excellence in Fellowship program 4. Excellence in Promotion program |
| 1xu w ait. | 5. Excellence in Medical student program 6. Excellence in CME program. |