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More semFYC thinks that our first value is to centre Family Medicine in the person, as the axis of action of the family doctor.

We believe in the biopsychosocial approach to the individual, the family and the community.

In a time when the NHS is changing, our approach must maintain the ethos of our fidelity to the patient, which is essential. And all this must be linked to accessibility, equity and longitudinality of care, keeping Primary Care as the gateway to the NHS.

This positioning is public and professional and also helps us to make decisions to change laws such as RD 16/2012. We defend the health of our community.

Actions

We will foster public and legal positioning against restructuring or what affects health principles. We will be advised by our groups of working, especially bioethics group.

We will do alliances with other scientific societies, institutions and NGOs that advocate for these postulates from a professional standpoint.

We will promote the creation of the House of Primary Care with this approach and generate multidisciplinary projects.

We will promote research, teaching and training person-centred and a biopsychosocial approach.

More semFYC bets on setting the values of professionalism autonomy and patient welfare or interests above the government interests or the market interests.

The profession is the basis of medicine's contract with society and integrates a commitment to professional competition, with scientific knowledge, with higher quality health care to the defence of the specialty or a fairest distribution of resources.

Actions

We will develop a broad range of training covering different professional profiles of family physicians, promoting the process development for accreditation and reaccreditation.

We will create a network of tutors and design our own units of articulation Teachers.

i-SemFYC will mean to develop an innovative element but also to develop and provide professional resources and solutions in our day to day.

We will establish a Clinical Trials Agency to facilitate and promote research in Primary Care.

SemFYC will promote the creation of the Latin American Institute of Family Medicine and the implementation of the project AMF (training program) in Latin American.

We want to encourage the presence of SemFYC in Wonca Europe and Wonca World and in different international projects.

We will continue in the defence of the various areas of our Training specialty (ER, Palliative Care, etc.).

We will develop recommendations for reducing unnecessary activities that do not add value to the patient.

We will encourage the development and implementation of new technologies to facilitate accessibility and monitoring of patients.

More semFYC will promote the generalization of the NHS as a counterpoint to the super specialization to may increase the cohesion of the system and ensure equity and quality in health care to citizens.

Actions

We will lead and implement new strategies not only for chronic care and organizational training but also with initiatives as the Master of Chronic Patient. We will put emphasis on the evaluation as the Observatory.

We will promote and lead new patient safety strategies.

We will prioritize the chronicity research to provide evidence in our environment.

We will develop guidelines that include clinical situations and multimorbidity adapted to pluripathological patient.

We will promote the development of new forms of consultation (no presence, recover scheduled consultation) and the relationship between Primary Care and Hospital (clinical pathways, specialist referral for each health centre) through a clinical history for each patient.

We will encourage the presence of family medicine in all medical schools and assess the impact in the universities where Family Medicine is being taught. We will asset the change of the model from Bachelor to Degree.

We will convene a new conference about University and Family Medicine, promote a Network of Universities Family Medicine Friendly and relaunch the Family Medicine Academy.

We bet for the collaboration with patient organizations to implement strategies related to share decision making.

More semFYC is committed to young family physicians because they are the future of semFYC. Our society should be sensitive to the professional needs of this group and the difficult of employment situation. It is a fundamental goal to increase the number of young GPs in the society and exponentially increase their participation in all the activities that are being carried out by semFYC.

In addition, young GPs are a key for innovation issues and for establishing semFYC internationalization, because they are professionals accustomed to working with new technologies and internationally motivated.

Actions

We will try to reach 20,000 members and promote the incorporation and retention of residents and young practitioners.

We will reduce fees for residents and young GPs and promote their participation in the activities of semFYC.

We will create opportunities for participation and discussion forums communities through virtual systems and or through surveys and focus groups.

We will create specific spaces for residents and young practitioners in seminars and conferences.

We will promote the presence of young practitioners in working groups and governing boards.

semFYC will claim to be a place for young professional practitioners, whether in the field of primary care, emergency services, nursing elderly, palliative care units or others. We will support and encourage those aspects of the job opportunities and establish a network of tutors.

We will work for the consolidation of the International Section of semFYC in Vasco de Gama Movement. We are candidates to host the First International Youth Forum of Family Physicians.

We will promote AMF Young as an electronic journal and launch an electronic version of the book of the resident, to make more dynamic and simple the accomplishment.

More semFYC will promote clinical and scientific leadership. The family doctor should be able to solve most problems of the medical consultation, so it is needed the access to additional tests, the use of new technologies that enhance communication, a good relationship between levels of care and the integration of training and research in the clinical practice.

Actions

i-SemFYC project will be an integrator and promoter of initiatives related to new technologies.

We will encourage the conclusion of the 2nd National Conference on Preventive Activities.

We will increase the relationship with other Scientific Societies.

We will encourage the dissemination of our publishing in Universities and other estates.

We will support and enhance access to calls for European research projects.

We will create the Virtual Library semFYC with an exclusive access for members.

We will use our leadership in Health Communication in other scientific societies and the University.

We will encourage the development of GRADE methodology to clarify the evidence and strength of recommendations.

We will translate the European Journal of General Practice into Spanish and this will give us access to an original journal with impact factor.

We will incorporate English naturally in the activities of our society, both in the events organized and publications, including the journal *Primary Care*.

More semFYC bets for the unity of Primary Care Societies in Spain. The unity of the Scientific Societies of Family Medicine is a challenge in which we should devote more time and effort on this new journey of Semfyc, laying the foundations for a new Society of Family Physicians stronger and to achieve a vertebrate Primary Care, more organized, and as much unified as possible.

Our aim is to establish one Scientific Society of Family Physicians. This is the scenario we need at the end but we should be able to make efforts together in that direction, looking for common points, respecting the rhythms and characteristics of each society.

The limits, our red lines, are the federal design of our organization, the defence of the Specialty of Family and Community Medicine and the NHS.

Actions

We will advance in creating a Confederation of Societies.

We will continue in the Primary Care Forum as an instrument for the defence of the NHS. We will create the Primary Care House that will incorporate other professions (pharmacists, physiotherapists, social workers, paediatricians, etc.), so that we will take into account all of those who develop activities and actions in Primary Care.

More SemFYC will make SemFYC to foster an actively participation in the elimination of discrimination in health care for social, racial, socio-economic, ethnic or other reasons.

Actions

We will design a portfolio of services addressed to the members. It will also include elements of cooperation.

We will collaborate with other institutions involved in initiatives against exclusion of the health and social care.

We will boost the Program of Activities for the Community. We will develop collective microfinance community projects (via crowdfunding) looking for viability and facilitating social participation.

We will increase the presence of content in the solidarity activities of semFYC (Congress, Program of Activities for the Community, etc.).

We will study the feasibility of the journal *Community* via crowdfunding.

We will create a network of health centres interested or working in areas of Family Medicine for social transformation.

We will empower semFYC as a health correspondent or a reporter of the citizens.