

Imperial College
London

Policy Paper 10



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Health System Development Strengthening Primary Care through Family Medicine



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July 2010

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Published 2010

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Photo Credit:

Front Cover: S Rawaf Seychelles Primary Care Clinic

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Health System Development

Strengthening Primary Care through Family Medicine

On-the-Job Training Programme

Introduction

Primary care (family medicine, general practice) is *the* backbone of any effective health system. Aimed at securing and improving the health of the whole population, in developed countries primary health services are defined as:

1. a single portal entry to the health care process;
2. available 24 hours a day;
3. the *first* and vital contact of care involving assessment, diagnosis, triage and management or resolution of defined problems;
4. a gate-keeping function into secondary care through selective referrals;
5. long term and the continuity of personal and family care;
6. clinical morbidity, as well as social problems and local needs, occurring in small population; and
7. stakeholder to local public health issues (the family physician has the opportunity to become the leader, provider and initiator of good health in the local community).

Furthermore, primary care services are particularly responsive to local health service demands and remain highly cost effective.

Family Medicine (General Practice) refers to a discipline which is the point of *first medical contact* with health system, providing and integrating longitudinal continuity of care, managing both health and health problems (acute and chronic) as determined by the needs of the population.

Value of Family Medicine

Data from the British National Health Service (NHS) shows clearly the substantial benefits of providing comprehensive primary care based on family medicine to the whole population. Over 95% of patient contacts within the NHS take place in primary care. Family physicians only refer patients to secondary care in about 4-5% of consultations.

Analysis of NHS daily activities clearly indicates the value and effectiveness of primary care services. With 82% of problems sorted at this level, patient satisfaction is high and at a decidedly low cost to the health system. [this sentence needs a citation]

Accumulative evidence indicates a direct association between population health (morbidity / mortality) with the level of family medicine provision. In England, for example, the standardized mortality ratio (SMR) of 15 to 64 year olds was found to be lower (better) in areas with a greater supply of family physicians, with each additional GP per 10,000 population (a 15 to 20% increase) is associated with a 6% decrease in mortality. Nationwide in the UK, a 15 to 20% increase in GP supply per 10,000 was found to be significantly associated with a decrease in hospital admission rates of approximately 14% for acute illnesses and 11 per 100,000 for chronic diseases.

Health Systems and Family Medicine

Each health system is the product of a country's culture and the way people are prepared to fund it. There is no ideal health system. However, the best systems are those that are able to secure the health of the whole population. Securing the health of the whole population cannot be achieved without comprehensive coverage through effective primary care. The Rawaf model of burden of disease highlights the fact that in any given population, the burden of acute conditions and disability is approximately 20% of the population (10%, 10% respectively). The remaining 80% are either healthy (40%) or living with one or more risks to health (e.g. hypertension, smoking, obesity, dyslipidaemia, glucose intolerance etc) Nevertheless, most health systems' expenditures remain focused on hospital care. The doctors' hospital-based training may attribute to this trend. How a health system is financed is an important factor in determining the design of primary care and how people access services. Data analyses of current health systems around the world indicate that those systems financed through taxation tend to be stronger in primary care delivery.

Developing Family Medicine Workforce: Bridging the Training Gap

Ideally all family doctors should complete a well developed and structured training programme of higher medical specialisation for a prescribed period of time (3-5 years). Many countries indeed have such a structured training programmes (The Arab Board (4 years), The UK Higher Medical Specialisation for General Practice (3 years), the American Board (4 years) etc).

That said however, many countries around the world face two main challenges in preparing the next generation of family physicians:

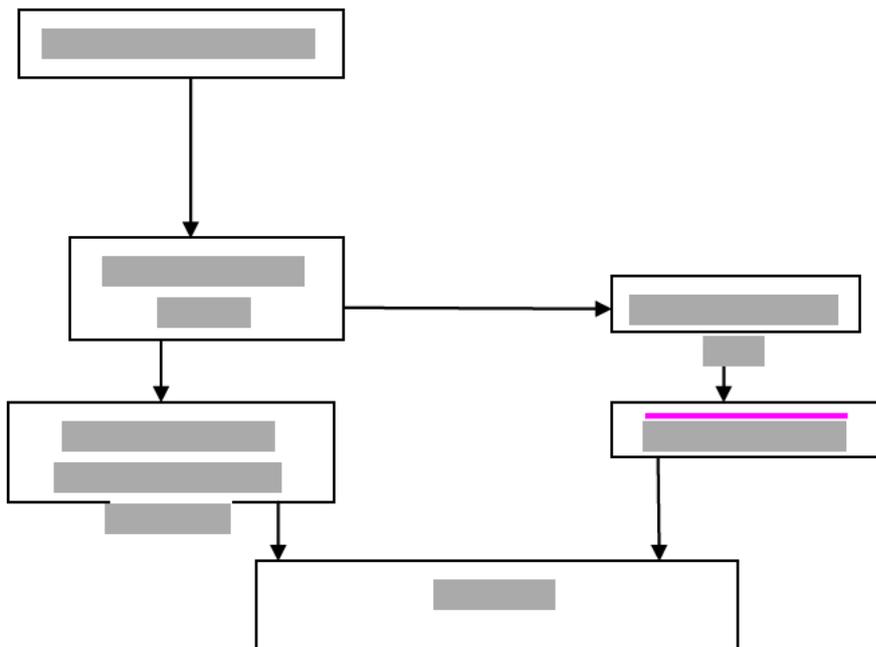


[Redacted text block]

On the Job in service training Programme

[Redacted text block]

The diagram illustrate the position and value of in-service training for primary care



Structure of the "on the job" Training Programme

The structure of the programme is based on a well tried, tested and evaluated model that has been running in UK for 10 years and in other countries for three years.

This is a resource based programme with three components of delivery. It is NOT a correspondence course.

Component I: [Redacted]
[Redacted]
[Redacted]
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[Redacted]

Component II: [Redacted]
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Component III: [Redacted]
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Assignments: [Redacted]
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Learning and assessment methodology:

there will be the following learning and assessment approaches:

- | [Redacted list item]

The benefits of the "on the job" training in Family Medicine

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Further Information

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Primary care (through family medicine) is *the* backbone of any effective health system. It aims to secure and improve the health of the whole population. The programme described in this Policy Paper is the best interim measure to bridge the training gap which exists in most countries around the world in family medicine.

Much of the national / regional training programmes do not have sufficient capacity to meet the needs of supporting comprehensive primary care for all. Without primary care based on family medicine the health system is ineffective and never meet the challenges of the 21st century including the pandemic of non-communicable diseases.



WHO Centre Imperial College London, 2010