

# The Legacy Behind the “Vision and Mission of General Practice/Family Medicine” in Europe

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## Introduction

The *saga-in-progress* of our “Nordic Core Values” statement started with the 1994 discussions among Norwegian GPs, as we have described in earlier papers (1-4). What began as debates about what Norwegian GPs intended to stand for and prioritize resulted later in their statement, “Sju teser” (“Seven Principles of Medical Practice for General Practitioners”). That was published in 2001 in the form of an eye-catching poster (1-5), and soon proved to be an effective tool for professional advocacy.

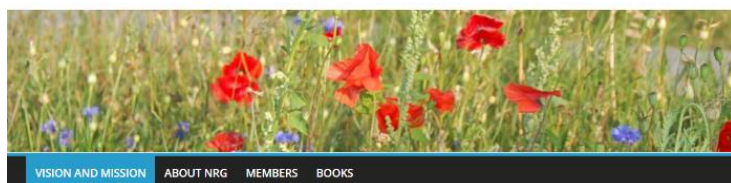
What follows here is a *saga-update*, an overview of the processes and discussions that lie behind a new statement, entitled, “Vision and Mission of General Practice/Family Medicine.” This has now been adopted by all our Nordic Academic Colleges, our Nordic Federation of General Practice (NFGP), and WONCA Europe.

## 2004 – Vision and Mission of the Nordic Risk Group (NRG)

Even once they had reached agreement on their “Sju teser” statement, Norway’s GPs continued their debates. Two leaders of the “Sju teser” group (Irene Hetlevik, later Professor of General Practice in Trondheim, Norway, and Anna Stavdal, who served then as leader of the Norwegian College of General Practice NSAM/NFA, later as President of WONCA Europe, and now as President of WONCA World), were convinced that certain of the Seven Principles, for example what was then number two: “Do what is most important”, could be adapted to suit not just Norway but the entire Nordic context. They organized a meeting in Trondheim in 2004, attended by representatives from all the Nordic countries. It was there that the Nordic Risk Group (NRG) was established.

One of the first tasks that NRG took on was to explore what the group wanted to stand for, in other words, to define its vision and mission. Linn Getz, who later became Professor of Behavioral Sciences in Medicine at Trondheim, composed the first draft of a statement. In it she used terms such as ‘*salutogenic*’ and ‘*sustainable*’, which remained key elements in subsequent versions, which the entire group refined and ultimately endorsed. [See below.]

## Nordic Risk Group



## “Vision and Mission

### Our vision is

To promote general practice which is salutogenic, empowering and sustainable, by

- careful balancing of biomedical and humanistic approaches to health, illness and disease.
- systematically aiming to minimise medicalization and risk labelling and avoid interventions of disputable benefit.

### **Our mission is**

- To facilitate general access to high quality sources with relevance to the groups vision.
- Homepage (persons, literature, lectures and teaching material, coming events)
- Promote critical thinking by respectful discussions in relevant fora.
- Create “space” for opposition (as prerequisite for development)
- Student teaching, specialist training, CME
- Workshops and symposia, Nordic congresses, national congresses, WONCA
- Mass media contacts and PR strategies
- Stimulate publishing both in national and international journals”

### **2007– Vision and Mission of the Nordic Congresses**



In preparation for the 15<sup>th</sup> Nordic Congress of General Practice, held in 2007 in Reykjavík, Iceland, the Congress President, Johann A. Sigurdsson, in conjunction with his wife, Linn Getz, formulated the first “Vision and Mission” statement, seen below. Getz continued to play a central role in conceptualizing, and formulating, our Nordic Federation of General Practice (NFGP) “Vison and Mission” statement, the result being the 2018 version, below.

The 2007 Congress had set an inspiring standard by taking on such an ambitious task as formulating the vision and mission of their field. Future Nordic General Practice Congresses, later under the umbrella of NFGP, followed their example.

#### **“Vision**

To become one of the world’s most renowned arenas for stimulating the development of high-quality and innovative primary healthcare, with particular reference to the professional environment in the Nordic welfare systems.

#### **Mission**

--To create a renowned, inspiring and identity-shaping professional arena for general practitioners and other professionals who are involved in primary healthcare.

--To attract a wide range of participants: Practicing clinicians at any point of their professional careers including young doctors on their way to become GPs, researchers, teachers, and administrators. This means that the professional content of the congresses should be wide-ranging and involve:

- Clinical updates on best practice (e.g. clinical symposia focusing on relevant evidence regarding specific medical conditions).
- Presentation of recent and ongoing research in primary healthcare (e.g. free-standing paper, research-oriented symposia presenting empirical research as well as theory development).
- Opportunities for critical reflection regarding the current status and future development of the discipline (e.g. by way of cutting-edge plenary sessions and symposia).
- Opportunities to discuss issues concerning educational programmes and research activities for young doctors in primary healthcare.
- To draw attention to the messages from the congresses:
  - To encourage relevant congress contributors (such as keynote speakers and presenters of original debate papers) to submit their contributions to the Scandinavian Journal of Primary Health Care (e.g. in the education and debate section) or other relevant journals.

--To facilitate contact between congress contributors and local/national mass media etc. local/national mass media, etc. (systematic public relation strategy, press releases, etc.).

- To maintain a high standard regarding practical arrangements such as announcements, information content (home pages, etc.).
- To create an enjoyable, generous and rewarding social arena facilitating genuine personal contact and networking among congress participants”.

## 2018 – Vision and Mission of The Nordic Federation of General Practice



In 2018, at the urging of their new Chair, the Executive Board of the Nordic Federation of General Practice (NFGP) agreed to expand its purview to include the objectives now described within the NFGP’s new “Vision and Mission” statement. Medical Quality experts, Donald Berwick and Sheila Leatherman, wrote this in 2006: “The National Health Service, with its *moral intent*, commitment to *equity*, and *store of knowledge*, has the inherent capability to become the greatest healthcare system of any nation.”(6) We realized that the same could be said of our Nordic General Practice – also a “gateway to a global treasure.”(7) These insights were incorporated into both the Nordic Vision of 2018, and the WONCA Europe Vision of 2022. [See below.]

### “Nordic General Practice/ Nordic Federation of General Practice

Seen from a global perspective, Nordic general practice stands on rather unique ideological grounds: an ambitious social contract characterized by uniform public funding, solidarity, and equitable distribution of services. Based on the welfare state, the Nordic primary health care system is a national treasure. It can also be a gateway to a global treasure.

#### Vision

To promote general practice/family medicine which:

- is salutogenic and sustainable, carefully balancing biomedical and humanistic approaches to health, illness and disease.
- is based on moral intent, solidarity, commitment to equity, and person-focused care.
- is based on the best available professional knowledge and evidence.
- is directed towards both individuals and the general population.
- minimises unwarranted medicalization, under- and overdiagnosis, overtreatment, polypharmacy, and risk labelling associated with interventions of disputable benefit.

#### Mission

- Facilitate professional development and research in and on general practice and on the premises of general practice.
- Stimulate publishing of original research and innovative analyses in peer-reviewed scientific journals relevant to general practice.
- Run the Scandinavian Journal of Primary Health Care
- Run the bi-annual Nordic Congresses of General Practice

- Promote NFGP at the World Organisation of Family Doctors (Wonca), especially Wonca Europe.
- Facilitate active participation of our Nordic colleges in national as well as international networks on research (i.e. EGPRN); quality of care (i.e. EQuIP), rural medicine (i.e. Euripa), professional development and teaching (i.e., EURACT), preventive medicine and overdiagnosis (i.e. EUROPREV), and arenas for young doctors interested in general practice (i.e., Vasco da Gama Movement).
- Encourage active participation in other congresses and meetings relevant to the Federation's vision and mission.
- Stimulate the creation of enjoyable and rewarding professional and social arenas characterized by personal relationship building, support and networking among general practitioners at all career stages (from students, young doctors i.e. NYGP, to seniors) and relevant co-workers and co-thinkers.
- Promote generalist leaders; clinical, organisational, and political/societal."

## 2022 – Vision and Mission of WONCA Europe



Our Nordic Federation members adopted the idea above: “Based on the welfare state, the Nordic primary healthcare system is a national treasure. It can also be a gateway to a global treasure.” Anna Stavdal served as the first Chair of the Norwegian Colleges’ Nordic Federation of General Practice (NFGP) and then, in

2018, became President-Elect of WONCA Europe. With NFGP so well-established, having Anna Stavdal at the head of WONCA Europe afforded our Nordic Union an exceptional opportunity to engage the Colleges of the European region, WONCA Europe, in discussions about our shared principles, core values, and aims. Naturally, we proposed using our Nordic platform as a starting point. This led to the 2019 WONCA Europe Council in Bratislava establishing a working group tasked with reflecting on the challenges, and the threats, that the core values and principles of Family Medicine are faced with generally, as well as how these are playing out in various countries specifically.

Members of the working group included the Chair of NFGP, plus one representative from each of the WONCA Europe networks. The working group’s Chair was Anna Stavdal, who by then was Past-President of WONCA Europe and President-Elect of WONCA World. The EURACT representative, Roar Maagaard, was also included.

The group highlighted the need for the “Core Values of General Practice/Family Medicine” statement to be made compatible with the “Vision and Mission of WONCA Europe” statement. With that in mind, the group proposed new definitions for both. The following was approved and endorsed at the 2022 WONCA Council meeting in London:

### “Vision and Mission

#### Vision

WONCA Europe's vision is to improve the quality of life of people through fostering high standards of care in general practice/family medicine which:

- is salutogenic and sustainable, carefully balancing biomedical and humanistic approaches to health, illness and disease.

- is based on moral intent, solidarity, commitment to equity, and person-focused care.
- is based on the best available professional knowledge and evidence.
- is directed towards both individuals and the general population.
- minimises unwarranted medicalization, under- and overdiagnosis, overtreatment, polypharmacy, and risk labelling associated with interventions of disputable benefit.

## **Mission**

- Facilitate professional development and research in and on general practice and on the premises of general practice, by providing a forum for exchange of knowledge and information; supporting the development of the academic organisations in our discipline; and, working on, and advocating for, educational, research and service provision activities of family doctors.
- Stimulate publishing of original research and innovative analyses in peer-reviewed scientific journals relevant to general practice.
- Run the European Journal of General Practice
- Run the annual Wonca Europe Congresses of General Practice
- Participate in our world organization WONCA World
- Promote WE at the World Organisation of Family Doctors (WONCA),
- Facilitate active participation of our national as well as international networks on research (i.e. EGPRN); quality of care (i.e. EQuIP), rural medicine (i.e. Euripa), professional development and teaching (i.e., EURACT), preventive medicine and overdiagnosis (i.e. EUROPREV), and arenas for young doctors interested in general practice (i.e., Vasco da Gama Movement).
- Encourage active participation in other congresses and meetings relevant to the WEs vision and mission.
- Stimulate the creation of enjoyable and rewarding professional and social arenas characterized by personal relationship building, support and networking among general practitioners at all career stages (from students, young doctors i.e. NYGP, to seniors) and relevant co-workers and co-thinkers.
- Promote generalist leaders; clinical, organisational, and political/societal.”

## **Epilogue**

We chose a chronological structure for our Nordic **Core Values** “Saga-in-Progress” (1), and now also for our “**Vision and Mission**”. This does not mean that the processes themselves were linear. The trajectory of any such “saga” alters over time, becoming circular or, even better, spiral in shape. Reflected in those changes are the contributions made by those who participated, even if only briefly, during the last decade. We also recognize the formative impact of context, the environmental and developmental aspects of the process. Various points of view and the formulations designed to express them might be traced back to certain of the project leaders. We want to emphasize, however, that documents like ours are unquestionably the result of wide-ranging, in-depth discussions among colleagues – in groups, committee meetings, and on the Boards of our societies and organizations.

Based on this, we can now also add to our Core Values story, that in 2022, WONCA Europe implemented its statement on **Core Values and Principles of General Practice/Family Medicine** in Europe. This was a result of our last brainstorming process within our WONCA Europe region, inspired by our Nordic contribution (see below).



## Core Values and Principles of General Practice/Family Medicine

WHO considers primary health care to be a cornerstone of sustainable health care systems. The General Practice/Family Doctor (GP/FD) is a key provider of primary health care.

WONCA Europe has defined General Practice/Family Medicine as both a clinical specialty and a discipline in its own right, with its own curriculum and research base.

GP/FM may be practiced in different contexts according to the characteristics of each health system, country or community. However, the foundation of GP/FM is based on the core values listed below. They are the essential elements of good quality of GP/FM, and should provide a frame of reference for our professional identity.

### PERSON-CENTERED CARE

GP/FDs practice person-centered medicine, emphasizing dialogue, context, and the best evidence available.

GP/FDs always take the impact of biological, psychosocial and cultural determinants on individuals' health into consideration.

GP/FDs engage professionally with their patients' current life situations, biographical stories, beliefs, worries, and hopes. This helps to recognize the links between social factors and sickness and to deepen the understanding of how life and life events leave their imprint on the human body and mind. GP/FDs promote patients' capacity to make use of their individual and communal resources.

### EQUITY OF CARE

General practitioners/Family doctors prioritize those whose needs for healthcare are greatest.

GP/FDs provide equitable health care. Equity is an essential dimension of the quality of health care. The aim is to minimize inequalities in health service delivery. We organize our practices to allocate time and effort to those whose needs for treatment and support are greatest.

GP/FDs perceive it their duty to speak out publicly about societal factors impacting access to health care and inequalities in health outcomes. GP/FDs are especially aware of the health challenges facing certain groups in relation to age, gender, sexual orientation, ethnicity, socioeconomic status and religious orientation.

### CONTINUITY OF CARE

GP/FDs promote continuity of doctor-patient relationships as a central organizing principle.

The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality, person-centred care.

The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality, person-centred care.

### SCIENCE ORIENTED CARE

GP/FDs provide care based on the best available evidence, respecting patients' values and preferences.

Overexamination, overdiagnosis, and overtreatment can harm patients, consume resources and indirectly lead to harmful underdiagnosis and undertreatment. When equally effective interventions are available, GP/FDs choose the interventions on the basis of cost-effectiveness and patient safety.

### COOPERATION IN CARE

GP/FDs collaborate across professions and disciplines while also taking care not to blur the lines of responsibility.

GP/FDs integrate different programs and services and engage actively in developing and adapting effective ways to cooperate with other health and social workers.

GP/FDs help patients navigate the health system and facilitate communication with other health professionals.

### PROFESSIONALISM IN CARE

GP/FDs provide medical care to individuals and promote health on the community level.

GP/FDs engage in political and social aspects impacting health outcomes in community-oriented advocacy.

GP/FDs engage actively in the training of future colleagues and facilitate inclusion of novice doctors in organizational and fundamental decisions regarding the under and postgraduate medical education.

GP/FDs implement and promote research relevant to the needs of GP/FM, and assess knowledge and guidelines critically with a constructive and academic approach.

### COMMUNITY ORIENTED CARE

GP/FDs remain committed to education, research, and quality development.

GP/FDs community orientation and social accountability aim at influencing the health policies addressing health disparities by integrating clinical care, public health and social services on community level.

Our [WONCA Europe poster of 2022](#)



## CORE VALUES AND PRINCIPLES OF NORDIC GENERAL PRACTICE/FAMILY MEDICINE

1. **We promote continuity of doctor-patient relationships as a central organizing principle.**

The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality person-centred care.
2. **We provide timely diagnosis and avoid unnecessary tests and overtreatment. Disease prevention and health promotion are integrated into our daily activities.**

We care for our patients throughout their lives, tending to them through disease and suffering while encouraging progress toward health. We help patients understand their own health - to confront and manage their limitations, improve and maintain their well-being.

Overexamination, overdiagnosis, and overtreatment can harm patients, consume resources and indirectly lead to harmful underdiagnosis and undertreatment elsewhere. When equally effective interventions are available, we choose those that cost less.
3. **We prioritise those whose needs for healthcare are greatest.**

We aim to minimise inequalities in how health services are provided. We organise our practices to devote the most time and effort to those whose needs for treatment and support are greatest.
4. **We practice person-centred medicine, emphasising dialogue, context, and the best evidence available.**

We engage professionally with our patients' current life situations, biographical stories, beliefs, worries, and hopes. This helps us to recognise the links between social factors and sickness, and to deepen our understanding of how life and life events leave their imprint on the human body. We promote patients' capacity to make use of their individual and communal resources.

To safeguard our long-term resilience as caregivers, we attend to our own well-being.
5. **We remain committed to education, research, and quality development.**

We engage actively in the training of our future colleagues. We implement and promote research that is suited to the knowledge needs of General Practice/Family Medicine. We take a constructively critical view of new knowledge and approaches within our areas of specialisation.
6. **We recognise that social strain, deprivation, and traumatic experiences increase people's susceptibility to disease, and we speak out on relevant issues.**

Respect for human dignity is a prerequisite for healing and recovery.

We acknowledge that many circumstances contribute to health inequalities: childhood experiences, housing, education, social support, family income/employment, community structures, access to health services, etc.

We recognise our duty to speak out publicly on specific factors that cause or worsen disease, increase inequality in health outcomes, or make resources less accessible to certain people.
7. **We collaborate across professions and disciplines while also taking care not to blur the lines of responsibility.**

We engage actively in developing and adapting effective ways to cooperate.

Read more about The Nordic Federation of General Practice on [www.nfpg.org](http://www.nfpg.org)

Our [Nordic poster of 2020](#), for comparison

The text of the 2022 WONCA Europe statement on Core Values:

## “CORE VALUES AND PRINCIPLES OF GENERAL PRACTICE/FAMILY MEDICINE

WHO considers primary health care to be a cornerstone of sustainable health care systems. The General Practice/Family Doctor (GP/FD) is a key provider of primary health care.

WONCA Europe has defined General Practice/Family Medicine as both a clinical specialty and a discipline in its own right, with its own curriculum and research base.

As an academic discipline, General Practice/Family Medicine (GP/FM) is based on knowledge and methodology drawn from the Natural Sciences as well as the Humanities.

GP/FM may be practiced in different contexts according to the characteristics of each health system, country or community. However, the foundation of GP/FM is based on the core values listed below. They are the essential elements of good quality of GP/FM, and should provide a frame of reference for our professional identity.

### 1. Person-centered care

**GPs/FDs practice person-centered medicine, emphasizing dialogue, context, and the best evidence available.**

GPs/FPs always take the impact of biological, psychosocial and cultural determinants on individuals' health into consideration.

GPs/FDs engage professionally with their patients' current life situations, biographical stories, beliefs, worries, and hopes. This helps to recognize the links between social factors and sickness and to deepen the understanding of how life and life events leave their imprint on the

human body and mind. GPs/FDs promote patients' capacity to make use of their individual and communal resources.

## **2. Equity of care**

**General practitioners/Family doctors prioritize those whose needs for healthcare are greatest.**

GPs/FDs provide equitable health care. Equity is an essential dimension of the quality of health care.

The aim is to minimize inequalities in health service delivery. We organize our practices to allocate time and effort to those whose needs for treatment and support are greatest.

GPs/FDs perceive it their duty to speak out publicly about societal factors impacting accessibility to health care and inequalities in health outcomes.

GPs/FDs are especially aware of the health challenges facing certain groups in relation to age, gender, sexual orientation, ethnicity, socio-economic status and religious orientation.

## **3. Continuity of care**

**GPs/FDs promote continuity of doctor-patient relationships as a central organizing principle**

The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality, person-centered care.

GPs/FDs seek to maintain this continuity of care when organizing their practices, regardless the size, composition and nature of the primary care team.

## **4. Science oriented care**

**GPs/FDs provide care based on the best available evidence, respecting patients' values and preferences.**

**They provide timely diagnosis and avoid unnecessary tests and overtreatment**

Overexamination, overdiagnosis, and overtreatment can harm patients, consume resources and indirectly lead to harmful underdiagnosis and undertreatment. When equally effective interventions are available, GPs/FDs choose the interventions on the basis of cost-effectiveness and patient safety.

## **5. Professionalism in care (professional development, education and training)**

**GPs/FDs remain committed to education, research, and quality development.**

GPs/FDs engage actively in the training of future colleagues and facilitate inclusion of young doctors in organizational and fundamental decisions regarding the under and postgraduate medical education.

GPs/FDs implement and promote research relevant to the needs of GP/FM, and assess knowledge and guidelines critically with a constructive and academic approach.

GPs/FDs have a major role in translating medical knowledge to their patients and their communities.

To safeguard their long-term resilience as caregivers, GPs/FDs attend to their own well-being.

## **6. Cooperation in care**

**GPs/FDs collaborate across professions and disciplines while also taking care not to blur the lines of responsibility.**

GPs/FDs integrate different programs and services and engage actively in developing and adapting effective ways to cooperate with other health and social workers.

GPs/FDs help patients navigate the health system and facilitate communication with other health professionals

## 7. Community Oriented Care

**GPs/FDs provide medical care to individuals and promote health on the community level. GPs/FDs engage in political and social aspects impacting health outcomes in community-oriented advocacy.**

GPs/FDs community orientation and social accountability aim at influencing the health policies addressing health disparities by integrating clinical care, public health and social services on community level.

Note:

The document was developed by the WE Core Values Working Group, consisted of: Anna Stavdal, Past President WONCA Europe/ President, Wonca World, (chair); Johann A. Sigurdsson, NFGP (Nordic Federation of General Practice); Roar Maagaard, EURACT; Zalika Klemenc-Ketiš, Equip; Carlos Martins, EUROPREV; Oleg V. Kravtchenko, EURIPA; Pemra C. Unalan, EGPRN; and Julien Artigny, VdGM.

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