

PREFACE

In 1984, after finishing the Basic Medical (MSc) training, I was specialized in Family Medicine (FM), and as an experienced trainer and practitioner, I participate in the Indonesia Diaspora Global Network Health (IDGNH) activities.

For years, IDGNH is promoting the good and affordable health for everyone in Indonesia by promoting cooperation between governments and universities and together with Ministry of Health Republic of Indonesia and the Netherlands, Embassy of Republic Indonesia in the Netherlands, and medical faculties in Indonesia and the Netherlands. The Netherlands has an excellent healthcare and 'family medicine' is well-known specialty since 1974.

In 2017, 17 Indonesian professors, general practitioners, teachers, went to the Maastricht University for a special family medicine course. This knowledge and experience can be spread throughout Indonesia.

In 2020, the national implementation of FM specialist can start throughout Indonesia. It is important that the current general practitioners (GPs) receive recognition as a 'family doctor specialist' including a gradual review and in-service training over the years to develop more uniformity in policy and vision in basic healthcare as elsewhere in the world where the family doctor plays a major role in healthcare. For a long-term established specialty, the current plan

may not always easy to understand and sometimes seems unworkable, but it is actually proven in other countries to improved healthcare, cost control, and uniformity, especially for diverse Nusantara.

Training for new-coming doctors will also gradually be started now with support from qualified senior general practitioners, medical faculties, and government.

I am happy that the training course officially has started in Universitas Padjadjaran, Bandung and that curriculum in the Bahasa Indonesia syllabus is already available.

I support the existence of RPCPE and will contribute to the quality of FM throughout Indonesia and the international cooperation.

I like to wish good luck to the Department of Family Medicine, Community, and Bioethics; Faculty of Medicine, Public Health, and Nursing; Universitas Gadjah Mada.

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Board member IDGNHealth. (www.idgnh.com)

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According to World Health Organization (WHO), while the importance of primary care has been extensively emphasized and studied in well-resourced settings, often concerning physicians with a specialization in family medicine or general practice, primary care in resource-constrained countries has been generally restricted into unacceptably basic services. Only recently, primary care in Indonesia has been started to be highlighted through the Enactment of 2011 Law on Social Security Provider and 2013 Law on Medical Education.

Yet, there are still varied misconceptions regarding primary care and/or primary health care in Indonesia, particularly on the notion that there is no specific medical discipline serving as the foundation or body of knowledge for primary care. This poses both challenges and opportunities for conducting primary care research, which is similar to exploring a new frontier, can be exciting as well as daunting. Accordingly, conducting primary care research is essential, for several purposes: (1) Constantly questioning and reflecting our practice, therefore reducing complacency; (2) Continuously progressing and improving the quality of patient care, based on the research findings; and (3) Gradually shaping primary care physicians as better evidence translators.

With the breadth of primary care and/or primary health care, research in primary care context can be classified into five broad categories: (1) Basic research for developing

the discipline research methods; (2) Clinical research for informing clinical practice; (3) Health services research for improving health service delivery; (4) Health systems research for improving health systems and policies; and (5) Educational research for improving education for primary care clinicians. The strengths of primary care research lie on the diverse availability of patient population, problems and practice settings serving as natural laboratories. However, the lack of experienced primary care researchers restricts the number, scope, and quality of research that can be carried out.

It is only by conducting ample and diverse primary care research that we can confidently advance and develop the body of knowledge of Family Medicine/Primary Care Medicine in Indonesia. Practicing primary care physicians are also highly encouraged to conduct research, not only primary care medicine academics who have been conducting most research in primary care. Hence, the RPCPE board of editors hopes that this journal will contribute to the promotion of primary care research more broadly among primary care physicians in Indonesia.

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